



# MEANINGFUL INVOLVEMENT OF CSOS IN CCM-GFATM



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Hall

# Outline

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**Project title**



**CCM Advocacy Project**



# Background

- GFATM launched in 2002
- A financial instrument
- National ownership and leadership
- CCM/CCC, CCM-SC, PRTRT, LAF, PRs, SRs and SSRs
- Cambodia: R1, 2, 4, 5, 6, 7
- HIV, TB, Malaria and HSS

# Background( Cont.)

- CCM

- CCM has final authority at country level
- Successful R1/16M, R2/15, R4/37, R5/35, R6/54, R7/47M
- CCM/CCC of mixed constituencies ( GO, DP, CS)

# Background( Cont.)

- CCM members

- 29 members in 3 constituencies

- Government :11

- Development partners : 9

- NGOs, CSOs, Private Sector, Academia and PLHIV : 9

- Chair: MoH

- Vice-chair: WHO

- Meets 4-6 times a year

# Background( Cont.)

- CCM members
  - NGOs, CSOs, Private Sector, Academia and PLHIV : 9 members
    1. HACC
    2. MEDiCAM
    3. URC
    4. RHAC
    5. CPN+
    6. CRC
    7. Chamber of Commerce
    8. Medical Health Science University
    9. School Health Department

# Cambodia Study Team

- **Tia Phalla, Consultant**
- **Umakant Singh: Consultant**
- **Kem Ley , HACCC ED**
- **Pen Pony, CCW advisor**
- **Kvan Prach, Research Assistant**

# Objective

**Improving the quality and effectiveness of Global Fund-supported programs through meaningful involvement of Civil Society Representatives in CCM**

# Methodologies

- 7 countries ( Romania, Argentina Jamaica, Cambodia/HACC, Uganda, Cameroon and India/Alliance
- Common research Protocol
- Timeframe: May-June 2008

# Methodologies ( Cont.)

- Desk Review
- In-dept interview
- Written Survey
- Observation
- Primarily findings consultation
- Consolidated report ( 7 countries)
- Final Report will be sent to GF-GFATM by ITPC and to CCM/CCC by HACC

# Key informants ( 29)

- Chair and vice chair of CCM
- Members and alternates of CCM
- CCM Secretariat staff
- PR, SRs and SSRs
- and other NGOs/CBOs ( Non GFATM-supported programs)

# Key findings

- GF was designed to allow the participation of CSOs
- Better atmosphere for coordination and collaboration
- There was not a common understanding on the definition of CSO
- There are no CSO in Cambodia; as most of them are donor driven
- Some CSO do not think that they represent CSO
- The representatives from MARP are also missing in GF process

# Key findings ( Cont.1)

- **Some representatives have good connection with the system whereas others have language barriers.**
- **Its hard to find a common will and voice from all CSO representatives in the GF Process**
- **Some CSO are always partisan to GO while some did so after they receive funding from GF.**

# Key findings ( Cont.2)

- Most of respondents agree that although GF is a government led process
- Even UN and development partners are making diplomatic statements for some sensitive issues
- The representation of PLHA and marginalized should be expanded but capacity of these groups is a challenge for meaningful involvement.

# Key findings ( Cont.3)

- Out of 20 respondents, 7 agreed that selection process of CSO members in CCM is fair, 9 disagreed and 4 cannot provide answer.
- The lack of representations of MARPs
- CPN+ representative in the CCM has not been competent and proactive enough to voice out the concerns of PLHAs

# Key findings ( Cont.4)

- MEDiCAM, HACCC and CPN+ did seek input from and report back to their respective network on CCM issues
- Barrier to meaningful participation in CCM are English language competency, communication skill, **culture of hierarchy**

# Key findings ( Cont.5)

- Some CSO members' particularly private sector and academia has no interest at all in the process.
- If a LNGO has no affiliation, may be it is hard to get the GF money. It is so obvious the winners are always the same”.

# Recommendation

- **Revise the function and the membership of the whole GF structure (CCC, CCCSC, PR, PR-TRT, NP-TRP).**
- **CSOs should seek for greater representation in TWGH, TWG on HIV/AIDS and GDJ TWG and align their concerns with GF process.**
- **Cambodia CCM should be restructured with consideration to the proportion of the human resource for each sector (At least one of Chair, Co-Chair and vice chair should represent social sector).**
- **A proposal coordination committee must be set up and it should be co-chaired by a national program and a health partner**

# Recommendation

- The CSOs themselves should determine how they are represented at the national level, making the CCM more inclusive through better representation (MSM, SW, IDU/DU).
- The selection of the representatives should consider only CSOs that represent network ( MEDiCAM, HACC, CPN+, CCW, AUA , CACHA, CHRHAN, MSMNW, CBCA and other networks of MARPs and **not individual organization.**

# References

- **UNAIDS, CCM Governance and civil society participation, CCM Case Study – Cambodia: 2007**
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- **GFATM, Cambodia Country Coordinating Mechanism: A case study, 2004**
- **CCC, Minutes of Meetings in 2006-2008 of the CCC,**
- **CCC, Minutes of Meetings in 2006-2008 of the CCCSC**
- **CCC, CCC membership, procedure for selection and succession, 2007**
- **CCC, Terms of Reference for the Management Processes, Structure and Membership in Cambodia, version 4, 2003**
- **CCC, GFATM Program Review Round 1, 2 and 4, 2007.**

# Thanks



THANK YOU

