

***In-depth assessment of Country  
Coordinating Mechanism  
and  
Technical needs assessment  
in  
Swaziland***

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## **Acronyms**

<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>AMICAALL:</b>	Alliance of Majors' Initiative for Community Action on AIDS at the Local Level
<b>ARV:</b>	Anti Retro Viral
<b>CANGO:</b>	Coordinating Assembly of Non-Governmental Organizations
<b>CBO:</b>	Community Based Organization
<b>CCM:</b>	Country Coordinating Mechanism
<b>CCP:</b>	Country Coordinated Proposal
<b>CMTC:</b>	Crisis Management and Technical Committee
<b>DFID:</b>	Department for International Development (UK)
<b>DGCS:</b>	Direzione Generale per la Cooperazione allo Sviluppo (Italy)
<b>DOTS:</b>	Directly Observed Treatment Short course
<b>EU:</b>	European Union
<b>FBO:</b>	Faith Based Organisations
<b>FES:</b>	Federation of Swaziland Employers
<b>FLAS:</b>	Family Life Association of Swaziland
<b>GFATM:</b>	The Global Fund to fight AIDS, Tuberculosis, and Malaria
<b>GOS:</b>	Government of Swaziland
<b>HIV:</b>	Human Immunodeficiency Virus
<b>LFA:</b>	Local Fund Agent
<b>M&amp;E:</b>	Monitoring & Evaluation
<b>MAE:</b>	Ministero degli Affari Esteri (Italy)
<b>MOHSW:</b>	Ministry of Health and Social Welfare
<b>NERCHA:</b>	National Emergency Response Council on HIV and AIDS
<b>NGO:</b>	Non Governmental Organization
<b>NMCP:</b>	National Malaria Control Programme
<b>NTP:</b>	National Tuberculosis Programme
<b>PLWHA:</b>	People Living With HIV/AIDS
<b>PR:</b>	Principal Recipient
<b>PRA:</b>	Participatory Rapid Appraisal
<b>PS:</b>	Principal Secretary
<b>RBM:</b>	Roll Back Malaria
<b>SASO:</b>	Swaziland AIDS Support Organization
<b>SCC:</b>	Swaziland Conference of Churches
<b>SHAH:</b>	Swaziland Hospice At Home
<b>SINAN:</b>	Swaziland Infant Nutrition Action Network
<b>SNAP:</b>	Swaziland National AIDS Programme
<b>SWAGAA:</b>	Swaziland Action Group Against Abuse
<b>SWOP:</b>	Strengths – Weaknesses – Opportunities – Problems
<b>SYUAHA:</b>	Swaziland Youth United Against HIV/AIDS
<b>TB:</b>	Tuberculosis
<b>THA:</b>	Traditional Healers Association
<b>TRP:</b>	Technical Review Panel
<b>UN:</b>	United Nations
<b>UNAIDS:</b>	Joint United Nations Programme on HIV/AIDS
<b>UNDP:</b>	United Nations Development Programme
<b>UNICEF:</b>	United Nations Children's Fund
<b>UNISWA:</b>	University of Swaziland
<b>WHO:</b>	World Health Organization
<b>WLSA:</b>	Women and Law in Southern Africa Research Trust

## Executive summary

Swaziland is one of the five countries with the highest HIV rates in the world. The estimated population is 1.3 million people. The 22% of people over 15 years old is estimated to be HIV positive (2001). Recent data report 38.6% of infection rates among women attending antenatal clinics. Swaziland is surrounded by countries also severely affected by HIV/AIDS and many economic, social and cultural factors predispose the country to the pandemic.

The Government of Swaziland has reacted to HIV/AIDS epidemic, through the years, by creating bodies and programmes in order to deal with the increasing burden of disease.

In 2001 the National Emergency Response Committee on HIV/AIDS (NERCHA) was established with the main task of coordinating HIV/AIDS activities in Swaziland.

NERCHA acts as PR for GFATM country proposal.

The Coordinated Country Proposal (CCP) of Swaziland submitted in the GFATM - II Round and approved for HIV/AIDS and Malaria components, is under implementation since the last quarter of 2003. The Tuberculosis component resubmitted in the III Round was just approved in the October 2003 Board Meeting (subject to technical clarifications).

In this context, the CCM assessment mission in Swaziland, took place in the country between the 3<sup>rd</sup> and 13<sup>th</sup> of December 2003.

The present assessment is part of a wider GFATM Secretariat study on composition and functioning of CCMs worldwide concerning "Documentation of CCM and needs assessment in selected countries".

The first purpose of this assignment was to analyse the CCM and document on four main subjects:

1. In-depth assessment of the composition and functioning of CCM.
2. How the principles and guidelines of the GFATM can be made real.
3. Strategies that work
4. Achievements concerning a public-private partnership fully engaged in the country GFATM processes.

The second purpose was to facilitate an in-depth technical needs assessment of the CCM members and their constituencies with the objective to set up strategies and a plan for technical support for strengthening governance and management capacity of CCM.

The four main subjects have been analyzed through two relevant criteria, namely: Governance patterns and Management capacity. Hence, core questions have been addressed, related to inclusiveness, equal and meaningful participation, representation, accountability, institutional building (structuring, definition of roles and rules, degree of ownership of the CCM by its members and their constituencies), broad country partnership-led formulation and implementation process, management (effective service delivery, adequate structure and technical capacity), lines of communication and accountability, flow of information between the main actors and between them and the general public.

Based on the previous analysis strengths and weaknesses have been identified, and the way forward has been considered, particularly in terms of potentialities for self-directed development and of needs for technical assistance to address governance patterns (multi-sector ownership and equal participation) and management capacity, including improved governance for proposal development, implementation, monitoring and evaluation.

In terms of methodology, the mission relied on GFATM Guidelines as reference tool for assessment purposes. The mission considered both facts and people's. The information sources were: individual interviews, small group discussion, observation (one systematic

observation of a CCM meeting), two PRA exercises<sup>1</sup>, documental analysis (consulting relevant documents supplied to the mission and registering any lack of documents).

Relevant strengths:

- CCM built on existing structures or bodies;
- Multisectoral representativeness;
- Political support;
- A comprehensive ongoing proposal, foreseeing Government / Non-Government partnership;
- A national Strategic Plan and a National Action Plan 2000-2005 coordinated by a structure (NERCHA) also acting as the PR for the CCM, with strong possibilities of enhanced management capacity;
- A committed and pro-active Private Sector, willing to join country-led partnership and assume leadership;
- CCM members' awareness about governance, empowerment and capacity building needs;
- Ongoing World Bank technical assistance and a programme for strengthening M&E system of PR and sub-recipients.
- Ongoing Italian Cooperation technical assistance for capacity building on procurement and supply management

Relevant weaknesses:

- Outdated membership selection process, low constituencies' representation and low accountability of CCM members towards their constituencies: inadequate information flow and feedback;
- CCM structuring process unfinished, insufficient definition of roles and rules;
- Unclear CCM institutional status within the country's institutional framework;
- Controversial leadership and management capacity;
- Overlapping areas between CCM and NERCHA (in twofold role of PR and of national coordinator) and unclear roles definition challenge accountability and effective service delivery;
- Societal barriers and absence of any empowerment process supporting meaningful participation and equal decision-making power of CCM members;
- Capacity building process not foreseen and undertaken, so far; low knowledge of GFATM Guidelines on CCM;
- Low ownership of the process by a broad partnership and decreasing attendance to CCM meetings;
- Insufficiently defined and non-activated lines of communication and accountability;
- Inadequate information flow, inside the CCM, within the constituencies and to the general public;
- Lack of comprehensive approach to the three diseases, and missing awareness about the importance of linking CCP with other outstanding national programmes.

Lessons learned and Recommendations:

The majority of the foregoing Strengths and Weaknesses were pointed out by the CCM members and by other representatives of the different constituencies. Therefore, they already constitute an asset of lessons learned, although the design of the way forward is still an ongoing process, managed through consensus building. Nevertheless, relevant issues to be addressed were broadly stressed, namely:

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<sup>1</sup> One five-hour workshop of Participatory Rapid Appraisal, including two exercises (SWOP and matrix of priorities).

- CCM further Institutional building in compliance with GFATM Guidelines, upgraded CCM status embedded in the country's institutional framework, boosting ownership and partnership; definition of lines of communication and accountability;
- Empowerment and meaningful / equal participation in decision-making process, including constituencies' strengthening; flow of information also addressing the general public;
- Human resources capacity building, including CCM members and constituencies.

Technical assistance:

- Technical assistance is identified as a priority by CCM majority, and mostly welcomed (**why**);
- Main sectors of technical assistance (**what**):
  - Institutional building (structuring of the CCM and upgraded institutional status);
  - Empowerment and meaningful participation in decision-making process, flow of information;
  - Capacity building (programme design, implementation, M&E, good governance patterns).
- Technical assistance main approach (**how**):
  - Steady advising support and recurrent steering missions;
  - Improved CCM – GFATM Secretariat link and flow of information, communication – feedback;
  - Comprehensive and participatory assessment of training needs and training design, including training for M&E system, and assessment of local and regional training capacity (consultants & trainers database);
  - Result-oriented training and advising, strongly linked to the CCP implementation process;
  - Participatory approach, participatory methods and tools (Action Research Training method), PRA, bottom-up approach, and on the job training;
  - Training as a process in compliance with the partners' pace, including participatory steering of the process.
- By **whom**:
  - Till now the main ongoing activities of capacity building assistance are the one of the World Bank addressing M&E needs for the PR and sub-recipients and the one from Italian Co-operation for strengthening the procurement capacity.
  - The study participants stressed the need of technical assistance by local organisations or by external source (incorporating local capacities) in coordination with the GFATM Secretariat .



# Introduction

## HIV/AIDS

Swaziland is one of the five countries with the highest HIV rates in the world. The population is 1.3 million people. The 22% of people over 15 years old is HIV positive (2001). Recent data report 38.6% of infection rates among women attending antenatal clinics. Swaziland is surrounded by countries also severely affected by HIV/AIDS and many economic, social and cultural factors predisposes the country to the pandemic.

The Ministry of Health and Social Welfare (MOHSW) created a Swaziland HIV/AIDS Programme (SNAP) in 1986.

Since then the national response has been reinforced with the formation, in year 2000, of a Cabinet Committee on HIV/AIDS chaired by the Deputy Prime Minister, and the multi-sectoral Crisis Management and Technical Committee (CMTC) to reinforce the efforts of the MOHSW.

In September 2000, the CMTC developed a **National Strategic Plan for HIV/AIDS (2000-2005)** that was approved by Cabinet.

In October 2000, a **National Action Plan for HIV/AIDS Intervention (2000-2005)** was produced.

The National Emergency Response Committee on HIV/AIDS (NERCHA) was established in 2001, replacing the CMTC that ended its mandate, to enhance the coordination of the national response to the epidemic and to foster the wider multi-sectoral involvement of other stakeholders.

An operational structure has been put into place (Directorate, Administration, Sectoral Co-ordinators, and Technical Committees) to attend also to the mobilization and disbursement of financial resources.

SNAP remained as the coordinating body for the MOHSW.

## Malaria

The implementation of malaria control activities is under the responsibility of the National Malaria Control Programme (NMCP) and is guided by the National Malaria Control Policy of 1996, which is based on the Global Malaria Control Strategy adopted by health ministers in Amsterdam in 1992. The Country is also participating in the global Roll Back Malaria (RBM) strategy.

A Technical Advisory Board was established to guide and advise the NMCP. The management of malaria cases in hospitals, health centres and clinics is guided by national treatment guidelines. Malaria is the third highest priority in the national health plan after HIV/AIDS and tuberculosis.

## Tuberculosis

The National TB Programme (NTP) leads the implementation of TB control activities. The GOS has requested for assistance from WHO for urgent review of the National TB Programme and to develop a new national TB control strategic plan. The review will assess the extent to which the NTP is responding to the challenges of co-infection and ultimately develop strategies to address any gaps. The review will eventually lead to the development of a National TB Development Plan. The TB programme lacks NGO support to field activities, especially on DOTS. The programme is financed almost entirely by the GOS through the normal health budget. Tuberculosis is one of the major causes of hospital admissions with a huge increase since 1996. There has also been a notable increase of TB-related deaths attributable to HIV. The total number of TB cases has increased five-fold in the last ten years affecting mainly females of child-bearing age, representing a shift in the affected age group from the old and weak to young adults between 20 to 49 years.

The Coordinated Country Proposal (CCP) of Swaziland, submitted in the GFATM II Round and approved for HIV/AIDS and Malaria components, is under implementation since the last quarter of 2003. The Tuberculosis component resubmitted in the III Round was just approved in the October 2003 Board Meeting (subject to technical clarifications). The Grant Agreement for the first two components was signed on 18<sup>th</sup> June 2003 and the disbursements started in July and August 2003.

In this context, the CCM assessment mission in Swaziland, took place in the country between the 3<sup>rd</sup> and 13<sup>th</sup> of December 2003.

## Purpose of the study

The present assessment is part of a wider GFATM Secretariat study on composition and functioning of CCMs worldwide concerning “Documentation of CCM and needs assessment in selected countries”.

The purpose of this assignment is twofold. Firstly, to conduct an in-depth assessments of the composition and functioning of selected CCM with the objective of documenting the lessons learned in what has worked and not worked in operationalising the Principles of the Global Fund. This documentation will contribute to a better understanding on four main subjects:

1. Composition and functioning of CCM.
2. How the principles and guidelines of the GFATM can be made real.
3. Strategies that work
4. Achievements concerning a public-private partnership fully engaged in the country GFATM processes.

Recommendations will be made to strengthen the capacity of CCM to fulfil its mandates. The lessons learned are meant to be shared among members of CCMs in other countries, especially those which are in the process of establishing themselves.

The second purpose is to facilitate an in-depth technical needs assessment of the CCM members and their constituencies, with the objective to set up strategies and a plan for technical support for strengthening governance and management capacity of CCM. The results of the needs assessment is meant to be made available to GFATM partners with the capacity to provide technical and financial assistance to strengthen CCM processes at the country level.

The four main subjects have been analyzed through two relevant criteria, namely: Governance patterns and Management capacity.

Based on the previous analysis, strengths and weaknesses have been identified, and the way forward has been considered, particularly in terms of potentialities for self-directed development and of needs for technical assistance to address governance patterns (multi-sector ownership and equal participation) and management capacity, including improved governance for proposal development, implementation, M&E.

## Methodology

The mission unfolded in the field, Swaziland, from 3<sup>rd</sup> to 13<sup>th</sup> of December<sup>2</sup>. The preparation time has unfortunately been very short. The mission has been composed by an

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<sup>2</sup> See annex 1: mission’s realized working plan.

interdisciplinary team, namely a sociologist and a medical doctor, and benefited from the professional support of the Italian Cooperation in-country medical director.

In terms of methodology, the mission relied on GFATM Guidelines as reference tool for assessment purposes. The mission considered both facts and people's perceptions, carefully avoiding "rumours". The information sources were: semi-structured interviews with representatives of the different constituencies<sup>3</sup>, CCM members and non-members, a semi-guided small group discussion, non-participant observation of a CCM meeting, two PRA exercises<sup>4</sup>, documental analysis<sup>5</sup> (consulting relevant documents supplied to the mission and registering any lack of documents). Data recording was by note taking, the information and opinions gathered were then registered in a framework purposely devised, based on the study terms of references.

The mission has been set-up not as "fact-finding mission", but mostly as a facilitation mission for supporting the country partners in assessing the CCM building process, composition and functioning. As a matter of fact, due to the nature of the mission's subject, people's perceptions were considered relevant source of assessment information.

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<sup>3</sup> See Annex 2: List of interviewees.

<sup>4</sup>Regrettably, it was possible an only five-hour PRA workshop, including two exercises (SWOP, and matrix of priorities). In spite of the very limited time, which did not help the appropriate development of the PRA and the fact that PRA is not part of the CCM members' background, participants and mission shared important information.

<sup>5</sup> See Annex 6: References

# Part 1: Assessment of the CCM

## 1.1 Description of the Country Coordinating Mechanism

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- 1.1.1 Background and set-up
  - 1.1.2 Composition and representation
  - 1.1.3 Structure
  - 1.1.4 CCPs development
- 

### 1.1.1 Background and set-up

The CCM has been constituted in February 2002. According to the approved Coordinated Country Proposal<sup>6</sup> (CCP) of Swaziland, “CCM was created from the country’s existing bodies (government, NGOs and civil society) in order to guide in-country partners on Global Fund issues and ensure multi-sectoral approach to development of proposals for funding from the GF<sup>7</sup>”. CCM also includes National Emergency Response Committee on HIV and AIDS (NERCHA) established within the office of the Prime Minister<sup>8</sup>, at the end of 2001. NERCHA also assumes the CCM Secretariat and is the Principal Recipient (PR) for GFATM grants.

*“NERCHA is an intersectoral public-private body with the mandate to coordinate and assist the implementation of all activities dealing with the HIV/AIDS epidemic. NERCHA functions well as a coordinating body of both public and private stakeholders and was therefore chosen as the secretariat of the CCM<sup>9</sup>”.*

There is no documentation that describes how the CCM was established.

It has been recalled that the MOHSW held a first meeting of concerned parties on 18<sup>th</sup> February 2002. The aim of the meeting, with the presence of officers from UNAIDS headquarter, was to introduce the GFATM.

From 20<sup>th</sup> to 23<sup>rd</sup> February 2002, the MOHSW organised a stakeholder workshop, attended by almost 80 people, to identify objectives, outputs and activities for the CCP.

Then a reduced working group worked on the development of the CCP. This group can be considered as the final CCM.

The CCP did and still benefit of political support from Government.

The Prime Minister expressed publicly several times his support to CCP and he organised, after the submission of the first proposal, a meeting with CCM with the presence of the media.

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### 1.1.2 Composition and representation

The CCM is currently composed by 37 members. As it is actually expressed in the CCP *“the CCM’s overall guiding body is the board made up of representatives of 37 organizations related to the fight against the three target diseases<sup>10</sup>”*

The Swaziland CCM composition complies with the GFATM “Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms” (04/06/2003) It can be noticed that the Government sector represents the 35% and the multilateral and bilateral

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<sup>6</sup> September 2002 CCP submitted to the II Round, operational in 2003.

<sup>7</sup> CCP Swaziland, 2002, point 3

<sup>8</sup> under section 3 of the Commissions of Enquiry Act, 1963

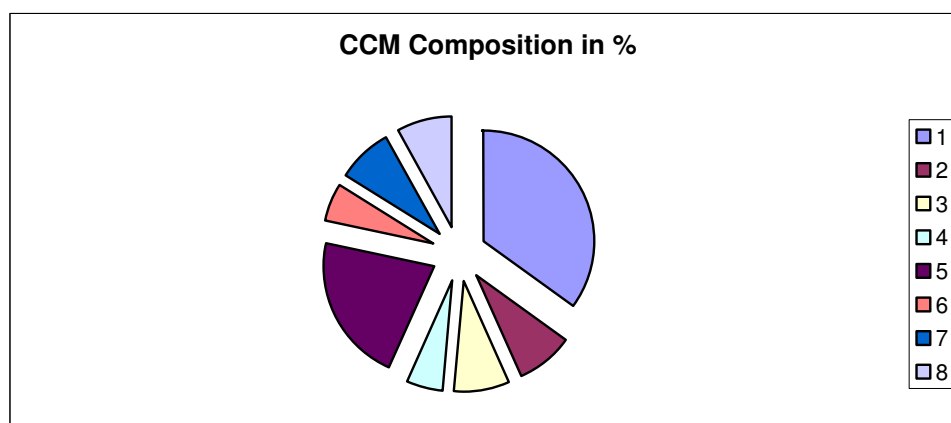
<sup>9</sup> CCP Swaziland, 2002, point 3.1

<sup>10</sup> See also annex 3, “CCM Swaziland – Composition”.

agencies the 22% of the members. Gender balanced membership is not yet addressed, particularly related to responsibility positions.

### CCM Swaziland – Composition

<b>Constituencies</b>	<b>Nr. Of Members</b>	<b>%</b>
• Government - Ministry of Health (MOHSW),	3	8%
• Government - other Ministries,	10	27%
• NGOs/CBOs,	3	8%
• Private sector	3	8%
• PLWHA	2	5%
• Religious / Faith groups	3	8%
• UN/multilateral agencies	5	14%
• Academic/Education Organizations	2	5%
• Bilateral Agencies	3	8%
• Others	3	8%
○ Traditional healers	1	
○ Youth associations	1	
○ Women associations	1	
<b>Total:</b>	<b>37</b>	<b>100%</b>



<b>index</b>	<b>Number of members &amp; %</b>	<b>Constituency / sector</b>
1	13 35%	Government
2	3 8%	NGO / CBO
3	3 8%	Private Sector
4	2 5%	PLWHA
5	8 22%	UN and Bilateral Agencies
6	2 5%	Academic/Educational Organizations
7	3 8%	Religious/Faith Based Organizations
8	3 8%	Others
	37 100%	

At the beginning, 20<sup>th</sup> to 23<sup>rd</sup> February 2002, a large CCM of almost 80 people was called. With the CCP II Round, the members of CCM were fixed at 37 (thirty-seven) who were the reduced group that prepared the first call proposal. Recently, the CCM has raised the question of its best size, which should, on the one hand, comply with efficiency and effectiveness and, on the other, with representation requirements. In the CCM meeting of the 19<sup>th</sup> of September 2003, with a presence of 10 (ten) CCM members and the absence of the Chair, it has been agreed on a eleven-member (11) CCM. As far as the mission could understand, this is not yet a blueprinted decision. Nevertheless, the question of a CCM more workable size is already open.

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### **1.1.3 Structure**

The CCM has a Chair - the Principal Secretary (PS) of the Ministry of Health and Social Welfare (MOHSW), Dr John Kunene, and a Vice Chair - the National Director of NERCHA, Dr. Derek Von Wissell.

CCM has a secretariat assumed by NERCHA Directorate. Other specific responsibilities have not been assigned to other CCM members. NERCHA technical committees function also as CCM technical groups to evaluate projects from sub-recipients.

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### **1.1.4 CCP development (see also 2.1.1)**

For the first call (January-March 2002), after the brainstorming 3-day workshop, the core group (final CCM) worked on the development of the proposal (including all 3 components HIV/AIDS, TB and malaria) with external technical assistance provided by a multilateral organisation. Another multilateral organisation offered secretariat and logistic. The proposal was not successful.

For the second call (July-September 2002) proposal NERCHA (already fully established) offered logistic and secretariat. Technical assistance was offered to the CCM by a bilateral donor *in loco* and by a multilateral organisation through consultants. The draft was sent for comments to consultants of other multilateral organisations and international organisations. The proposal was approved for HIV/AIDS and Malaria components, while for TB component the applicant was advised to review and resubmit.

For the third call a new TB proposal was developed by CCM members without any external assistance. The proposal was approved, subject to some clarifications that were sent at beginning of December 2003 to GFATM.

## **1.2 Governance analysis**

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- 1.2.1 Membership and governance patterns
  - 1.2.2 CCM setting up and structuring process
  - 1.2.3 Role and extent of participation
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### **1.2.1 Membership and governance patterns**

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- 1.2.1.1 Membership definition and representation concerns
  - 1.2.1.2 Effective constituencies representation and good governance
  - 1.2.1.3 Core issues
  - 1.2.1.4 The way forward
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### 1.2.1.1 Membership definition and representation concerns

This chapter makes reference to the **criteria and procedures of selection** of CCM members, and to the selection process within the sectors / constituencies.

With reference to the CCM forming process, in the Swaziland CCP<sup>11</sup>, it is stated that *“This guiding body consists of representatives of Government, NGO and civil society. In order to constitute the CCM, the MOHSW invited both public and private organizations to nominate representatives to the CCM, including the NERCHA on the basis of their competence, representation and involvement in the fight HIV/AIDS, TB and malaria”*.

It is however general opinion of the interviewees that **CCM membership is based on designation** by the Government and not on a selection process by the constituencies. To a certain extent, this fact is perceived as the result of the hurry under which the GFATM process had to be implemented, what some interviewees called *“The deadline- syndrome”*.

Nevertheless, the general feeling is absolutely not hostile and the common sense prevails, as well as the sense of institutional and National responsibility face to a national emergency to be rapidly addressed. We have been frequently called for *“contextualizing”* the whole process and its physiological weaknesses. In a “context” mainly conditioned by deadlines and related efficiency demand, a certain degree of compromise in terms of procedures was accepted. Yet, since the process is gathering momentum, particularly after the approval of the CCP, some CCM members and non-members believe that a membership based on constituencies’ mandate (bottom-up process) is now at stake. In fact, many argue that the CCM should gradually evolve towards a membership based on **“effective constituency-based selection”**.

The PRA<sup>12</sup> exercise also showed the *“appointed system”* of membership among the “weaknesses” of CCM. Then again, in the list of relevant issues to be addressed, it has been pointed out *“to revise representativeness”*.

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### 1.2.1.2 Effective constituencies representation and good governance

**Accountability** concerns linked to the top-down nomination of the CCM members can be addressed through constituencies-based selection. In fact, to our question about to what extent and how a CCM member is accountable to his/her constituency, an interviewee critically replied that accountability under the current conditions can not be a concern, because CCM members have not been elected, but top-down appointed. *“We have just been picked up, not selected”*. In fact, many argue that times are ripening and things have to move on towards a more participatory and transparent way.

Accountability, flow of communication, feedback, and all the package of good practices related to the capital issue of **meaningful and legitimate representation** are a core preoccupation of the CCM members and non members. A number of factors have been referred to as impediments to the representation, including:

- ◆ Lack of capacity and experience of the constituencies’ members (grassroots);
- ◆ Lack of means for working with the constituencies (an important part of the constituencies is actually out of the capital city, and its representatives do not have sufficient means for outreach activities, as it is the case of small NGOs,);
- ◆ Process and criteria of CCM membership selection.

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<sup>11</sup> Point 3 of the CCP / 2002.

<sup>12</sup> Participatory Rapid Appraisal. See annex 4.

- ◆ Poor communication, often leading to lack of relevant information and inadequate awareness within the constituencies about their potentialities and responsibilities.

“*CCM membership is double-C biased*”, an interviewee stressed. In other words, as pointed out by different interviewees, it is largely a Capital City membership. “*Can-we speak in their behalf?*” was wondering an interviewee. “*They*”, the people that CCM members are supposed to represent (e.g. CBOs, PLWHA), lack planning and M&E skills, and they are not empowered, for instance, sometimes they have language problems (they do not sufficiently speak English), .

There is also the perception that some CCM members rather speak for their organisation and not on behalf of their constituencies.

On the other hand, as it has been stressed by a large number of interviewees, effective constituencies’ representation, including good governance and effective management, is a core factor of success in AIDS struggle, mainly because:

- ◆ Feedback is important for programme steering and adherence; “*Adherence to the programme needs inclusiveness*”
- ◆ Representation is important for responsibility assumption either at collective or at individual level;
- ◆ Feedback is vital to mutual learning.

Constituencies’ representation is a controversial issue. For instance, someone consider that they effectively manage to represent their constituencies. Nevertheless, civil society network members do not so enthusiastically share their representatives’ vision. Actually, it has frequently been questioned to which extent the “umbrella” NGO’s comply with good governance and effective representation. It seems that according to a widespread perception, these representatives, do not sufficiently work with their constituencies, informing or supporting them through advising and technical / methodological assistance about projects’ formulation and funds allocation through NERCHA and GFATM. They can even compete for funds allocation using their privileged position in the CCM.

The problem is minor in malaria field where only one NGO is active (but not represented in CCM) and has good collaboration with National Malaria Programme that sits in CCM.

Particularly the NGOs, but not only, also express concerns about the funds-race that could jeopardize the collaboration and coordination between parties that compete for the same funds. Although, this is not currently a main concern, due to the relatively few local NGOs, phenomena of competition and conflict have already been registered. That can be physiological, but no work has been undertaken for facilitating and smoothing the process. Representation, accountability, transparency, flow of information, general public information, and good practices can promote a more collaborative spirit, even if a competitive one.

According to certain interviewees, the CCM has to come to grips with two membership mainstreaming criteria, namely, on the one hand, membership complying with high representation requirements, and on the other, membership with minimum standards capacity to address technical issues. That is a crosscutting point where governance and management issues meet and therefore we will further analyze it in the following chapters.

One MOHSW member considers that, in a scale of 10, CCM takes 4,5 in terms of representation. According to him, the CCM composition does not yet fully reflect the political will in terms of representation because “*we have a fairly representative CCM but capacity is not equal*”. “*We have to empower the CCM members*”. And furthermore, according to his vision, which represents MOHSW vision, that is quite largely shared also by constituencies’ representatives, “*capacity building has to be a process and not an event, not an overnight event*”. In addition, “*the CCM strengthening exercise has to begin at grassroots / constituencies level and go up to the CCM*”.



Many argue that, as far as GFATM is concerned, the emergency is over and the governance compromises done under those circumstances have not grounds for persisting. This trend stresses that an **empowerment and capacity building process** has to go hand by hand with a **constituency – based selection system**, which can better tackle the relevant issues of inclusiveness, adherence, ownership, and accountability.

According to another trend, mostly expressed by some donors and government respondents, the CCM membership had regrettably to be addressed from a pragmatic point of view. Now that the CCP has been approved, CCM governance is not the priority in the AIDS fight. CCM members do not manage to tackle governance and management requirements, as they have been asked for. However, this is a secondary concern as, accordingly to a CCM member, *“it is the leadership that does the difference”*. *“We can not get the CCM as leading committee”*. And furthermore, *“CCM is needed as a body that has oversight of the CCP, that is a legitimate role and function of the CCM, but we can not expect CCM to provide the leader vision of an executive”*.

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### 1.2.1.3 Core issues

On what has been exposed above, and as gathered through the interviews, the group discussion, the CCM meeting observation, the PRA exercises, and the existing documentation, it can be deduced that:

- membership issues reflect further and deeper questions concerning CCM set-up process, such as the “why” of the CCM either in relation with GFATM or with the general institutional context in Swaziland today;
- the balance between high representation criteria (governance) and technical capacity (management) is a relevant concern;
- the membership selection process does not anymore match the CCM growth;
- the current picture of the CCM representation system presents some substantial flaws in terms of inclusiveness, adherence, accountability, and effective participation;
- bottom-up process, flow of information, “give voice to the constituencies” are all considered by many important elements of a legitimate and meaningful membership;
- funds-race can jeopardize coordination if not adequately addressed.

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### 1.2.1.4 The way forward

Concerning membership, as a matter of representation, the following main points have been suggested by most of the study participants:

- ❖ Promote a selection membership process based on constituencies;
- ❖ Support capacity building of representatives and grassroots;
- ❖ Encourage CCM strengthening as a bottom-up process (from the grassroots to the CCM members empowerment and capacity building);
- ❖ Foster a process approach rather than an institutional attitude of emergency response;
- ❖ Develop information and awareness raising of the general public.

## 1.2.2. CCM setting up and structuring process

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1.2.2.1 Definition of roles and rules

1.2.2.2 Implementing roles and rules (how they are made real)

1.2.2.3 Core issues

1.2.2.4 The way forward

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### 1.2.2.1 Definition of roles and rules

The definition of roles and responsibilities as well as the definition of rules and procedures is a relevant moment of a structuring process. Hence, the mission tried to identify any documented act (minutes, guidelines, bylaws, formal agreements) that marks CCM Swaziland structuring process. Furthermore, the mission assessed the sense of ownership of the CCM members as far as the structuring process is concerned.

Some interviewees straightaway stated that they were not aware about any Terms of Reference (TOR) either regarding CCM simple members or CCM responsibility positions. Others promptly affirmed that TOR exist as well as written guidelines and procedures, but they were not able to add something about their content and/or effectiveness. Nevertheless, none of them seemed to keep such documentation to hand.

GFATM guidelines on CCM were distributed, by the CCM Secretariat, at September 2003 CCM meeting and sent to other members. It is not clear if lack of knowledge is due to a poor communication either Secretariat-to-members or is within members' own organisation.

It was generally stated that CCM did not undertake any particular effort of divulgation of its guidelines and TOR and did not hold any session to support members' understanding and appropriation of these tools. Many argue that CCM is not aware about the outstanding relevance of these issues.

The lack of roles definition has been pointed out as a weakness. The same goes for the "modus operandi" of the CCM, such as codified operational rules, guidelines, patterns and rules of decision-making and functioning, bylaws. Furthermore, the study participants stressed the question of "*CCM unclear mandate*", "*unclear leadership roles and responsibilities*", "*unclear TOR*", "*lack of a legal framework*".

It can be affirmed that, according to the members, a CCM effective structuring process did not yet take place. Actually, as stated by someone, it does not exist a clear definition of roles based on Terms of Reference. The same applies to the very roles of Chair and Vice-Chair.

The CCM is not structured in any kind of sub-committees assisting its tasks. Nevertheless, CCM has a Secretariat, actually assumed by the NERCHA Directorate and technical committees that are NERCHA's ones. They apparently work efficiently and ensure the CCM routine, the documentation, the meetings minutes and organization. Furthermore, according to the CCP, the CCM Secretariat has to refer to relevant offices of the MOHSW for technical support<sup>13</sup>. On the other hand, it seems that also the CCM Secretariat is lacking TOR and that the roles and responsibilities between NERCHA and MOHSW have not yet been established<sup>14</sup>.

For this reason it is someone's perception that there is still some "rivalry" between MOHSW and NERCHA.

The lines of communication with other actors are not sufficiently defined and are not yet fully operational, as for instance the lines between CCM and GFATM Secretariat in Geneva, PR and LFA, CCM / PR and the public. The same goes for the lines of accountability, "who is accountable to whom".

As mentioned at point 1.2, CCM tries to find its best size. Consequently, it is under consideration the splitting up of the CCM in two bodies, namely a "**large CCM**" addressing meaningful participation and a "**restricted CCM**" addressing technical and managerial efficiency, with a Chair rotating system, probably giving more space to the private sector. The

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<sup>13</sup> CCP, "Describe the proposed management arrangement"

<sup>14</sup> About the insufficient NERCHA – MOHSW framework agreement, see "Monitoring and Evaluation assessment of NERCHA", PricewaterhouseCoopers, October 2003.

“large CCM” could meet two – three times a year (in compliance with the CCP) and the “restricted CCM” could follow a business pace of meetings.

Last but not least, the institutional status of the CCM is quite unclear, since CCM lacks whatever legal or institutional national basis. It seems but the expression of a political and societal commitment and remains institutionally and operationally up to interpretation. During the two last CCM meetings, November and December 2003, some CCM members tried to put the issue on the agenda. Eventually in the December meeting the subject was on the agenda -“*examine of functions, legal status and power of the CCM*”<sup>15</sup>- but the Vice-Chair preferred not to deal with it in absence of the Chair.

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### 1.2.2.2 Implementing roles and rules (how they are made real)

Both, lack of effective structuring and blueprinted roles and lack of codified rules lead to several difficulties concerning CCM functioning either in terms of governance or in terms of management.

In the real context, as the mission had the opportunity to observe also during a CCM meeting,<sup>16</sup> it is NERCHA that carries on the whole process. The NERCHA-based Secretariat of the CCM prepares the meetings and keeps registries and minutes. The Vice-Chair (NERCHA Director) assumes full leadership. Actually, the Chair did not assist the CCM meeting of the 9<sup>th</sup> of December and that does not seem an exception, as the Chair himself pointed-out during the interview with him.

During the CCM meeting-observation the mission could notice a high standard organization. A complete documentation supporting the meeting was distributed at the beginning and the meeting was efficiently run by the Vice-Chair and supported by the Secretariat, lasting one hour and a half, addressing the eight points of the agenda. That seems to be the usual way of business.

The way by which CCM set-up is made real brings about a certain perplexity. Actually, although the mission’s subject was the CCM, the PR (and CCM secretariat as well, NERCHA) took a central place into the picture and drew apparently over measure our attention. Overlapping areas of responsibilities or even shadow areas, where lack of distinction of roles is challenging accountability, are a reality, which the CCM has to deal with.

This institutionally peculiar situation can puzzle people, too. Actually, during the PRA exercise some people did defend NERCHA with fervour, convinced in good faith that it was one and the same with CCM and in compliance with GFATM guidelines. For instance, during the SWOP “*clear guidelines, objectives, result-oriented indicators, clear management structure, innovative programme management, functioning systems of management*” were considered by some members as strengths of the CCM, whereas many argued that these points are possible NERCHA strengths. That was a point of strongly diverging visions<sup>17</sup>. Actually, many registered the same points as weaknesses and not as strengths. That is one indicator reflecting the lack of distinction of roles and institutional differentiation between CCM and NERCHA. Furthermore, in the second exercise, during which a “*matrix of priorities*”<sup>18</sup> should be filled-in, when asked “what has to be done by whom” people got confused pointing out at random either CCM or NERCHA. Nevertheless, the exercise raised people’s awareness about the roles’ insufficient distinction. In addition, related to people’s perception, it has to be noticed that some participants defined themselves as “NERCHA

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<sup>15</sup> Meeting of the CCM, 9<sup>th</sup> of December 2003, meeting agenda.

<sup>16</sup> Kindly postponed for giving the mission the opportunity to observe how that works in real context.

<sup>17</sup> The diversity of the views partially can be perceived by the registered results of the SWOP exercise, annex 4

<sup>18</sup> “*Matrix of priorities concerning capacity building and related technical support*” See annex 4.

constituency members”, which in fact is a nonsense. According to CCP, NERCHA is represented in the CCM by one member, its Director, and NERCHA is part of the Government constituency. (See point 1.2)

Linked to the structuring process and rules and roles definition, many study participants argued, , that they would like to see a stronger follow-up by the GFATM Secretariat, in terms of flow of information/communication between CCM - GFATM, as well as advising and technical assistance that could support CCM and its constituencies development.

What has to be stressed here is that the lack of structuring, including roles and rules definition, as well as their understanding and appropriation, does not help either the CCM institutional building or the PR effectiveness. As one of the interviewee said “*CCM and NERCHA is a good combination*”, but meaningful and fruitful combination is distinction-based.

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### **1.2.2.3 Core issues**

- The institutional status of the CCM within the national institutional framework is quite unclear and weak.
- CCM set-up is not yet sufficiently accomplished in terms of structuring and definition of roles and rules.
- Lines of communication / flow of information between CCM and other main actors, as GFATM Secretariat, NERCHA, are not yet sufficiently defined and operational.
- Lines of accountability are not clearly defined.
- The CCM knowledge of roles and procedures is quite low. On the other hand, CCM members are willing to know more about and to comply with the GFATM guidelines as far as institutional questions are concerned.
- Inefficient structuring does not support accountability and good practices.
- The PR (NERCHA) is assuming a strong leadership within the CCM.
- The Chair does not manage to be present in the CCM meetings and building process. A rotation mechanism of Chair and Vice-Chair positions is under consideration.
- There are many overlapping areas between CCM and NERCHA as PR of CCM and as autonomous government body.
- It is under consideration a scenario of splitting up CCM into a “large CCM” and a “restricted CCM”.
- People’s perception about roles and rules is unclear. The perception of ownership by CCM members is quite low.

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### **1.2.2.4 The way forward**

- ❖ Support CCM in defining a clear and stronger institutional status within the national institutional framework.
- ❖ Support the CCM further structuring, including clear definition of roles and rules, as well as of lines of communication and accountability.
- ❖ Provide technical assistance promoting capacity building and empowerment, (addressing CCM institutional building, members and constituencies ownership, and meaningful participation).
- ❖ Advise CCM in up-dating Chair and Vice-Chair roles, including the scenario of a rotation mechanism.
- ❖ Divulgate the GFATM guidelines to the different publics, CCM members, constituencies,

counterparts, general public.

### 1.2.3 Role and extent of participation

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- 1.2.3.1 Perceptions about participation
  - 1.2.3.2 Decision-making capacity and power in real context
  - 1.2.3.3 Core issues
  - 1.2.3.4 The way forward
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#### 1.2.3.1 Perceptions about participation

The study respondents pointed out quite strongly participation concerns. Participation challenges have been linked with deficiency in information flow and low performance in raising awareness of the general public. The decreasing attendance to the CCM meetings has been pointed out and linked to a certain decrease of commitment. Many argue that, since funds have been allocated, people do not have any further interest in attending the CCM meetings. *“Now that the money channelling mechanism is there (through NERCHA), CCM is less relevant”*.

Others pointed out the lack of means, since there is not any financial support (e.g. incentives) for representatives of constituencies from out the capital city area. Considering equal participation, even such trivial questions should be taken into account, but even incentives can not automatically lead to an active participation.. The fact that most skilful CCM members are city-based and normally dispose more means could discriminate against other members.

Certain CCM members have the perception that *“people look who you are and not what are you doing”*. In other words, certain CCM members consider that they are filling a place (assigned by the GFATM guidelines), but they do not really have the space for an effective contribution to the CCM. *“We do not have a lot of power in CCM”*. Societal barriers, stereotypes about skilfulness and effectiveness, or even real capacity gaps of the CCM members, seem to be impediments of meaningful and equal participation capacity in decision-making.

The peculiarity and importance of the perspective that each constituency can bring in the CCM are not actually perceived as a real value. Differences are seen more as weaknesses than as strengths.

Around **meaningful and equitable participation**, two main trends are currently unfolding, namely:

- ◆ One trend endorses the need to bring everybody on board. For this trend, inclusiveness and efficiency are not a dilemma but a matter of balance, and the same goes for broad partnership and technical capacity. Both empowerment and capacity building are relevant and understood as a matter of process. This trend wants a stronger CCM and it is shared by one MOHSW member, the private sector representatives, a quite large number of CCM members, and by some of the multilateral and bilateral donors.
- ◆ The second trend, to a certain extent, takes broad partnership and efficiency as a kind of dilemma. Compromises concerning good governance could be acceptable if emergency imposes. Some of the people sharing this view believe that technical efficiency is more important than inclusiveness. Some even fear corruption cases if much space has to be given to the Government, for instance. This vision excludes nonqualified people or, at least, limits their decision-making power. The same trend finds its more elaborate expression in the view of one member who considers that *“It is the leadership that does the difference. You have to have the CCM behind you. However, you have to have a*

*strong leader even with a strong CCM*’.

Both trends are challenging each other as far as inclusiveness and equitable participation are concerned. Nevertheless, the mission did not identify any plan of activities addressing the capacity deficit of the CCM members. It seems that CCM has not so far put capacity building on the agenda as a priority for addressing inclusiveness and meaningful participation. On the other hand, people strongly expressed the need for empowerment and capacity building, as a bottom-up process, including constituencies. Constituencies strengthening is a question of general agreement that has been stressed by everybody.. People manifested the willingness to go through a capacity building process. “*Willing to learn*”, “*Willing to be helped*”, “*Willing to adapt*” have been pointed out among the “opportunities” in the SWOP exercise. They also stressed the need for improving the flow of information, including advising and technical support, between CCM and GFATM Secretariat.

But as stressed by one member: “ *the passage from PR leadership to a CCM full ownership should be evolutionary*”

It is worthy of note the position of the **private sector**, due to the relevance of the public-private partnership and of the on going agreements particularly concerning ARV treatment. The private sector seems satisfied with the perspective of a stronger CCM and willing to actively take part to its strengthening, including the assumption of leading responsibilities. This approach is also in line with the idea of rotation of the Chair and Vice-Chair charges. Nevertheless, the private sector would like to work for improving the rules and roles definition, main condition for avoiding whatever shadow of conflict of interest in assuming a position of responsibility. They also consider having a quite important experience in social negotiation, which could be useful in this case.

Participation concerns are also related to the **CCM institutional capacity**. A “strong” CCM could give more hopes for inclusion and participation. A “weak” CCM, limited to comply with GFATM requests, lacking real national ownership, has little chance to promote whatever meaningful and equitable participation. Actually, concerning the main analysis point about **country ownership and partnership-led formulation and implementation process**, it has to be considered how the CCM is incorporated into the national institutional framework. It has to be stressed that, as noticed in the CCP<sup>19</sup>, “*NERCHA was established at the end of 2001 with analogous purposes to those indicated for the CCM and its operational structure (Directorate) has the characteristics asked for by the GFATM for the Principal Recipient*”. The NERCHA board is a broad consultative body, a kind of CCM, as the NERCHA Director tried to explain to the mission. In fact, NERCHA coordinates all the country AIDS-related plans and activities. “*NERCHA as an independent body responsible for coordination of all HIV/AIDS activities in the Kingdom is the most suitable organization to be the Principle Recipient of the funds and act as Secretariat to the CCM*”<sup>20</sup>. On the other hand, although both CCM and NERCHA are quite new brand institutions, NERCHA has a legal basis and CCM is lacking one. NERCHA, by mandate, is accountable to the Prime Ministry except for GFATM proposes for which is accountable to the CCM.

Some CCM members would like to see an upgraded CCM based on further legitimacy, legitimacy not only based on grassroots constituencies but also on some clear Governmental message. For instance, one member would like to see CCM accountable also to the Prime Minister, others would like to see the so-called “**large CCM**” chaired by the Prime Minister himself. On the other hand, another one publicly expressed his opposition to whatever CCM “legalization” due to the fact that CCM is there temporarily because of GFATM requirements.

Hence, could CCM be a classical case of institutional short-circuits due to an external interference by the donors’ community? It is a complex and deep issue and not a peaceful

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<sup>19</sup> point 35.1

<sup>20</sup> point 34.1 / CCP Swaziland

one. We suggest that GFATM should further analyze this question in the light of the different CCM experiences around the world. On the other hand, it has to be noticed that an important group of actors, including MOHSW, entrepreneurs and NGOs do see CCM rather as an opportunity than as an institutional interference. Actually, a new space of exchange, decision-making, representation and power negotiation, has been put in place. The different actors have an opportunity to renegotiate spaces, particularly those who do have reasons of non-satisfaction with the preceding power-balance. These actors do not seem willing to lose the opportunity given.

The question is quiet complex from an institutional point of view, and dynamic from a societal one. Nevertheless, in the real context, it seems that the pillar GFATM idea of broad representation, inclusion, and meaningful participation of all actors, particularly of the most vulnerable, as the infected and affected people, has a chance to be made real also by the CCM institutional tool. Nevertheless, it has to be noticed that the national actors and the Swaziland society generally look skilful in dealing with a dynamic context and able to manage conflict by consensus. In this internal process, the degree of ownership of an externally proposed tool relies on the internal social dynamism.

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### 1.2.3.2 Decision-making capacity and power in the real context

This sub-chapter addresses the question of meaningful participation and decision-making power of each CCM member. Hence, it is about a core governance question strongly linked with effective service delivery. Both aspects, governance and management capacity are pillars of country partnership-led formulation and implementation process.

The foregoing chapters gave already consistent data, either in terms of people's perception or in terms of facts, related to the decision-making capacity and power of each CCM member today in Swaziland. It also seems evident that this capacity is progressive as the process of the CCM building is ongoing.

During the CCM meeting observation the mission could notice a high standard organization. A complete document supporting the meeting was distributed in the beginning of the meeting. The tables were forming a circle. The agenda was clearly introduced and carried on by the Vice-Chair. The meeting lasted one hour and a half, addressing the eight points of the agenda. The attendance was of 9 people in the beginning and of 13 at the end. That seems to be the usual way of business.

Nevertheless, it has to be pointed out that the supporting document was received only at the beginning of the meeting, putting objective problems of knowledge and understanding. The arguments were exposed with speedy and technically high standing manner, which precluded some members from being on board. For instance, the subject "*Update on first quarter report*", being already deeply discussed and amended at previous CCM meeting, took two minutes time, from 9h35 to 9h37. The "*approval of the budget variations*" took 20 minutes due to some technical clarifications, and the "*Update on tuberculosis proposal*" took 3 minutes. Related to certain relevant arguments of pure technical or management nature, as observers we had our difficulties keeping the pace with.

The information was not previously prepared for and introduced to a decision-maker public. It was often about technical information addressing an expert public. The question is that the CCM members are not there as experts, but as decision-makers. The information should be not only accessible but also "affordable" to the member and further from him/her to the constituencies and from these to the general public. The flow of the adequate information is a pillar question to decision making capacity. The principle of meaningful information is not yet made real. Nevertheless, the CCM members consider important the flow of information between CCM and general public and constituencies.

During the same CCM meeting, the issue of "*examine of functions, legal status and*

*power of the CCM'* came back on the agenda, as already foreseen by the meeting agenda itself. Nevertheless, without further argumentation it was put aside by the Vice-Chair who did not feel comfortable to deal with in absence of the Chair.

Many CCM members feel that their degree of decision-making capacity and power is quite low. NERCHA is perceived as the skilful actor providing leadership within the CCM. It is the kind of leadership based on knowledge authority. This situation has been reinforced by the charismatic co-chairman (the Director of NERCHA) , who exerts a strong leaderships. On the other hand, CCM faces both leadership and technical knowledge deficit.

Some recognise that the vivid personality of the co-chairman can, in some instance, be a disincentive for effective participation.

Nevertheless having a leader is perceived by some members as a positive.

In fact one says:” *without leadership CCM would not be able to take decisions*”.

Actually, CCM members work under-standards in terms of technical skills, including management capacity. Nevertheless, it has to be highlighted that during the PRA, the CCM members did manage to properly work with a new and quite complex exercise. The exercise contributed to the manifestation of peculiar insights and capacities from many CCM members, related to expression and systematisation of key ideas, planning and M&E background.

According to what has been exposed in the preceding chapters, the unclear institutional framework, the yet uncompleted structuring of the CCM, and the capacity limits are affecting meaningful and equitable participation. In this context, some people are seriously taking into account the idea of including skilful members in an effective CCM, while delimitating the under-skilled in a kind of broad consultative forum (large and restricted CCM). Others would like to see everybody on board by improving their skills and empowering them. The peculiarity and importance of the perspective that each constituency can bring in the CCM are not actually perceived as a real value.

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### **1.2.3.3 Core issues**

- CCM structuring and institutional framework in compliance with country ownership and partnership-led formulation and implementation process. Unclear CCM institutional framework (including weak legal status) and uncompleted CCM structuring. (See also 2.2.3).
- Decreasing CCM members' commitment and low attendance to the meetings.
- It is not foreseen any financial support for addressing logistical needs related to the out of the capital city constituencies and/or representatives.
- Societal barriers and stereotypes about effectiveness and skilfulness of the CCM members as decision-makers. Missing empowerment either of the under-skilled members or of those having a lower social and/or institutional provenience. CCM did not yet undertake an empowerment process of its members and constituencies.
- Under standards managerial and technical capacity of a quite important number of CCM members. CCM did not yet define the scope and kind of skills needed to the CCM members.
- Capacity building plan of the CCM does not yet exist.
- Low information flow. (Flow within CCM, between CCM and its Secretariat, between CCM and PR, between CCM and GFATM Secretariat, between CCM members and their constituencies, and between CCM and the general public.)
- Very business-like CCM meetings. The way by which the meeting's subjects are introduced does not sufficiently support meaningful decision-making of all members.
- The technical information is not elaborated in such a way that can be understandable by



- a group of decision-makers (the CCM members).
- Public - Private sector further strengthened partnership, including leading position of the private sector.
- Low knowledge and ownership of the GFATM guidelines on CCM.

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#### 1.2.3.4 The way forward

- ❖ Support the national efforts for CCM structuring.
- ❖ Support the national efforts for defining a clear institutional framework in compliance with country ownership and partnership-led formulation and implementation process and embedded in the country institutional context.
- ❖ Upgrade CCM members commitment through CCM structuring, including clear definition of roles, rules and responsibilities, and constituencies strengthening as well as CCM members accountability also towards their constituencies.
- ❖ Consider a financial support to both constituencies to organise fora to share information, and to members as transport fees.
- ❖ Challenge societal barriers and stereotypes about effectiveness and skilfulness of the CCM members through empowerment, capacity building, and institutional building, which provides rules and procedures that ensure and boost equitable participation.
- ❖ Go through an exercise of definition of the CCM members' profile. Define the scope and kind of skills needed for decision-making capacity.
- ❖ Design and boost an information flow mechanism, including flow of information within CCM, between CCM and its Secretariat, between CCM and PR, between CCM and GFATM Secretariat, between CCM members and their constituencies, and between CCM and the general public.
- ❖ Elaborate the technical information in such a way that can support meaningful participation of the decision-makers.

#### 1.2.4 Effective service delivery and Management capacity<sup>21</sup>

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- 1.2.4.1 Management: who is doing what?
  - 1.2.4.2 Implementing management capacity
  - 1.2.4.3 Core issues
  - 1.2.4.4 The way forward
- 

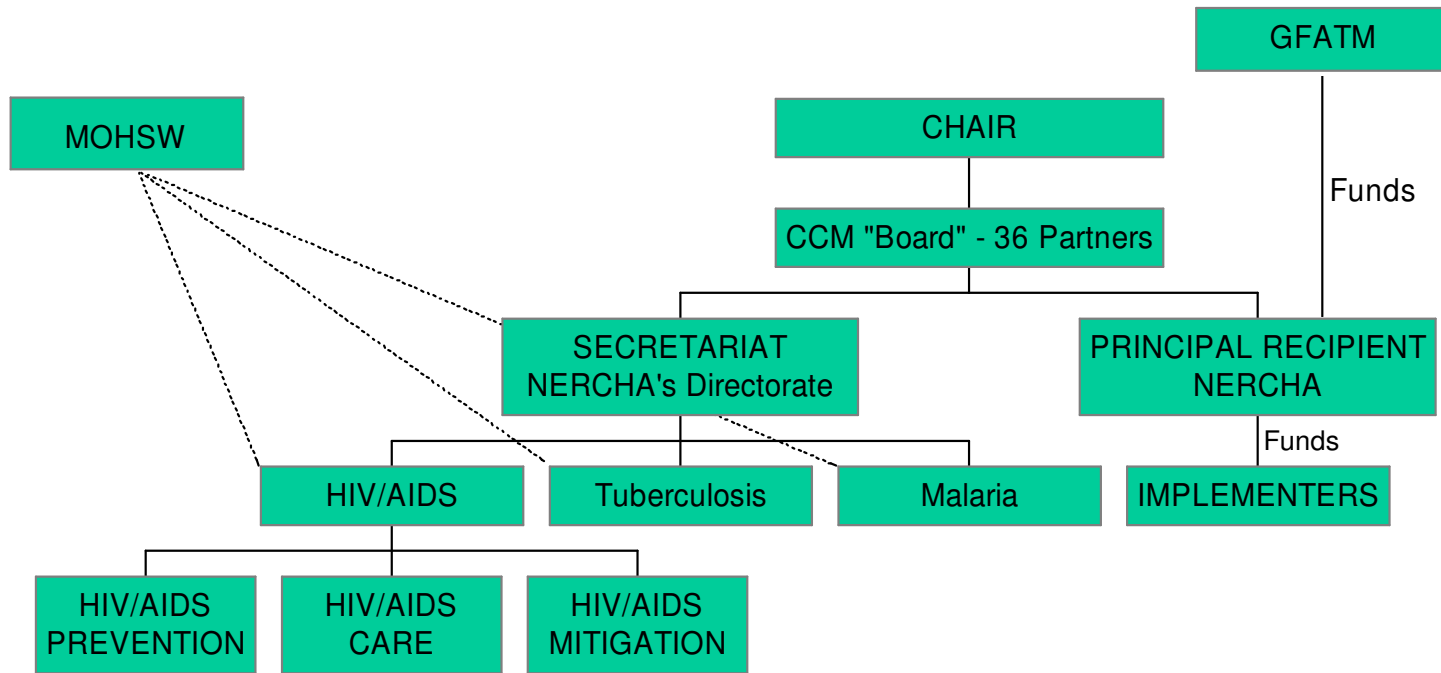
Actually, governance patterns and management capacity have been the two main lines of key criteria through which the mission analyzed the main subjects of assessment.<sup>22</sup> Governance and management are strictly linked and with overlapping areas, in such a way that a blueprinted distinction is pointless. For instance, participation and accountability are important either for efficient management or for good governance performance. The following flow chart shows the management arrangements.

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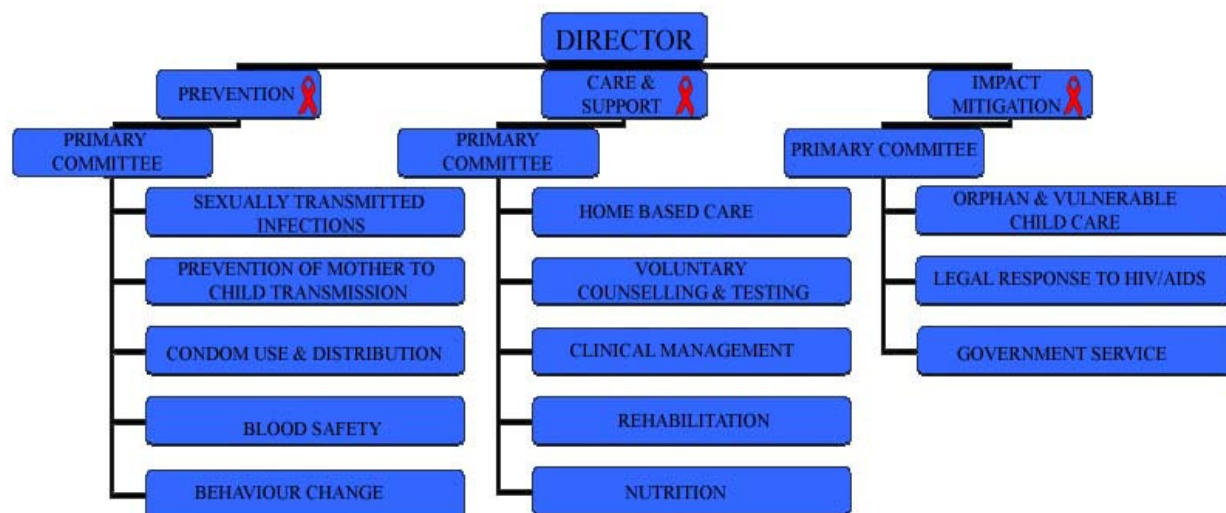
<sup>21</sup> Concerning public institutions' effective service delivery and management capacity it is taken as conceptual basis the following: Without real service delivery capacity a public institution whatever cannot be sustainable. The more a public institution strengthens its service delivery capacity, been like business-oriented, the more it increases its chances of "survival". Service delivery capacity means mainly two things: responsiveness capacity and management capacity. (ref: UNDP, Governance, 2002).

<sup>22</sup> See annex 5, "the aim of the mission- expected results; schematic view".

# Management Arrangements



The following chart shows the structure of NERCHA. NERCHA is structured in 3 main “Areas of concern”: Prevention, Care and Support, and Impact Mitigation. Each has a Primary Committee and several technical subcommittees that serve as technical committees for CCM as well.



#### 1.2.4.1 Management: who is doing what?

According to the foregoing, the CCM structuring process is still uncompleted. “Who” is doing “what” (TOR, roles and responsibilities), and “how” (rules, procedures, bylaws) is insufficiently defined. It has been already mentioned that the CCM is structured in simple members, Chair, Vice-Chair and Secretariat. None of them has a printed TOR assignment. Furthermore, whatever document recommending TOR has not been subject of elaboration, debate, and appropriation by the CCM members.

Apparently, the most important written document making reference to the CCM structuring is the CCP, which gives important elements related to the main actors’ responsibilities and roles, as well as the links and integration between them. Actually, in the CCP<sup>23</sup> it is noticed that “NERCHA will act as a Secretariat to the CCM, referring to relevant offices in the MOHSW for technical support”. Furthermore, “The CCM is the authorized intermediary for the funds donated by the Global Fund; the PR will operate under its general guidance. Funds will be channelled through the PR to implementers on the basis of approved Plans, and implementers will regularly report both operational and financial progress to the CCM. The CCM will ensure that external, independent audits are conducted.”.

In the above quotation, CCM is referred as “the authorized intermediary for the funds donated by the Global Fund”. This expression can be taken as a partial description of the CCM meaning and functions, but not as an exhaustive definition which is actually lacking in the CCP document.

The reporting system looks quite unclear. In compliance with the GFATM guidelines, the PR (not the whole CCM) assumes the supervision of the sub-recipients or implementers, being legally responsible for grant proceeds and implementation. This way, implementers should be expected to report to the PR, which in turn should be responsible of the overall implementation, including the M&E system. The PR is then accountable to the CCM, and the CCM assumes overall coordination and supervision, including that of having oversight of the PR performance.

<sup>23</sup> “Describe the proposed management arrangements” / CCP

Regarding possible conflict of interests some respondents believe that the Director of the PR (NERCHA) can not be the co-chairman, but just a CCM member, since NERCHA has also the mandate from the Government to disburse government funds to the same sub recipients entitled to receive funds from GFATM.

Others pointed out the double role of NERCHA as a matter generating more confusion of roles than really conflict of interests.

On the other hand it has been observed that the co-chairman has frequently replaced the chairman (the PS of the MOHSW) who did not attend meetings because of "last-minute commitments" assigned by the Government.

One solution proposed is the rotation of the chairmanship.

The fact that the same structure (NERCHA) is actually in charge of the financial and organisational management of the country HIV/AIDS activities, funded by Government or GFATM or others, is generally seen as a strength from a managerial point of view, but as a weakness from a governance point of view.

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#### 1.2.4.2 Implementing management capacity

Management capacity of an organization has to be steered and assessed in relation with the scope and kind of service to be delivered through management arrangements and technical capacity. The point is that the CCM is lacking an effective definition of tasks. Of course, the general tasks are described in the GFATM guidelines, but other tools, including CCP, to a certain extent, short-circuit a blueprinted institutional picture.

NERCHA provides the current CCM management capacity, which is not a suitable situation in terms of accountability and check and balance mechanisms. CCM nature is by definition more political than technical, being broad partnership, decision-making, coordination and supervision its primary tasks. Although the leadership exerted by the chairman and by NERCHA are in contrast with GFATM principles of equality between members, it is not unanimously perceived as negative if it will lead to CCM strengthening

Actually, main attention is currently drawn to the downgraded technical capacity of the CCM members. Of course that is a real problem, but it is pointless to take NERCHA efficiency as the CCM yardstick of efficiency. The distinction of roles and tasks between NERCHA and CCM is a *sine qua non* condition for management improvement of both of them and for effective service delivery in the country's struggle against AIDS.

NERCHA has strong possibilities for improving its management capacity, but its levels of management efficiency and effectiveness are not yet satisfactory, according to the recent "Monitoring and evaluation assessment of NERCHA"<sup>24</sup>, prepared by the LFA / PricewaterhouseCoopers, and to the World Bank decision to support NERCHA in M&E for HIV/AIDS programmes<sup>25</sup>. Nevertheless, according to the World Bank programme, support in building M&E capacity will be given not only to the NERCHA, as PR, but also to the sub-recipients, including MOHSW and NGOs, due to fact that M&E capacity of the PR does rely on implementers' M&E capacity. Considering that part of these same implementers are CCM members, CCM could receive a certain indirect benefit in terms of capacity building. However, it will not be about a capacity building plan addressing CCM particular needs. The study participants clearly stressed the need of technical assistance for improving management capacity, as already mentioned on the preceding chapters.

Another managerial limit of the CCM, as already mentioned, concerns the lack of definition and activation of the communication lines.

Despite the normal limits and difficulties risen during the institutional building of a new institution, it has to be stressed that CCM has achieved important results and has managed

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<sup>24</sup> October, 2003.

<sup>25</sup> Capacity building for monitoring and evaluation of HIV/AIDS programmes IDF Grant No. TF 052717, US\$ 492.000, November 2003.

to deal with its responsibilities as defined and requested by the GFATM guidelines. Actually, Swaziland has a CCP approved and in phase of implementation.

A main question to address in terms of formulation, implementation and coordination is the lack of a **comprehensive approach** to the three diseases and the related social and economical factors. The approach to the three diseases is still vertical, although the main actors are aware about the limits of the vertical approach. On the other hand, the awareness about the importance of integrating AIDS programmes to other outstanding national programmes is currently definitely weak.

Although some CCM members play also a role in other bodies, there is no structured co-coordinating between the CCM and other national committees.

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#### 1.2.4.3 Core issues

- Insufficient CCM structuring and tasks definition linked to a low degree of GFATM guidelines knowledge.
- Unclear roles and communication lines combined with a quite unclear institutional picture.
- CCM management capacity provided and led by NERCHA / PR.
- Low management and technical capacity, including M&E systems, of the CCM members. It is about a general gap in the country to shortly be addressed by a World Bank programme of M&E capacity building.
- Comprehensive vision is still missing. Vertical approach to the three diseases. Weak awareness concerning AIDS programmes' integration with other outstanding national programmes.

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#### 1.2.4.4 The way forward

- ❖ Promote CCM further structuring.
- ❖ Promote the definition of a clear institutional framework and lines of communication, particularly addressing MOHSW, NERCHA, GFATM Secretariat.
- ❖ Improve CCM management capacity through institutional and capacity building.
- ❖ Define minimum standards of technical and management skills for CCM membership and support their fulfilment through training and advising (technical assistance).
- ❖ Set-up and improve an information flow mechanism, including flow of information between CCM and the general public.
- ❖ Improve accountability. Accountability generally boosts responsiveness and management capacity.

## **1.3 Conclusions**

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### **1.3.1 Relevant strengths**

- A comprehensive ongoing proposal, foreseeing a multisectoral partnership;
- A CCM built on existing structures;
- Political support;
- A national Strategic Plan and a National Action Plan 2000-2005 coordinated by a structure (NERCHA) also acting as the PR for the CCM, with strong possibilities of enhanced management capacity;
- A committed and pro-active Private Sector, willing to joint country-led partnership and assume leadership;
- CCM members' awareness about governance, empowerment and capacity building needs;
- Ongoing World Bank technical assistance and a programme for strengthening M&E system of PR and sub-recipients.
- Ongoing Italian Cooperation technical assistance for capacity building on procurement and supply management

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### **1.3.2 Relevant weaknesses**

- Outdated membership selection process, low constituencies representation and accountability concerns;
- CCM structuring process unfinished, insufficient definition of roles and rules;
- Unclear CCM institutional status within the country's institutional framework;
- Controversial leadership and management capacity;
- Overlapping areas between CCM and NERCHA as PR and unclear roles definition challenge accountability and effective service delivery;
- Societal barriers and absence of any empowerment process supporting meaningful participation and equal decision-making power of CCM members;
- Capacity building process not foreseen and undertaken, so far; low knowledge of GFATM Guidelines on CCM;
- Low ownership of the process by a broad partnership and decreasing CCM attendance;
- Insufficiently defined and non-activated lines of communication and accountability;
- Low information flow, particularly addressing the constituencies' and the general public;
- Lack of comprehensive approach to the three diseases, and missing awareness about the importance of linking CCP with other outstanding national programmes.

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### **1.3.3 Lessons learned**

The majority of the foregoing Strengths and Weaknesses were pointed out by the CCM members and other members of the different constituencies. Therefore, they already constitute an asset of lessons learned, although the design of the way forward is still an ongoing process, managed through consensus building. Nevertheless, relevant issues to be addressed were broadly stressed, namely:

- CCM further Institutional building in compliance with GFATM Guidelines, upgraded CCM status embedded in the country's institutional framework, boosting ownership and partnership; definition of lines of communication and accountability;
- Empowerment and meaningful / equal participation in decision-making process, including constituencies' strengthening; flow of information also addressing the general public;
- Human resources capacity building, including CCM members and constituencies.

## Part 2: Technical Assistance

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- 2.1 Technical assistance received till date
  - 2.2 Needs for technical assistance
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As above exposed, the interviews and the PRA workshop<sup>26</sup>, particularly the second exercise, gave relevant inputs related to the technical assistance needs as they have been pointed out by the CCM members, non members, the Vice-Chair, and the Chair. That is to say, the following conclusions-recommendations concerning any technical assistance are not the result of a through survey. Nevertheless, they are based on, and in coherence with, the CCM assessment, its strengths, weaknesses and lessons learned.

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### **2.1 Technical Assistance received till date**

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#### **2.1.1 Preparation of the CCPs (see also 1.1.4)**

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For the first call (January-March 2002), while a group of CCM members worked on the proposal framework (objectives, indicators, activities, resources), an externally-sourced consultant, provided by **UNAIDS**, worked for 3 days on the “narrative” part of the proposal at the beginning of the process.

At the end of the process another expatriate consultant from UNAIDS came to assess the budget requirements (e.g. funds allocated by government, etc.).

This short and stand-alone consultancies contributed to the lack of harmonisation of the proposal between narrative, framework and budget sections. The proposal failed to be approved.

For the preparation of the second proposal (July-September 2002) an expatriate consultant was provided by the **Italian Cooperation** and supported by the in-country resident, in response to a written request of MOHSW and NERCHA. This time, the consultant worked all along the process of the proposal preparation with a team from CCM. As one CCM member states *“this time the consultant did properly understand the GFATM guidelines”*. The draft was then sent, for further comments, to experts of UNAIDS, **WHO** and the **Futures Group International**. A further consultant provided by **UNAIDS** revised the final draft in order to add missing information and to clarify ambiguities on what the GFATM funds would be used to expand and strengthen.

The proposal was successful for the HIV/AIDS and Malaria components.

To draft the new TB proposal (3<sup>rd</sup> call March-May 2003) no external technical assistance was offered nor requested by CCM. A local team of experts and CCM members worked on the drafting.

The proposal was approved (subject to technical clarifications, already given at the time of the mission)

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<sup>26</sup> See annex 4, point 4, pages 12 and 13<sup>th</sup> of the annexes’ section.



It seems that, for the first call, the inexperience on preparation of CCP, the hurry to meet the deadline, and the willingness to succeed, led the CCM to use inappropriately the external technical assistance and the donor community to not chose the appropriate expert..

The lesson was learnt and a full ownership by CCM, together with an “integrated” and qualified external technical assistance made the second and third proposals successful.

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## 2.1.2 Implementation of the approved proposal

The LFA assessment on the PR’s M&E capacity indicated some important weaknesses: a programme for technical assistance in terms of capacity building is provided by **World Bank**, addressing M&E needs for the PR and sub-recipients.

Because the LFA evaluated as weak also the procurement capacity of PR, the GFATM subjected the purchase of ARV to a technical assistance on drugs procurement (both purchase and local capacity building). So, following an official request from the PR, the **Italian Cooperation** provided an expert with a medium term assignment (3-6 months) in order to start the process of purchasing ARV, to set up a procurement system within the PR, and to build the related internal capacity to continue the work.

In some of the NERCHA Technical Committees, also used as Technical Committees by the CCM, are present some in-country expert from WHO and Italian Cooperation.

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## 2.2 Needs for Technical Assistance

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### 2.2.1 CCM capacity

Although it is widely recognised the weakness of CCM capacity to function properly, there is some confusion, among respondents, on needs and on where and what kind of technical assistance is necessary.

In general the findings were as following:

- Technical assistance is identified as a priority by CCM majority, and mostly welcome (**Why**);
- Main sectors of technical assistance (**What**):
  - Institutional building (structuring of the CCM in compliance with the GFATM guidelines, and upgraded institutional status embedded in the national institutional framework);
  - Empowerment and meaningful participation in decision-making process (including constituencies also at grassroots level), flow of information, (inclusively towards the general public – public awareness);
  - Capacity building (programme design, implementation, M&E, good governance patterns, including GFA TM guidelines), addressing CCM members and their constituencies.
- Technical assistance main approach (**How**):
  - Steady technical advising support and recurrent steering missions;
  - Improved CCM – GFATM Secretariat links and flow of information, communication –

- feedback;
  - Comprehensive and participatory assessment of training needs and training design, including training in M&E system, and assessment of local and regional training capacity (consultants & trainers database);
  - Result-oriented training and advising, strongly linked to the CCP implementation process;
  - Participatory approach, participatory methods and tools (Action Research Training method), PRA, bottom-up approach, and on the job training;
  - Training as a process in compliance with the partners' pace, including participatory steering of the process.
- By **Whom**:
    - Till now the main ongoing activities of capacity building assistance is the one of the World Bank addressing M&E needs for the PR and sub-recipients and the one from Italian Co-operation for strengthening the procurement capacity;
    - The study participants stressed the need of technical assistance (both from country resources and external consultancy) in coordination with the GFATM Secretariat,.

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## 2.2.2 Technical assistance plan

Although it could be possible to draft a detailed plan for technical assistance with the CCM only after this report will be disseminated, some priorities have been already identified.

- ☛ Build capacity of CCM in management and decision-making
- ☛ Strengthen the information flow
- ☛ Build capacity of CCM to properly guide the sub recipients in planning, M&E, administration
- ☛ Produce guidelines for both CCM and sub recipients
- ☛ Produce a Plan for Sustainability of GFATM activities

## Recommendations

- Recognising the importance of the GFATM guidelines as a main point of reference for supporting and steering a CCM building process and a CCP formulation, implementation and M&E;
- Bearing in mind that a CCM is considered a vital actor for good governance, broad partnership, wide adherence to the CCP, as well as for responsiveness, effective service delivery, and accountability, as far as the GFATM – CCP is concerned;
- Recalling that the GFATM guidelines are in compliance with the mainstreaming approach to the development process, including the very subjects of the country ownership and broad partnership leading process;
- Endorsing the outstanding principle of people's empowerment and the related need of improving public actors' responsiveness and accountability towards people;
- Bearing in mind that development has to be people-centred and that particularly the HIV/AIDS infected and affected people has to have voice in the HIV/AIDS fights;
- Considering that whereas HIV/AIDS has characteristics of an emergency it is about a structural situations that has to be addressed;
- Fostering a process approach that observes country partnership-led own pace rather than an emergency response;
- Affirming the principle of full respect of each country's own capacities in addressing its challenges, including internal social and political dynamics and management of conflict;
- Aiming to improve country-based capacity in fighting AIDS;
- Presuming that full compliance with the GFATM guidelines could be a relevant priority;

On the basis of the forgoing exposed data and analysis, as far as Swaziland CCM functioning is concerned, it is recommended to further address the following main sectors:

- ❖ CCM institutional building:
  - o Updated membership selection process addressing constituencies representation and accountability concerns;
  - o Effective compliance with GFATM / Guidelines, knowledge/appropriation of them by CCM;
  - o Clear and upgraded CCM institutional status embedded in the national institutional framework;
  - o CCM further structuring, including definition of roles and rules, as well as lines of communication and accountability.
- ❖ Empowerment and meaningful / equal participation in decision-making process:
  - o Constituencies' strengthening;
  - o Flow of information also addressing the general public;
  - o Technical information elaborated in such a way that can support meaningful participation of the decision-makers;
  - o Promote CCM rules & procedures boosting empowerment and challenging discrimination;
  - o CCM structuring promoting equal decision-making power of each member
  - o Upgraded accountability.
- ❖ Human resources capacity building:
  - o Training at CCM and constituencies level, addressing governance and management requirements;
  - o Training and empowerment promoted concurrently.

## **Annexes**

### List of annexes

1. Mission's realized working plan
2. List of interviewees
3. CCM Swaziland – Composition
4. Participatory Rapid Appraisal – workshop foreseen programme and exercises registered results
5. The aim of the mission – Expected results; Schematic view
6. List of documents of reference

## ***Annex 1 : Mission's realized working plan***

<b>Data</b>	<b>Activities</b>
Wednesday 03/12/2003	<ul style="list-style-type: none"> <li>• Working plan design</li> <li>• Considerations about the interviews (what and how)</li> <li>• Documents' reading</li> </ul>
Thursday 04/12/2003	<ul style="list-style-type: none"> <li>• Four interviews realized</li> <li>• Working plan review</li> <li>• Methodological considerations</li> </ul>
Friday 05/12/2003	<ul style="list-style-type: none"> <li>• Four interviews realized</li> <li>• Data registration</li> </ul>
Saturday 06/12/2003	<ul style="list-style-type: none"> <li>• Tasks definition and distribution</li> <li>• Conceptual analysis of the mission's topics</li> <li>• Considerations about the interviews (what has been done what has to be considered)</li> <li>• PRA exercise conceptual approach and methodological questions</li> <li>• Reading material identification - consultation</li> </ul>
Sunday 07/12/2003	<ul style="list-style-type: none"> <li>• Data registration</li> </ul>
Monday 08/12/2003	<ul style="list-style-type: none"> <li>• Five interviews realized</li> </ul>
Tuesday 09/12/2003	<ul style="list-style-type: none"> <li>• Two interviews realized</li> <li>• Review of the working plan, conceptual analysis of the findings, methodological concerns</li> <li>• Data registration and methodological tools preparation</li> </ul>
Wednesday 10/12/2003	<ul style="list-style-type: none"> <li>• One group-interview realized</li> <li>• Methodological concerns,</li> <li>• PRA tools preparation, logistics, workshop plan</li> </ul>
Thursday 11/12/2003	<ul style="list-style-type: none"> <li>• Logistics – PRA</li> <li>• PRA workshop (from 10 a.m. – 1 p.m. and 2h30 p.m. to 4p.m.)</li> <li>• Data registration</li> </ul>
Friday 12/12/2003	<ul style="list-style-type: none"> <li>• Data registration</li> <li>• Review of documents and work produced</li> <li>• One interview</li> <li>• Contacts</li> </ul>
13 12 2003	<ul style="list-style-type: none"> <li>• Mission end</li> </ul>

**Annex 2: List of people met**

	ORGANISATION	NAME	QUALIFICAT.	COSTIT.	CCM MEMB.	PHONE (+268...)	E-MAIL
1	Swaziland AIDS Support Organisation ( <b>SASO</b> )	Hani Dlamini		PLWHA	Y	4221640	saso@realnet.co.sz
2	Coordinating Assembly of NGOs ( <b>CANGO</b> )	N. Nkambule	Research and information officer	NGO	Y	4044721	cango@africaonline.co.sz
3	WHO	D. Okello I.Ntaganira J. Rwangabwoba	WHO Representative AIDS focal point Epidemiologist	MULTIL	Y	4044268	wr@who.org.sz
4	Women and Law in Southern Africa Research Trust ( <b>WLSA</b> )	Doo Aphane	National coordinator	NGO	Y	4047088	wlsaszd@africaonline.co.sz
5	Traditional Healers Association ( <b>THA</b> )	K. Mdluli	Member	OTHER	Y	6080438	-----
6	SWaziland Action Group Against Abuse ( <b>SWAGAA</b> )	M. Luphondvo	Programme manager	NGO	N	5052899	swagaa@realnet.co.sz
7	National Malaria Programme	Simon Kunene	Programme manager	GOVERNMENT	Y	6031350	malariaswd@who.org.sz
8	World Vision	N. Tsabedze	HIV/AIDS facilitator	Internat. NGO	N	6030405	
9	Swaziland Conference of Churches ( <b>SCC</b> )	Rev A Matsebula	General Secretary	FBO	Y	5055253	Scc@africaonline.co.sz
10	UNAIDS	Brigitte Impérial	Country Coordinator	MULTIL	Y	4048559	b.imperial@undp.org
11	Federation of Swaziland Employers ( <b>FSE</b> )	Treasure Maphanga	CEO	PRIVATE	Y	4040768	treasure@business-swaziland.com

12	British High Commission	-Elizabeth Ripard -J. Tsabedze	-Deputy High Commissioner -Development manager	BILATERAL	Y	4042581	enquiries.mbabane@fco.gov.uk
13	Skillshare International	Senelisiwe Ntshangase	Country coordinator	International NGO	N		senelisiwe.ntshangase@skillsshare.org
14	Alliance of Majors Initiative for Community Action on AIDS at the Local Level ( <b>AMICAALL</b> )	Zelda Nhlabatsi	Local coordinator	GOVERNMENT	Y	4163512	zelda.nhlabatsi@amicaall.co.sz
15	Swaziland Infant Nutrition Action Network ( <b>SINAN</b> )	Nomvuyo Shongwe	Programme Officer	NGO	N	4048863	sinan@realnet.co.sz
16	Swaziland Youth United Against HIV/AIDS ( <b>SYUAHA</b> )	Bhekie Ngobese	National Coordinator	CBO	Y	4049931	syuaha@hotmail.com
17	National Emergency Council on HIV and AIDS ( <b>NERCHA</b> )	Derek Von Wissel	National Director	GOVERNMENT	Y Co- chair	4041708	dvwi@nercha.org.sz
18	Ministry of Health and Social Welfare	John Kunene	Principal Secretary	GOVERNMENT	Y chair		minhealth@realnet.co.sz
19	PriceWaterhouseCoopers	-J.P. Lewis -M.Fakudze	-Partner -Manager	Local Fund Agent	N	4042861	<a href="mailto:-lewis.paul@pwcglobal.com">-lewis.paul@pwcglobal.com</a> <a href="mailto:mvuselelo.fakudze@pwcglobal.com">mvuselelo.fakudze@pwcglobal.com</a>
20	UNICEF as chair of UN theme Group	A. Brody	Country representative	MULTIL	Y	4049201	unicefmbabane@unicef.org

### **Annex 3: Composition of CCM**

( February 2002)

<b>Organisation</b>	<b>Representative</b>	<b>Constituency Represented</b>	<b>Postal Address</b>	<b>Contact No</b>
MOHSW	Dr John Kunene	Chair	PO Box 5, Mbabane	404 2431
MOHSW Tuberculosis programme	Dr C Mabuza	Government	PO Box 5, Mbabane	404 2431
MOHSW Malaria programme.	Simon Kunene	Government	PO Box 53, Manzini	505 3804
Prime Minister's Office	David Lukhele	Government	PO Box	404 1329
King's Office	Chief Officer	Government		416 1271
Ministry of Economic Planning & Dev.	Ephriham Hlope	Government	PO Box 602, Mbabane	404 3765
Ministry of Finance	Musa Fakudze	Government	PO Box 443, Mbabane	404 2142
Ministry of Agriculture	Noah Nkhambule	Government	PO Box 162, Mbabane	404 2731
Ministry of Education	Goodman Kunene	Government	PO Box 39, Mbabane	404 2491
Ministry of Justice	Hugh Magagula	Government	PO Box 924, Mbabane	404 6010
NERCHA	Derek von Wissell	Principal Recipient	PO Box 1937, Mbabane	404 1703
AMICAALL	Rudolph Maziya	Local Authorities	PO Box 519, Ezulweni	416 3512
CANGO	Alfred Mnzebele	NGOs	PO Box A67, Swazi Plaza, Mbabane	404 4721
FLAS	Khetsiwe Dlamini	NGOs	PO Box 1051, Manzini	505 3082
SHAH	Thuli Msane	NGOs	PO Box 23, Matsapha	518 4485
FSE	Musa Hlope	Private Sector	PO Box 72, Mbabane	404 0768
Medical & Dental Council	Dr A. Mnisi	Private sector	PO Box 5, Mbabane	404 2431
Good Shepherd Hospital	Dr A. Philips	Private sector (mission)	PO Box 2, Siteki	343 4094
SASO	Hani Dlamini	PLWHA	PO Box 6102, Mbabane	422 1640
n/a	Gcebile Ndlovu	PLWHA	PO Box 261, Mbabane	404 2301
SCC	Rev A. Matsebula	Religious Groups	PO Box 1157, Manzini	505 5235
Council of Churches	Maria Mbelu	Religious Groups	PO Box 1095, Manzini	505 3628



League of Churches	S. Dlamini	Religious Groups	PO Box 1157, Manzini	505 5253
THA	Nhlavana Maseko	Other	PO Box 152, Siteki	343 4707
SYUAHA	Bheki Ngobese	CBOs	PO Box 2482, Mbabane	551 4216
WLSA	Doo Aphané	NGOs	PO Box 508, Mbabane	404 7088
UNDP	Elizabeth Lwanga	Multilateral Agencies	PO Box 261, Mbabane	404 2301
WHO	Dr David Okello	Multilateral Agencies	PO Box 903, Mbabane	404 4268
UNICEF	Alan Brody	Multilateral Agencies	PO Box 1859, Mbabane	407 1000
UNAIDS	Bernadette Olowo-Freres	Multilateral Agencies	PO Box 261, Mbabane	404 2301
UNFPA	Nosisa Mohammed	Multilateral Agencies	PO Box 261, Mbabane	404 1654
UNISWA	Dr Solomon Dlamini	Academic Institutions	UNISWA, Private Bag, Kwaluseni	518 4011
Swaziland National Association of Teachers	Dr Phinas Magagula	Academic institutions	PO Box 1575, Manzini	505 2603
Italian Cooperation	Dr Mauro Almaguiera	Bilateral Agencies	PO Box 1399, Mbabane	404 5127
EU	Mr Alloys Lorkeers	Bilateral Agencies	PO Box A36, Swazi Plaza, Mbabane	404 2018
DFID	Jabulani Tsabedze	Bilateral Agencies	British High Commission, Private Bag, Mbabane	404 2581

## Annex 4: PRA

Participatory Rapid Appraisal – workshop foreseen programmes and exercises registered results

1. PRA workshop plan
2. PRA instructions
3. Results of the SWOP exercise
4. Results of the exercise: “Matrix of priorities concerning capacity building and related technical support”

### 1. PRA workshop plan

**CCM workshop, 11<sup>th</sup> of December 2003  
Esibayeni Lodge, Matsapha  
Participatory Rapid Appraisal (PRA)**

Kind of activity and/or exercise	Time
1. Official opening and introduction	9 – 9H30
2. Introduction to the methodology of PRA	9H30 – 9h40
3. Individual reading exercise	10 minutes
4. Peer debate about the reading exercise	10 minutes
5. <u>First participatory assessment exercise</u> <b>SWOP</b> (Strengths, Weaknesses, Opportunities, Problems) and List of “ <b>Lessons Learned</b> ”	<b>Total time 2h30 From 10h to 12h30’</b>
5.1. Introduction to the exercise (clarifications)	10’
5.2. Groups identification (probably four – 4 – groups)	10’
5.3. Group work	40’
Coffee break	11h to 11h10
5.4. Plenary: presentation, by all groups, of the group work: 5.4.1. SWOP 5.4.2. “Lessons Learned”	60’ (11h10 - 12h10’)
5.5. Questions of clarification only.	
5.6. Closure / synthesis of the exercise	20’ (12h10 – 12h30’)
6. <u>Second exercise concerning the way forward</u> <b>Matrix</b> of needs and ways of addressing them (till now and in the future)	<b>Total time 2h20’</b>
6.1. Introduction to the exercise (clarifications)	10’
6.2. Set-up of the work in groups	20’ (12h30 – 13h)
Lunch break	13h – 14h
6.3. Group work	30’ (14h – 14h30)
6.4. The “market of ideas”	30’ (14h30 – 15h)
6.5. Plenary: presentation, by all groups, of the group work, facilitation	30’ (15h – 15h30’)
6.6. Closure / synthesis of the exercise	20’ (15h30’ 15h50’)
7. Assessment of the RPA by the participants (confidential but with direct feedback)	5’
8. Questionnaire about the mission (anonymous)	10’
9. Official closure of the workshop.	16h15

### 2. PRA instructions

It is suggested to the group to stick in the following good practices and practical rules:

- Be aware that we have limited time and we are a quite important group willing to achieve certain results.
  - Stick in the time given for each exercise.
  - Avoid “ the talkative approach”, use the **participatory tools**.
  
- For a good result everybody’s meaningful participation is vital. Diversity is wealth!
  - Debate is welcome;
  - Judgment of value is not appropriate during these exercises.

1. In the beginning, define certain tasks:
  - 1.1. one reporter
  - 1.2. one timekeeper.
2. Provide each member with post-its and markers.
3. Give 2 - 3 minutes to individual concentration about the task to be addressed.
4. Without previous debate, each member of the group writes 1 to 3 “post-its” for each question asked. Five (5) minutes are sufficient. Do not go over.

5. **How to write:**
  - 5.1. Write simple.
  - 5.2. Write clear.
  - 5.3. Write only **key ideas** no complete synthesis.
  - 5.4. Write 1 – 2 words per line.
  - 5.5. Do not write more than 3 lines per post-it.
  - 5.6. Remember, in plenary your ideas have to be visible and readable and understandable!
  - 5.7. Write the positive / strong points using green marker.**
  - 5.8. Write the negative points using blue.**

6. Each member of the group sticks his/her ideas on the panel (poster paper).
7. Once, at least a first round of ideas has been stuck the panel, each member can expose his/her motivation and argumentation concerning the key ideas that she/he has written in the post-its. Let’s people expose but, be careful with the time given for the task’s completion. (Timekeepers on work!).
8. Develop debate among the group accordingly with the time available.
9. Second round of ideas to stick on the panel is allowed. That also can happen when the debate is going on. Each one can stand up and go and stick an idea.
10. Members individually can withdraw their ideas from the panel.
11. The group as such can decide to remove an idea only if who has come up with this idea also fully agrees.

### 3. Results of the SWOP exercise

**SWOP exercise :** Strengths, Weaknesses, Opportunities and Problems of the CCM building process<sup>27</sup>

What the participants managed to systematize in a common board<sup>28</sup>, but not necessarily a consensus<sup>29</sup> board.

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<ul style="list-style-type: none"> <li>• <b>Accountability</b> <ul style="list-style-type: none"> <li>○ Accountable and transparent</li> <li>○ Accountability and transparency</li> <li>○ Transparency</li> </ul> </li>   <li>• <b>Representation</b> <ul style="list-style-type: none"> <li>○ Representation of different stakeholders</li> <li>○ Multi-sector representation</li> <li>○ Multi-sector, political support.</li> </ul> </li>   <li>• <b>Management</b> <ul style="list-style-type: none"> <li>○ Systems functional</li> <li>○ Clear guidelines, objectives, indicators, result oriented</li> <li>○ Management structure clear</li> <li>○ Innovative programmes management</li> <li>○ Strong secretariat</li> </ul> </li>   <li>• <b>Participation</b> <ul style="list-style-type: none"> <li>○ Work as a team to fill up gaps</li> <li>○ Good communication</li> </ul> </li>   <li>• CCM built on existing body</li> <li>• CCM mandate, role functioning = necessity (nothing else at country level)</li> <li>• Potential capacity building</li> <li>• Funding available</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Accountability</b> <ul style="list-style-type: none"> <li>○ Lack of information</li> <li>○ Poor sharing of information (poor dissemination)</li> </ul> </li>   <li>• <b>Representation</b> <ul style="list-style-type: none"> <li>○ Appointment system</li> </ul> </li> <li>• <b>Management</b> <ul style="list-style-type: none"> <li>○ Procedures not well defined</li> <li>○ Technical expertise</li> <li>○ Skill training</li> </ul> </li> <li>• <b>Governance</b> <ul style="list-style-type: none"> <li>○ Legal framework</li> <li>○ Unclear mandate for CCM</li> <li>○ Unclear leadership roles and responsibilities</li> <li>○ Unclear Terms of References</li> <li>○ Lack of legal framework</li> <li>○ No appreciation of responsibilities</li> <li>○ Very questionable commitment from some members</li> <li>○ CCM strategy not clearly defined</li> <li>○ Poor coordinating strategy</li> </ul> </li> <li>• <b>Participation</b> <ul style="list-style-type: none"> <li>○ Poor attendance</li> <li>○ CCM leadership</li> <li>○ Chairmanship non shared</li> <li>○ Poor public awareness</li> <li>○ Poor communication</li> <li>○ Lack of commitment</li> <li>○ Poor monitor about reporting back to the constituencies</li> <li>○ Poor leadership (always backstopping)</li> <li>○ Different representatives in the meetings</li> </ul> </li> </ul>

A complete list of the key ideas that the participants have pointed out, registered at group level, and exposed in plenary. However, ideas which the time did not allow the plenary to elaborate further.

<sup>27</sup> As identified by the participants of the PRA exercise, mostly CCM members, Swaziland, 11<sup>th</sup> of December 2003.

<sup>28</sup> Actually, this kind of exercise does not all the times require a consensus. Consensus, in the sense of building together a shared vision also on the basis of previously expressed diverging views, which can be a second fruitful step of the exercise, but time is needed. The most important first step, which we managed to fulfill during the time given, is to “*give voice*” to all anxieties, trends, perceptions, and ideas and put people face to face with others’ perceptions. However, the above board, managing to put together a number of the participants’ relevant visions, gave them the opportunity of beginning a reflection-exercise about the diversity and even contrast of their perceptions. In the opinion of some of them, now it is clear that they have to deal with their diversity and they have their own resources for succeeding.

<sup>29</sup> Strengths and weaknesses are exposed face to face for comparison facilitation.

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>➤ Involved all stakeholders</li> <li>➤ Management structure in place; i.e. NETCHA</li> <li>➤ Human resources available</li> <li>➤ Understand the effects of the pandemic at great fact for making rational decisions</li> <li>➤ Appointment formulation</li> <li>➤ Small size of CCM</li> <li>➤ Good leadership role</li> <li>➤ Meetings being held</li> <li>➤ Principal recipient in place</li> <li>➤ A brilliant concept</li> <li>➤ Multi-sector CCM</li> <li>➤ Composition good</li> <li>➤ Motor to make stakeholders comply &gt;&gt;&gt; emergency manner</li> <li>➤ Built on existing structure</li> <li>➤ Minutes are well recorded</li> </ul>	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>➤ make fund process case and look into equity of fund disbursement</li> <li>➤ good lessons learned</li> <li>➤ empower players</li> <li>➤ funding</li> <li>➤ to be focal point for all donors assistance</li> <li>➤ respect of religion</li> <li>➤ public / private cooperation; e.g. ART system</li> <li>➤ size of the country</li> <li>➤ Coordinated effort to fight the enemy</li> <li>➤ Different constituencies share opinions</li> <li>➤ Set up example of multi-sector collaboration</li> <li>➤ Make funds accessible to stakeholders</li> <li>➤ Willing to learn</li> <li>➤ Willing to be helped</li> <li>➤ Willing to adapt</li> </ul> <p>Some guidance available from NERCHA</p>
<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>➤ communication needs improve</li> <li>➤ poor communication flow</li> <li>➤ capacity to implement programmes</li> <li>➤ attendance of meetings</li> <li>➤ sidelining of role players</li> <li>➤ time lapse</li> <li>➤ more time spend on drawing boards</li> <li>➤ non visible sector collaboration</li> <li>➤ to be clearly defined</li> <li>➤ Lack of commitment within members</li> <li>➤ Different interests</li> <li>➤ Stop interest from constituencies after proposal approved</li> <li>➤ Accountability</li> <li>➤ No organigram</li> <li>➤ Flow of information</li> <li>➤ Unclear mandate for CCM</li> <li>➤ Poor attendance</li> <li>➤ Participation</li> <li>➤ Poor leadership</li> <li>➤ Poor attendance</li> <li>➤ No consistency</li> <li>➤ Roles and responsibilities</li> <li>➤ Decision making</li> <li>➤ Not well attendance in meetings</li> <li>➤ Insufficient participation of technical ministries</li> <li>➤ Membership involvement</li> <li>➤ Consistent attendance</li> <li>➤ Low participation, Attitudes</li> <li>➤ Poor understanding of roles</li> <li>➤ Purposes not understood</li> <li>➤ Not marketed to the public</li> <li>➤ Rules not defined</li> <li>➤ Ownership – CCM mechanism - not Swazi mechanism</li> <li>➤ No formal structure</li> <li>➤ React to please GF</li> <li>➤ Requirement not necessarily Swazi's</li> <li>➤ Conflicts of interests in leadership</li> </ul>	<p><b>PROBLEMS</b></p> <ul style="list-style-type: none"> <li>➤ time project approved</li> <li>➤ infighting between chiefs and local leadership</li> <li>➤ drawing proposal</li> <li>➤ operating budget</li> <li>➤ stigma</li> <li>➤ protocol for accessing funds</li> <li>➤ weak public-private partnership</li> <li>➤ magnitude of the illnesses (HIV/AIDS) and impact</li> <li>➤ lack of implementation</li> <li>➤ duplications</li> <li>➤ disease progression</li> <li>➤ separate activities</li> <li>➤ resources</li> <li>➤ personnel</li> <li>➤ Poor info to constituencies</li> <li>➤ Nomination, not selection by constituencies</li> <li>➤ Poor attendance</li> <li>➤ Poor participation</li> <li>➤ Leadership</li> <li>➤ Individuals not at same level. Understanding and technical</li> <li>➤ Limited / no resources (financial) for CCM operations</li> <li>➤ Conflict interest. Coordination / implementation</li> <li>➤ Report: indicators</li> </ul>

#### **4. Results of the exercise: “Matrix of priorities concerning capacity building and related technical support”**

##### **Relevant issues to be addressed (all key ideas from all the three group boards)**

- Understanding Global Fund process
- Understanding CCM guidelines and proposal guidelines
- Capacity building
- Revise CCM composition
- Revise representativeness
- Renewal of political commitment (new prime minister and new parliament)
- CCM to be gazetted (officially recognized on a Ministry decorate or something similar)
- Commitment recognition (travel allowance)
- Increase awareness on role of CCM
- Legal status
- Redefine role of chair
- Improve the coordination strategy
- Invite the CCM members for renewal of commitment
- Re-visit and redefine CCM composition
- CCM operational budget
- Review CCM mandate for CCM
- Review gender balance in CCM membership
- Conduct training
- Re-induction process for members: guidelines, making rules, etc
- Develop a budget for CCM Secretariat function; implementation report regularly
- Phasing and allocation of funding
- Leadership, confirm decision. Re: chair and vice chair rotating every six months
- Address commitment gap by members Rules, Incentives Recognitions.
- Identify human resources capacity to implement by constituent members.
- Identify best practices. Re: constituency involvement
- Identify private /public partnerships, assess numbers, recognize and enlarge
- Study tour field visit
- Improved management skills
- Following strategic plan
- Structuring and capacity building with consultant
- Improved commitment and accountability
- Improved chairmanship
- Funding of administrative structures
- Strengthen ability of members to engage; knowledge, skills and attitude
- Capacity building on roles of CCM
- Review membership – inclusive with constituency mandate
- Revisit Gazette
- Improved communication within CCM
- Orientation in the development of new proposals

MATRIX OF PRIORITIES <sup>30</sup>  
**CONCERNING CAPACITY BUILDING AND RELATED TECHNICAL SUPPORT**

On the basis of the above list of issues to be addressed the plenary made some steps for filling in the following matrix. The following matrix does not indicate any priority due to the fact that time has been very short and the exercise remained unfinished.

Relevant issues to be addressed	It has been addressed	By whom <sup>31</sup>	With whom	+ or -	It has to be addressed	By whom	With whom
GF process (guidelines) information	yes	CCM Secretariat	implementers	+ -	yes	Secretariat	implementers
CCM guidelines (actually proposal guidelines)	yes	CCM Secretariat	CCM	+ -	yes	secretariat	CCM
Review representation	yes	Secretariat	CCM	+ -	yes	CCM	Implementers
Increase commitment and capacity	no	-----	-----	-----	yes	CCM	Stakeholders / constituencies
Access to the fund at the local level	yes	Secretariat	-----	+ -	yes	CCM	PR
CCM public info	no	----	---	---	yes	CCM	Secretariat

<sup>30</sup> This Matrix has been constructed in plenary on the basis of the list of relevant issues to be addressed, as exposed above. However, the short time given to the exercise did allow the plenary to elaborate only a very limited group of relevant issues, which actually we have not grounds for assessing if they are or not the priorities. Nevertheless, the exercise gives a certain relevant indication about the needs as perceived by the local actors.

<sup>31</sup> It has to be pointed out the fact that concerning responsibilities and roles (“*by whom*” and “*with whom*”), CCM and PR (NERCHA) tasks appeared to be little clear to the participants. Some of them were very convinced and “vocal” about the rightness of their idea that the PR (NERCHA) is the main actor by whom have been addressed up to now the different items that deserve a technical assistance (either internal or external or combined). Another part of the group was thinking that probably CCM has been or should be the main actor. Generally, the group shown its interest to be in line with GFATM guidelines and tried to guess what could be the “correct” position. As the assessment mission kept its PRA facilitation role only, eventually, the plenary thought that it was more appropriate to assigned certain responsibilities to the CCM. However, as latter stressed by some participants and CCM members, that has been the power of the exercise. People faced clearly the unclear situation.

## Annex 5: The aim of the mission –Schematic view

The main subjects are:	They are analyzed through the following key criteria:	The final result aims to:
<p>5. In-depth assessment of the composition and functioning of CCM.</p> <p>6. How the principles and guidelines of the GFATM can be made real.</p> <p>7. Strategies that work (Documented success stories).</p> <p>8. Achievements concerning public-private partnership.</p>	<p><b>1. Governance:</b></p> <p>1.1. CCM setting-up and composition (definition of roles, responsibilities, decision-making power);</p> <p>1.2. Decision-making mechanisms (including explicit procedures);</p> <p>1.3. Multi-sector and broad ownership;</p> <p>1.4. Inclusion;</p> <p>1.5. Equal Participation;</p> <p>1.6. Accountability;</p> <p>1.7. Conflict management;</p> <p>1.8. Conflict of interest.</p> <p><b>2. Management capacity:</b></p> <p>Country partnership-led formulation and implementation process:</p> <p>2.1. CCM setting-up (definition of roles, responsibilities, decision-making power, administrative and technical bodies);</p> <p>2.2. Programmes design, M&amp;E capacity (including stakeholders' support through capacity building and advising);</p> <p>2.3. Links with the Secretariat of GFATM;</p> <p>2.4. PR oversight;</p> <p>2.5. Coordination capacity with policies and programmes;</p> <p>2.6. Communication capacity (flow of information to and from stakeholders and beneficiaries).</p>	<p><b>1. Identify:</b></p> <p>1.1. Facilitating factors (<b>strengths and opportunities</b>)</p> <p>1.2. Impediments (<b>weaknesses and obstacles</b>).</p> <p><b>2. Draw: Lessons Learned</b></p> <p><b>3. Design:</b> The way forward in terms of <b>further action</b> concerning:</p> <p><b>3.1. Governance:</b></p> <p>3.1.1. multi-sector ownership of CCM</p> <p>3.1.2. equal &amp; meaningful participation of all CCM members;</p> <p>3.1.3. good practices, accountability.</p> <p><b>3.2. Management:</b></p> <p>3.2.1. effective and efficient services' delivery at different levels and recipients (proposals design, implementation oversight, M&amp;E, capacity building, and communication).</p>



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