

Civil Society Constituencies Workshop Report

Country Coordinating Mechanism of Ethiopia (CCM/E) for Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)

November 17, 2016, Capital Hotel Addis Ababa

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1. Background

The Country Coordinating Mechanism of Ethiopia (CCM/E) is a country-level multi-stakeholders partnership that was established on February 27, 2002, to facilitate and coordinate the management of the Global Fund grants to address the three major diseases in Ethiopia, HIV/AIDS, Tuberculosis and Malaria and health systems strengthening (HSS).

The Global Fund is a financing mechanism with the purpose of attracting, managing and disbursing funds that will increase existing resources in Ethiopia and make a sustainable and significant contribution to the reduction of infections, illness and death. The Global Fund aims for an integrated and balanced approach to the three diseases, covering prevention, treatment, care and support.

Guidelines from the Global Fund encourage CCMs to hold regular and extraordinary meetings engage all relevant participants, including representatives and engagement of civil society, in substantive discussions, ensure that information is disseminated to all interested parties and facilitate in the implementation of projects after concept notes are submitted to and approved by the Global Fund.

2. Civil Society Constituencies in CCM-Ethiopia

“Civil society” is the term used to designate all those stakeholders who are neither government bodies nor private sector enterprises: group such as non-governmental organizations, advocacy groups, faith-based organizations, networks of people living with the diseases, and so on. Civil society constituencies constitute more than 50% (11 of the 21) of the seats in Country Coordinating Mechanism of Ethiopia (CCM/E) and actively participate in the decision making process of CCM/E in Concept Note development and overseeing grant implementation.

As per the discussion in the 83rd CCM/E Regular Meeting, it was discussed that civil society constituencies should meet and develop a plan that outline how they solicit inputs from and provide feedback to their constituencies that selected them to represent their interest in the CCM/E.

In addition, CCM/E planned to give brief updates on grant performances and challenges by PRs/SRs, Global Fund Policies and new developments and next process and CSOs engagement.

3. Purpose and Objective of the Workshop

The main goal of the workshop was to enhance Civil Society Organizations (CSOs) understanding on Global Fund Policies and funding applications and build their capacity to effectively engage in the Global Fund Country processes.

3.1. Objectives

- To orient CSOs on the current Global Fund Policies and new developments
- Review and analyze the implementation of Global Fund grants and discuss on the contribution of CSOs
- By making sub-sessions, to prepare work plan per each civil society constituency on the processes of soliciting inputs from and provide feedback to their constituencies that selected them to represent their interest in the CCM/E
- To share experience and lessons, identify gaps and develop actions towards improving CSOs engagement and contribution in the CCM/E

3.2. Expected outcomes

- Improved understanding and knowledge on GF funding policies
- Current practices on soliciting input and providing feedback are shared
- Experiences and lessons learned on CSO engagement are shared
- CSO engagement plan prepared; and
- Gaps identified and action plan developed to further improve CSO engagement and contribution in CCM/E and GF grants implementation.

4. The Agenda

A detailed agenda is attached to this report (Annex I). It was a one-day workshop and the main topic discussed were updated from GFATM on new funding cycle 2017-2019, CCM/E core functions and roles and responsibilities of CCM/E and CSOs, updates from programs on the implementation of NFM Grants and CSO engagement and how CCM/E CSO representatives solicit inputs from and give feedback to their constituencies.

5. Session Highlights

Opening remark was delivered by H. E. Dr. Kebede Worku, State Minister of Health and CCM/E Alternate Chair. His Excellency emphasized that the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a hope to the people in need who were hopeless

and helpless before due to the burden of the three diseases. The contribution of GFATM, USAID/PEPFAR and other donors has played a major role in the fight against HIV/AIDS. These partners have been supporting the Government of Ethiopia to fight AIDS through prevention, treatment, care and support programs.

GFATM and other partners have been working with the Government in the fight against TB and impact has been recorded in reducing morbidity and mortality due to TB.

The malaria program has also benefited from the support of GFATM, Presidents Malaria Initiative (PMI) and other partners through scale up of antimalarial interventions; procurement and distribution of LLINs, indoor residual spraying (IRS), prompt diagnosis and effective treatment and community awareness creation to utilize ant-malarial interventions.

His Excellency Dr. Kebede also stated that Ethiopia has benefited from the GFATM and has won the following grants; Round 2, Round 2 RCC, Round 7 grants for prevention and control of HIV/AIDS, Round 1, Round 6, and Round 10 grants for prevention and control of Tuberculosis, Round 2, Round 5, Round 8 and Transitional Funding Mechanism (TFM) for prevention and control of malaria and Round 9 grant for Health Systems Strengthening.

In 2013, GFATM Secretariat developed a new funding strategy called New Funding Model (NFM) where GF Secretariat allocates funds to countries based on disease burden and ability to pay. Allocation was made for the 2014-2016 period and Ethiopia is utilizing the fund to further reduce the burden of the three diseases and strengthen the health system.

The CCM/E was established in February 2002 and all stakeholders are represented. Government, bilateral/multilaterals and civil society organizations (including key affected populations/people living with the three diseases) are represented in CCM/E.

CCM/E has a secretariat responsible for the day-to-day activities of CCM/E. The Secretariat is supported by GFATM and USAID/WHO. The Secretariat fund is administered by Ethiopian Public Health Association (EPHA).

His Excellency also said that Civil Societies are well-represented in CCM/E. Out of the 21 CCM/E members, 11 are representatives of CSOs. Civil societies have been integral part of the Global Fund process and mainly involved during Country Dialogues and Concept Note developments for the 2014-2016 allocation period. It was also emphasized that CSOs should engage more in the Global Fund and other programs and as watchdogs monitoring the implementation of different programs.



Picture a: H.E. Dr. Kebede Worku, State Minister of Health and CCME alternate Chair delivering opening remark

Dr. Meshesha Shewarega, Executive Director of Consortium of Christian Relief Development Association (CCRDA) and Vice-chair of CCM/E, moderated all the sessions of the workshop.

5.1. New updates from the Global Fund

The Global Fund was represented by Local Funding Agent (LFA), Price Waterhouse Coopers (PwC) and presented the new updates on the new funding cycle for the period 2017-2019. The Global Fund has developed a new strategy 2017-2022 and it has four major themes: maximize impact against HIV, TB and Malaria, build resilient and sustainable systems for health (RSSH), promote and protect human rights and gender equality and mobilize increased resources. All applicants are encouraged to present a funding request for RSSH. It was also stated that programs should give special focus for key and vulnerable populations to maximize impact.

One of the changes during the new funding cycle, there will not be carryforward or extension of the existing grants and countries are should make revisions to improve absorption for existing

grants. The other change is there will be three kinds of applications process: continuation of the existing interventions, tailored revision(s) and full application process. The Global Fund has chosen for Ethiopia to go through the full application process (performance framework, budget and concept note) as Ethiopia is high impact country and due to magnitude of the grant Ethiopia has been receiving.

The presenter also mentioned that there will be three application windows in March, May and August 2017 and Ethiopia need to plan now for the timing of the new funding request. And stakeholders should be involved during country dialogue to identify priorities for the new funding request.

5.2. CCM/E core functions and roles and responsibilities of CCM/E and CSOs

Country Coordinating Mechanism of Ethiopia (CCM/E) is country level partnership of stakeholders responsible for developing and submitting grant concept notes, nominating principal recipients and providing oversight to grant implementations. And it has 21 members representing government, bilaterals, multilaterals, and CSOs.

There are six core functions of CCM/E; coordinating funding applications, selecting PRs, overseeing grant implementation, ensuring linkages and consistency between GF grants and other national health programs, participating in the national strategic plan (NSP) discussions and convening and coordinating inclusive country dialogue.

To determine CCM/E functionality and improve its performance, GF has introduced CCM Eligibility and Performance Assessment mechanisms. There are six requirements and 18 eligibility requirement and minimum standard criteria that CCM should use to assess its functionality regularly.

There was also a brief presentation on CCM/E in the new funding model (NFM). It was explained that NFM focus on countries with highest disease burden and lowest ability to pay and it is believed that this investments will maximize impact. NFM provides implementers with flexible timing, better alignment with national strategies and predictability of the level of funding available. CCM should be play a stronger leadership role, participate meaningfully in the NSP discussions and convene and coordinate country dialogue.

Presentation was also made on roles and responsibilities of CSOs in the GF process including being part of the country dialogue and concept note development, and during grant implementation as PR/SR or overseeing grants. There were experiences lessons learned during the first funding cycle of NFM in-terms of CSOs engagement and it was stated that this should be

further strengthened by engaging CSO including key affected population and/or people living with/ affected by the three diseases.

Discussion Session

After the two presentations, the following questions were raised;

- Considering the delay in disbursement of funds from GF, how can the no extension or no carryforward of the existing grants be justified?
- Previous period for funding were for three years and more, however it is for only two years this time. Is there any possibility to make the next funding for three years?
- Why was Ethiopia chosen to go through the full funding application process? And what is different this time from the 2014-2016 funding cycle?
- Though there is more involvement of CSOs in the implementation of HIV programs, the involvement of CSOs in TB and Malaria programs as a PR/SR is minimal or none. Is there any plan for the future in the new funding cycle to involve more CSOs?

The following responses were forwarded by His Excellency Dr. Kebede and the presenters:-

- Most of the delays in disbursement of funds were due to delay in implementation and some management condition put forward by the GF Country Team (CT). Further discussion can be made when the CT visits Ethiopia in a couple of weeks' time.
- The funding cycle is in line with the replenishment period and there could be roll over to 2020. As the funding cycle for 2014-2016 was also extended to 2017. Further discussion can also be made with the CT.
- Ethiopia was chosen to go through the full application process as Ethiopia is a high impact country and receives fairly big grants. The application process will be more or less similar to the previous application except that all three disease programs have already developed NSPs.
- There is a fairly good involvement of CSOs in Ethiopia. CSO have contributed a lot during the development of disease programs NSP/investment case and concept note developments. And most of the allocated funds during the 2014-2016 period was prioritized for procurement and distribution of commodities such as LLINs, anti-malarial drugs and insecticides for malaria and Anti-TB drugs and supplies of TB. There was fund constraint to involve CSOs in the implementation of TB and malaria programs.

5.3. Updates from HIV/AIDS, Tuberculosis, Malaria and HSS Programs on the NFM Grant Implementation

Presentation were made by HAPCO, NEP+, EIFDDA, FMOH TB, Malaria and HSS teams. The following were the major discussion points

- Program specific strategies for national strategic plans were presented for all disease programs and HSS and priority areas for NFM concept note funding requests for the funding cycle 2014-2016 were also presented.
- Program, financial and management updates were presented by all of the presenters. In addition, major challenges and the ways forward were also presented and discussed.
- However one of the major issue presented by Malaria Team was there is no cash available at FMOH account and it is major transmission season (September to December). The presented indicated CCM/E should take this issue seriously and discuss with GFATM as there could be flare up of malaria and we could be in a position we couldn't give immediate response due to lack of funds.
- With regards to HSS grant, the fund release has been affected by precedent conditions and these conditions are not still met which may further delay the fund disbursement.
- The Malaria team also stated that accelerated plan is prepared to utilize the remaining USD 73 million to be disbursed from GFATM until end of December 2017.
- HIV program is doing well. However the target on testing of the targeted population (female sex workers and other vulnerable groups) was not met until the last progress update (June 30, 2016). To improve this, there will be catch up campaign to be conducted in order to address most at risk population (MARPs).
- USD153.9 million is committed for the coming 13 months pending to the fulfillment of counterpart financing commitment.
- NEP+ reported that the program activities are going as planned. However there are challenges on governance and conflict of interest issues which NEP+ is trying to address in collaboration with UNAIDS and HAPCO.
- Across all programs it was reported there are procurement delays which affects program implementation and timely fund utilization. It discussed that PFSA is undergoing restructuring in order to address delays in procurement and distribution of health commodities.
- As reported by HAPCO Team, the HIV prevalence is 1.2% nationally with huge regional and urban/rural variations; highest in Gambella (4.97%) and lowest in Benshangul Gumuz

region (0.69%). The highest prevalence reported in Gambella was mainly due to the refugee population from South Sudan. It was asked if there is targeted intervention in this group of the population. It was responded that using the opportunity for GF inter-country funding application, IGAD has won USD10 million to intervene in cross-border areas and it was stated that most of the fund is allocated to alleviate health problems among refugees.

- The other major questions that was resonating during the workshop was engagement of CSOs in the implementation of GF grants especially for TB and malaria programs.
- Media (both electronic and print) had been widely used previously to improve community awareness compared to the current situation. It was recommended that media should be utilized more effectively to prevent the upsurge of these diseases.
- Questions were raised on the selection criteria of PR and SRs, dual-track financing and extent of CSOs engagement. Though responses were given on each issue raised, it was said that these issues need continuous discussions and dialogue.

NB: *The presentations made by all were shared with workshop participants and can be shared upon request.*

5.4. Soliciting inputs from and providing feedback to CSO constituencies

Presentation was made by LFA/PwC, representing GFATM. This was the main objective of the workshop that CCM/E CSO representatives should have a clear plan of soliciting inputs from and providing feedback to their constituencies that select them to represent their interest in the CCM/E. This is also one of the requirements from the Global Fund. This soliciting input and providing feedback mechanism would help to have a wide variety of CSO voices to be heard at national level and to effectively engage constituencies in resource mobilization, grant making and implementation. Soliciting inputs from constituents will increase the weight and credibility of ideas/statements raised by CSO representative in CCM/E meetings. CCM/E CSO representatives have a responsibility of facilitating information sharing in their constituencies and CCM/E.

After giving introduction about how CSO representatives can solicit inputs from and provide feedback, different strategies and activities were suggested for the participants to discuss on the challenges of the proposed approaches, possible solutions for the challenges and CCM/E Secretariat help. CSO engagement plan was also drafted. There were group discussions and two groups were formed (Annex 2: List of Group-1 and Group-2 participants).



Picture b: Group discussion sessions (Group-I and Group-II)

The following issues were raised by both groups:

Challenges

- Lack of information on CCM/E by CSO representatives
- Inadequate capacity building activities conducted on CSO representatives and variation in level of knowledge among CCM/E members
- Inadequate practice in soliciting inputs and providing feedback by CSO representatives.
- Lack of resource to conduct consultative meetings and trainings
- Lack of induction of new CCM/E members by the CCM/E Secretariat
- Lack of platforms for capacity building training and consultative meetings
- Inadequate sharing of CCM/E governance framework documents.
- Lack of harmonization of broadening CCM/E membership/partnership.
- Inadequate resource for the CCM/E Secretariat to execute all planned/expected activities

Solutions:

- Prepare induction kits/tools for incoming members of CCM/E
- Prepare CCM/E CSO constituencies database
- Provide regular capacity building trainings for all members of the CCM/E
- Establish CCM/E website and regularly upload updates/briefing notes on the website
- Develop communication plan to share information from CCM/E to CSO constituencies through CSO representative and vis-versa.
- Set aside resources to implement CSO engagement communication plans.

After presentations were made by the two groups, ways forward and closing remark was delivered by Dr. Meshesha Shewarega, Executive Director of CCRDA and CCM/E Vice-chair. The following ways forward were proposed by Dr. Meshesha and the participants of the workshop agreed:

- CSO constituency engagement plan should be development. NEP+ (Mr. Belay Reta), Challenge TB/KNCV (Dr. Ahmed Bedru) and Health, Development and Antimalaria Association (Mr. Abere Mihrete) were selected to prepare the plan together with CCM/E Secretariat.
- The draft engagement plan should be shared among workshop participants for comments and inputs
- The engagement plan should be presented to CCM/E and approved
- CCM/E Secretariat together with CCM/E CSO representatives to organize CSO constituencies' workshop twice a year.
- CCM/E Secretariat to prepare a short (a pager) update/briefing on monthly/quarterly basis.

The workshop was adjourned at 5:20 pm.

Annex I: Agenda

Agenda for Civil Society Constituencies of CCM/E Workshop November 17, 2016 Addis Ababa, Ethiopia			
Time	Session	Presenters	Moderators
08:00 – 08:30	Registration of participants	CCM/E Secretariat	
08:30 – 09:00	Welcome address and introductions	H.E. Dr. Kebede Worku, State Minister of Health and CCM/E Alternate Chair	Dr. Meshesha Shewarega, CCM/E Vice-Chair and Executive Director of CCRDA
09:00 – 09:10	Objectives and expectations	CCM/E Secretariat	Dr. Meshesha
09:10 – 09:40	Brief orientation on the current GFATM policies and new developments	GFATM Representative	Dr Meshesha
09:40 – 10:10	Presentation on CCM Core functions and CCMs in NFM	CCM/E Secretariat	Dr. Meshesha
10:10 – 10:30	Discussion	All	
10:30 – 10:45	Tea break		
10:45 – 12:00	Presentation on current status of NFM Grants; <ul style="list-style-type: none"> • HIV/AIDS component • Tuberculosis component • Malaria component • HSS component 	HAPCO, FMOH, NEP+ and EIFDDA	Dr. Meshesha and Dr. Agonafer
12:00 – 12:30	Discussion	All	Dr. Meshesha and Dr. Agonafer
12:30 – 13:30	Lunch break		

**Agenda for Civil Society Constituencies of CCM/E Workshop
November 17, 2016
Addis Ababa, Ethiopia**

Time	Session	Presenters	Moderators
13:30 - 14:00	Soliciting inputs from/providing feedback to constituencies <ul style="list-style-type: none"> • Current practices and additional good practices • Role plays • Discussion 	CCM Representative GFATM Representative	Dr. Meshesha and Mr. Kasahun
14:00 - 15:30	Breakout session: Prepare CSO Constituencies engagement plan on GFATM in CCM/E <ul style="list-style-type: none"> • Orientation by the Secretariat • Engagement plan preparation 	All (in 3 groups)	
15:30 - 15:25	Tea break		
15:45 - 16:30	Plenary: feedback by the groups, discussion and conclusion	All	Dr. Meshesha, Dr. Agonafer and Mr. Kasahun
16:30 -	Closing remark	H.E. Dr. Kebede Worku, State Minister of Health and CCM/E alternate Chair	

Annex II: List of Participants

S.N	Name	Organization	Position
1.	H.E. Dr. Kebede Worku	FMoH	State Minister of Health and Alternate Chair, CCM/E
2.	Dr. Meshesha Shewarega	CCRDA	Executive Director, and Vice Chair, CCM/E
3.	Genna Aman	DKT Ethiopia	Senior Program Advisor
4.	Adwa Mengesha	LFA (GF)	Finance Specialist
5.	Alemayehu Abebe	EIFDDA	Program Head
6.	Solomon Yilma	EOTC	Program Coordinator
7.	Abera Mihrete	HDAMA	Executive Director
8.	Abdikadir Akil	ESICTA	Executive Director
9.	Nazrawit Yohannes	IMC	Emergency Nutrition Specialist
10.	Rahel Gizachew	NLK	Manager
11.	Tsehay Kebede		Public Relation Head
12.	Belete Haile	Industrial Federation of Construction	General Secretary
13.	Mekonnen Tadesse	ICAP	Program Director
14.	Amsale G/Senbet	Transport and Communication Workers Trade Unions	President
15.	Endeshaw Kebede	Tourism& Hotels	General Service
16.	Yonas Mitiku	Union of Ethiopian Women Chartable Association's	Program Coordinator
17.	BethAnne Moskev	USAID	Chief Health
18.	Wondimu G/Kiros	FMoH	TB/HIV Officer
19.	Agonafer Tekaligne	Malaria Consortium	Country Director
20.	Tigist Mamo	World Vision	MNCH Specialist
21.	Selamawit Bekele	World Vision	MNCH Specialist
22.	Hailu Bekele	International Medical Corps	Sr. Health PM
23.	Alemayehu Debebe	FCT & P	President

24.	Fikirte Belete	EPHA	Vice President
25.	Gesese Kune Shiferaw	EMWACDO	Program Manager
26.	Antenehe Behailu	MKC-RDA	Finance Manager
27.	Mesay Lemomsa	CETU	Social Affairs Expert
28.	Ahmed Bedru	Challenge TB	Technical Director
29.	Frehiwot Mikitu		Coordinator
30.	Wubetie Haily		
31.	Belay Reta	NEP+	A/Director
32.	Motuma Terfassa	Ethiopian Women's and Youth Federation	Communication Affairs
33.	Dereje Tolossa	EECMY	Technical Officer
34.	Rahel Ayele	CETU	Head Women Affairs
35.	Seife Bashaye	FMoH/Malaria	Technical Advisor
36.	Adbulselam Ali	EMDIA	Sector Head
37.	Alemayehu Belete	EPHA	PMD Director
38.	Tigist Haileleul	NEP+	Senior Grant Officer
39.	Asmeret Tesfay	NEP+	M&E Officer
40.	Asnakew Kebede	PATH	SPO
41.	Habtamu Berhanu	PMI/IRS/Abt. Asso.	M&E Manager
42.	Guda Alemayehu	USAID	M&E Manager
43.	Hayelom Assefa	HAPCO	Senior Program Officer
44.	Wondwosen Kassa	Women's Federation	Program Coordinator
45.	Behign Messeret	CMAME	Chairperson
46.	G/Selassie Tesfaye	FEBTATU	President
47.	Rahel Gettu	UNAIDS	Community Mobilization Advisor
48.	Mengesha Dessie	Federation	President
49.	Demis Wondaferaw	CETU	OSH Expert
50.	Yohannes H/Mariam	EMWACDO	Executive Director
51.	Tesfaye Tefera	AHF-Ethio	Director
52.	Shewadigne Belete	VHS	M& E
53.	Endalkachew Fikadu	VHS	Executive Director
54.	Sultan Ahmed	EMDA	Program Director

55.	Tinos Kebede	NNPWE	Program Manager
56.	Fisehatsion Biadgilgn	CETU	Head, Social Affairs Dep't
57.	Tesfaye H/Selassie	Industry Federation of Ethiopian Textile, Leather and Garment Workers Trade Unions	President
58.	Andargachew Kumsa	PIH – Ethiopia	Director
59.	Tigist Alemu	NNPWE	Coordinator
60.	Zerihun Eshetu	FMoH/Grant Mgt.	Grant Coordinator
61.	Bona Hora	CCM/E Secretariat	Technical Officer
62.	Meseret Aseffa	CCM/E Secretariat	Program Coordinator
63.	Tensaye Tesfaye	CCM/E Secretariat	Administrative Assistant
64.	Semira Wuheb	EPHA	Organizer
65.	Zehara Sualih	EPHA	Casher