

**Report on Monitoring Civil Society Participation in Armenia's Country
Coordination Mechanism**

**by VISTAA Expert Center
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Executive Summary

“Due to CCM [Country Coordination Mechanism], the AIDS prevention in Armenia is in a new stage of development, which supposes higher quality level....”

Survey respondent

VISTAA Expert Center implemented this research with the aim of examining the functioning of the Republic of Armenia’s Country Coordination Mechanism (CCM) and to explore the role of civil society in the activities of the CCM. The purpose of this study is to identify best practices that are being implemented by the CCM in order to ensure civil society’s robust involvement, to identify the role of the CCM in the provision of health services, to outline the CCM’s functional challenges, and to develop recommendations for strengthening the role of civil society in the CCM.

The major data collection methods included content analysis of the documents (desk research), in-depth interviews, observation, and distance questioning.

Structure of the Report

The first chapter of this report provides a general description of the CCM in Armenia, including the distribution of its members by sectors and selection processes for the different sectors. The second chapter analyzes the CCM’s fulfillment of two important responsibilities: selecting principal recipients and sub-recipients and overseeing grant implementation. The third chapter provides an overall analysis of the levels of engagement of different sectors on the CCM, while the final chapter draws conclusions and provides recommendations.

Key Findings and Recommendations

For the past seven years, the CCM in Armenia has brought together stakeholders from different sectors within the country, increasing the levels of coordination and cooperation in implementing programs to fight HIV/AIDS, tuberculosis and malaria.

The findings of the research show that the CCM in Armenia generally fulfills its roles and responsibilities. In addition,

- civil society and government representatives see each other as equal and full competent partners;
- the CCM secretariat is largely implementing its duties and responsibilities;
- the representatives assess the cross-sector cooperation as positive and effective;
- there are involvement/membership procedures and action regulation plans in most of the areas of project implementation and civil society participation;
- the CCM working groups’ members are aware of their duties and responsibilities;

- civil society representatives exhibit maximum levels of participation in CCM meetings (based on the “CCM members participation at the CCM meetings” document¹ and research observation); and
- civil society is intensively participating in Global Fund projects—in particular, from the project proposal preparation stage through involvement in the CCM working groups’ and in implementation of projects.

However, the CCM faces a number of key challenges. The first and most urgent among these is addressing real and perceived conflicts of interest. Many members of the CCM have conflicting roles and relationships that call into question their ability to be objective overseers of the implementation of Global Fund grants, as well as play an unbiased role in proposal development and recipient selection. For example, six of the nine local non-governmental members of the CCM are also sub-recipients of Global Fund resources and the secretary of the CCM is also the Head of National Center for AIDS Prevention, which plays a key role in coordinating the national response to HIV/AIDS.

Another key challenge faced by the CCM is in implementing transparent and accountable election processes. Currently, the only sector that organizes independent elections is the local NGO sector, and even in that process there are challenges in broadening the pool of potential applicants and ensuring that the process is unbiased and fair. There are currently no elections (according to special procedures) held by and for people living with the three diseases, international NGOs, or bilateral and multilateral development partners. Special attention is not paid to gender balance, and there are no representatives of key affected populations, such as drug users or sex workers, on the CCM although there are NGOs working with them and/or presenting their interests.

The CCM’s large size, with 38 members, also appears a challenge, especially when it comes to ensuring consistent and active participation. Many members, particularly those from the governmental sector, do not consistently participate in meetings or send substitutes, which limits the effectiveness of the CCM’s work overall.

Further, the CCM would do well to increase the level of transparency and accountability with regard to two of its core functions: selecting/approving principal recipients and sub-recipients and exercising oversight over grant implementation.

In light of these findings, we recommend that the CCM and/or its members should consider:

- Developing a more comprehensive conflict of interest policy;
- Establishing an independent CCM secretariat;
- Reviewing the structure of the CCM, with a view toward reducing its size and increasing its effectiveness;

¹ Provided by CCM secretariat

- Providing greater support to representatives of people living with the diseases to ensure that they are able to actively engage in CCM discussions and decision-making;
- Increasing transparency and accountability by developing a policy for sharing information with people who are not on the CCM;
- Preparing terms of reference for all potential and current CCM members to consider, so that candidates have a full understanding of their roles and responsibilities and to increase the likelihood of active participation;
- Developing a process for a selection of members of bilateral and multilateral development partners;
- Asking the International NGO sector and the sector representing people living with the diseases to develop fair, transparent and accountable procedures to elect time-limited representatives of their sectors to participate on the CCM.
- Increasing the transparency and accountability of the local NGO election process;
- Reviewing the process of selecting principal recipients and sub-recipients to develop clear and objective criteria for selection, ensuring that potential recipients are not involved in decision-making processes, and establishing a regulation to limit conflicts of interest; and
- Developing an oversight plan for the CCM that pays special attention to progress towards targets and indicators and treats all principal recipients and sub-recipients with equal scrutiny.

Methodology

VISTAA Expert Center's NGO research team developed the research methodology according to the Terms of Reference provided by Open Society Institute. The research has been carried out by sociological qualitative and quantitative methods.

The initial stage of research involved the analysis of documents, which enabled the team to acquire systemized and recorded information about the participation of civil society in CCM activities. This analysis also provided a methodological basis for other methods applied during the study. The following documents have been subject to content analysis:

1. Regulations for the Country Coordination Commission on HIV/AIDS, TB and Malaria issues in the Republic of Armenia
2. Documents related to civil society participation in the CCM
3. the CCM's written procedures
4. Minutes of CCM meetings and other related documents
5. General documents related to the role of civil society in the activities of the Global Fund
6. Web-pages of Armenia's CCM (hosted on the website of the National Center for AIDS Prevention), the Global Fund, and CCM member organizations and other related websites
7. Documents related to the National Programme on the Response to HIV Epidemic in the Republic of Armenia 2007-2011
8. Similar monitoring reports implemented through the Global Fund in other countries (India, Cambodia, Ethiopia, Kenya, Tanzania, Honduras, Romania, and Tajikistan)

The team verified and supplemented information through observation. Two CCM meetings were subject to sociological observation. The team observed the civil society participation and behavior of CCM members, frequency of participation in the discussions. During these meetings, the team observed the extent of civil society participation and also the behavior of CCM members, with regard to their frequency of participation in discussions. The instrument used in this stage was the observation card, which is presented as Appendix 1.

The CCM secretariat provided the research team with the contact list of its members on March 25, 2009. This list served as a basis for the lists of participants in other research methods, such as in-depth interviews and the distance Internet survey questionnaire.

The distance survey questionnaire (Appendix 2) was sent to all CCM members on the secretariat's mailing list; feedback was received from only 32 percent of them. Sixty-seven of the distance survey respondents participated in the in-depth interviews. The in-depth interviews were conducted with CCM members representing civil society, government, international organizations, development partners and other non-governmental and non-CCM member organizations. The questionnaires for in-depth interviews (Appendix 3) were customized for the different groups. The major selection criterion of the respondents was their awareness of and/or competency in the subject of the study. The final lists of the respondents were compiled by means of three methods:

1. An initial list of possible participants was prepared after desk research.

2. The list was verified and completed through the snowball sampling method during the course of interviews.

The list was modified and completed based on the results and analysis of the distance survey data. A total of twenty-five people² were interviewed, representing the following sectors:

- Ministry of Health (1)
- National AIDS Council, National TB Program, and/or National Malaria Program (2)
- Principal recipient (3: World Vision, Mission East, Ministry of Health)
- Global Fund portfolio manager and cluster leader (1)
- CCM Secretariat (1)
- Civil society and people living with the diseases (AIDS, TB, and malaria) who are members of the CCM (5 NGOs)
- Development partners on CCM (2 AIDS, 1 TB)
- Donor representative on CCM (1)
- Other nongovernmental CCM members (2)
- Non-CCM civil society and NGO representatives/activists (4)
- Local fund agent (2: the current and the former agent)

Two people declined to be interviewed. The average duration of the interviews was one hour. The interviews allowed the team to obtain information regarding individual involvement and level of participation, the effectiveness of civil society in the CCM and its current involvement in CCM projects, and suggestions for improving the CCM's functioning. The results of the interviews were reviewed with a qualitative analysis method, and the information obtained is presented in this report in a generalized manner.

² Some respondents have been selected based on their position, whereas representatives of CS, bilateral and multilateral development partners and CCM non-member organizations have been selected according to the above mentioned methods

I. The Role and Structure of Armenia's Country Coordination Mechanism

The Country Coordination Commission on HIV/AIDS Prevention in the Republic of Armenia was established in 2002. At the time, its aim was to approve an HIV/AIDS prevention project proposal for submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria, to determine the current priority strategies for HIV/AIDS prevention, and to allocate and continuously monitor the allocation of Global Fund resources. In 2005 the CCM enlarged the scope of its activities by including the issues of tuberculosis and malaria, to become the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria in the Republic of Armenia (CCM).³

According to survey respondents, before the creation of the CCM in Armenia, the activities of the different organizations that were working to fight the three diseases often overlapped, resulting in duplication of effort and costs. Respondents report that the overlaps have decreased significantly, due to the organizations' collaboration and cooperation within one structure. The respondents find that, for the most part, the CCM meets its objective of coordinating efforts to address the Issues related to the prevention of HIV/AIDS and tuberculosis in Armenia.⁴

According to the Regulations for the Country Coordination Mechanism, the CCM is to ensure wider participation of the ministries; departments adjunct to the government and other state institutions; nongovernmental organizations; people living with HIV/AIDS, tuberculosis, and malaria and people affected by the epidemics; representatives of communities; religious/faith-based organizations; the academic and educational sector; the United Nations; multilateral and bilateral development partners; and international organizations and members of the private sector engaged in activities to prevent HIV/AIDS, tuberculosis, and malaria. The research revealed that CCM members consider both the cooperation of civil society and state institutions and the two-way exchange of information to be vitally important.

CCM meetings are held at least four times per year. Before the meeting, the CCM secretariat implements all the preparation activities, including making appointments, developing the agenda, organizing online discussion to finalize the agenda, and providing CCM members with additional information and documents. The secretariat performs similar administrative activities after the meeting to document decisions, record the minutes, collect additional information, pictures, and reports, and distribute the information to all CCM members.

According to CCM members and the secretariat, all information, including meeting minutes, reports, and decision documents, is distributed to all CCM members, the local fund agent, principal recipients, and the medical aid departments of the regional administrations (marzpetarans). Information about CCM meetings, decisions, or activities in general is not available to any organization unless it is a CCM member or is a sub-recipient of Global Fund grants. CCM member respondents explain that larger-scale dissemination of CCM information

³ See the details at www.arm aids.am/photo/CCM%20Regulations_eng.pdf.

⁴ Malaria is not a major problem in Armenia and is not a focus of the CCM's work in practice.

would be inexpedient; non-CCM member respondents report that they lack information and are unaware of sources through which to obtain it.

a. CCM Composition and Structures

According to the CCM regulations⁵, members of the CCM can be representatives of legal entities, state governmental bodies, people living with HIV/AIDS and tuberculosis, or people having a history of malaria. For admission to CCM membership, it is necessary to submit to the CCM secretariat a letter of application, documents of state registration, and three letters of recommendation from CCM members. Local NGO's are involved in CCM as members according to the special Procedure of the Inclusion (see Appendix 4). The members from Governmental sector were nominated by the head of that Governmental body; development partners and international organizations have joined to CCM based on invitation/offer from Ministry of Health and NCAP. Consequently, the membership procedure mentioned in the CCM regulations was approved in May 13, 2004, when CCM had 29 members. That regulation was applied to next candidates for membership. In the course of the research for this report (from February to July 2009), the number of CCM Armenia members was 38, 50% percent of whom were representatives of the governmental sector. Another 13% of representatives were from multilateral and bilateral development partners, and 37% were representatives of Civil Society, such as local and International Organizations NGOs, academic sector and representatives of people living with or affected by the diseases (See Appendix 6.)

The CCM's work is supported by two working groups: one on HIV/AIDS and one on tuberculosis.

Representatives of People Living with the Diseases and Civil Society

People living with HIV/AIDS are actively represented in the CCM by a representative of the organization Real World, Real People. At the CCM meeting on October 28, 2005, a former tuberculosis patient was selected as a CCM member, but never participated in later meetings. On March 25, 2009, a new member—also a former tuberculosis patient—was elected to CCM membership, but this member was also absent during both CCM meetings held during the time of the research. According to CCM members, the inclusion of people living with the diseases in the CCM is meaningless if it is only a formality. They deem it important that these members participate in the decision making process and are able to fulfill the responsibilities of membership.

The local NGOs⁶ in the CCM are well-known organizations within the Republic of Armenia, implementing various activities to fight the HIV/AIDS and tuberculosis, working particularly with those groups at risk for HIV/AIDS, including sex workers, injecting drug users, men who

⁵ Regulations for the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia, Chapter II, point 2.8, www.arm aids.am/photo/CCM%20Regulations_eng.pdf.

⁶ CCM member local NGOs: "AIDS Prevention Union"; "AIDS Prevention, Education and Care"; "Antidrug civil union"; "Armenian Public Health Association"; "ATV"; "Education in the name of health"; "Real World, Real People"; "Youth Cultural Organization". The complete list of CCM members (by 2009 July) see in Appendix 6.

have sex with men, migrants, young people, and other vulnerable populations). An organization working on increasing awareness of HIV/AIDS in the general population and an organization representing the academic and educational sector are also involved in the activities of CCM⁷. World Vision is involved in the CCM as representatives of religious/faith-based international organizations.

The CCM composition is not currently, in accordance with the Global Fund's Revised Guidelines on the Purpose, Structure and Composition of Country Coordination Mechanisms (2007), which recommends that at least 40 percent of the membership of the CCM come from civil society.⁸ The Global Fund guidelines specify that civil society "refers to nongovernmental organizations, individuals with diseases, key affected population, religious/faith-based organizations, as well as private sector and academic institutions," and does not include representatives of multilateral or bilateral development partners, such as UN agencies.

The CCM Secretariat

The research revealed that the CCM secretariat fulfills its responsibilities well, particularly in documenting meetings and making information available within the CCM. In accordance with the CCM regulations, the secretariat, in the person of the secretary, is responsible for the activities of the CCM between meetings, the coordination of preparatory activities for meetings, and decisions regarding monitoring of activity implementation.

Overall, the survey revealed that respondents are satisfied with the work of CCM secretariat. However, it appears that there is a conflict of interest in being the director of government agency responsible for the coordination of the AIDS response in Armenia, also act as the secretary and lead the secretariat of the CCM. A number of respondents had difficulty (on the level of perception) differentiating the role of CCM secretariat from the role of the National Center for AIDS Prevention, which raises concerns about potential conflict of interests.

In practice, the National Center for AIDS Prevention plays a major role in the coordinating the national HIV/AIDS response and has close ties to many of the organizations working in this field. At the same time, the CCM secretariat/secretary plays an essential support function for the CCM, by helping to establish agendas, preparing information for the CCM's consideration, supporting and coordinating proposal development, and documenting meetings, among other things.

While on the one hand, the centralization of this coordinating role may help to facilitate cooperation, on the other hand, this could also lead to conflicts of interest. For example, because of its unique position, the secretariat may be able to influence the outcomes of decision-making processes in a way that may benefit either the National Center for AIDS Prevention, or closely associated NGOs or governmental entities. While there may not be any real conflicts of

⁷ An organization working on increasing awareness is "ATV" NGO and an organization representing the academic and educational sector represents National Health Institute of the Ministry of Health.

⁸ See Appendix 8, Part 5, point 12.

interest, the fact that number of respondents suggested that there was a perception of conflicts may be just as damaging to public trust in the transparency and accountability of the CCM.

CCM Working Groups

In order to resolve issues that may arise during the implementation of activities to fight HIV/AIDS, tuberculosis, and malaria, the CCM has established two technical working groups: one on HIV/AIDS, and one on tuberculosis. The CCM approves the specific composition of the working groups through a voting process.

During a meeting on March 21, 2006, to support the coordination of HIV/AIDS cross-program activities, the CCM established a working group on HIV/AIDS issues and defined a framework for group members' eligibility⁹. The membership and the Terms of Reference for the Working Group on TB¹⁰ were approved by the CCM decision of 25 March 2009. Each group comprises three representatives from the governmental sector and three representatives of local and international NGOs.

The working groups were considered as particularly effective structure of the CCM. As it was mentioned in one of interviews “the working groups are created on the principle of “who is ready to work.” The groups consist of people who have expressed the interest, commitment, and eagerness to work. The activities of the working group are developed on volunteer principle, so members receive no payment.

The interviews revealed that CCM working group members are well aware of their responsibilities and rights as outlined in the documents “*CCM Working Group on HIV/AIDS Terms of Reference*” and “*CCM Working Group on TB Terms of Reference*” (see Appendix 5).

Gender Equality and Sex Parity

Although the Global Fund recommends that CCMs try to aim for an equal number of male and female members, sex-proportionate representation is not a priority for the Armenian CCM. Less than quarter of the representatives are female, of which one is a former tuberculosis patient, three represent the governmental sector, and five represent international organizations. The representatives of all local NGOs are male.

According to the respondents, “gender distribution in CCM is balanced and in this given case it is meaningless talking about gender misbalance, as the individuals involved in CCM represent certain institutions.” They do not seem to take into account how the diseases impact women and men differently, so do not consider gender to be important when an individual raises a particular issue or suggests a solution at CCM meetings. Based on team observations, however, female members of the CCM are more likely to raise concerns about issues related to children and women, than are other CCM members.

Respondents' Views on the CCM Composition

⁹ See Appendix 5.1 “CCM Working Group on HIV/AIDS, Terms of Reference” introduction, last paragraph.

¹⁰ See Appendix 5.2 “CCM Working Group on TB, Terms of Reference” introduction, last paragraph

Nearly all respondents stressed the fact that the composition of the CCM is flawed. With the expansion of CCM membership, there has been a growth of organizational problems—for example, increasing difficulties in finding meeting times convenient for all members in order to decrease the number of absentee members, or limited time for all CCM members to fully participate in discussions, and so forth. To address these problems, a number of respondents suggest decreasing the CCM membership, while maintaining the proportionate representation of the different sectors.

b. The Selection of CCM Members

There are different selection procedures for various members of the CCM. Some are outlined in the CCM regulations¹¹. Local NGOs have developed their own application and election process (see Appendix 4).

Governmental Representatives

The ministries of the Republic of Armenia nominate representatives of the governmental sector to the CCM. The field related ministries have at least one CCM representative. Each minister decides who should become CCM member, from which department and what position. Very often, these CCM members are qualified to make decisions, but, due to overloaded schedules in their government positions, they cannot devote appropriate time and interest to CCM activities.

International NGOs, Bilateral and Multilateral Development Partners, and People Living with HIV/AIDS and Tuberculosis

Armenia's CCM regulations do not require elections for representatives of international NGOs, bilateral and multilateral development partners, and people living with HIV/AIDS and TB.

Local NGOs

Local NGOs have developed and apply their own selection process for CCM representatives. Local NGOs participate in the activities of the CCM on a three-year membership basis. Every three years, at least 20 days before selection of new members, an initiative group places an announcement in a prominent newspaper calling for applications from candidates. The group processes the applications, and the applying organizations establish a selection committee.

The NGOs participating in the election process make their candidate selection by secret ballot. Every elector votes for those organizations which he or she would like to see join the CCM; the total number of participating organizations is decided by the CCM. Those NGOs that receive more than half of the votes are elected as new members of the CCM. The most recent elections took place in October 2007, in accordance with this process.

The election for membership in the CCM is open to all non-governmental organizations that are operating in the field of HIV/AIDS prevention and treatment and that have at least one year of

¹¹ Regulations for the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia, Chapter II, point 2.8, www.arm aids.am/photo/CCM%20Regulations_eng.pdf.

experience (see Appendix 4, point 3.1). It is necessary to make additions to the procedure for involving in CCM also those NGOs that are working in the sphere of prevention and treatment of tuberculosis and malaria.

By conducting in-depth interviews, the research team learned that the field of NGO activities related to the diseases of HIV/AIDS, tuberculosis, and malaria is quite limited. Interview subjects shared the impression that some organizations, currently CCM members, had mostly been created ad hoc either to become CCM members or to implement Global Fund projects. In the course of years, these organizations acquired skills and experience in the field, creating a sort of “monopoly” within the CCM, which prevents the entry of new organizations. Those same NGOs, which form the core of the CCM, oversee the election process and themselves are reelected every three years. As such, this process appears rife with conflicts of interest and also limits the opportunities for other organizations to participate.

II. The CCM’s Core Responsibilities

According to the Global Fund’s CCM guidelines and the Armenian CCM’s own regulations, the CCM has two core functions:

- preparing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria, including nomination/approval of selection of principal recipients and sub-recipients; and
- overseeing implementation of the Global Fund grants to ensure that recipients are meeting targets and having impact on the three diseases.

This section of the report examines how the Armenian CCM implements these functions.

a. The Selection of Principal Recipients and Sub-recipients

The representatives of the nongovernmental sector of the CCM select the civil society principal recipients through a closed voting process. During the selection, the electorate takes the following factors into consideration: the experience of the applying organization, the capacity of the organization, the opportunities of the organization, and a number of other criteria outlined in an assessment guideline developed by the NGOs (see Appendix 7).

For the selection of Governmental Principal Recipients there is no regulation. For Armenia’s Rolling Continuation Channel Proposal, the Ministry of Health suggested its candidacy, the CCM discussed it and approved.

The selection of sub-recipients follows a specific procedure¹². The principal recipient issues an invitation to those NGOs that are interested in the subject to apply for participation in the project proposal process. A seven-person selection committee is established (including representatives from the Ministry of Health, National Center for AIDS Prevention, two local NGOs, and three

¹² It was applied only during the first years of GF Round 2 Grant implementation.

international organizations, one of which is a principal recipient). The selection committee reviews the proposals of the applicant organizations and makes its preliminary decision. The principal recipient presents the committee's decision at the CCM meeting. Final decision is reached by vote during a CCM meeting. After the results are approved, the principal recipient and the sub-recipients sign contracts.

According to the some respondents, at times, members of the selection committee lobby internally or are lobbied to support certain candidates to become sub-recipients. The principal recipient is also not protected from undue influence in this regard. Some reported that the two international organizations on the selection committee serve as counterweight when such situations arise. However, there appears to be a need for stronger rules on conflict of interest in order to increase the independence of the selection committee, reduce lobbying for candidates and increase transparency in decision-making.

b. Oversight of Global Fund Grants

According to Armenia's CCM Regulations, one of the major functions and tasks of the CCM is ongoing monitoring and evaluation.¹³ The principal recipient is primarily responsible for the day to day monitoring and evaluation of the implementation of Global Fund grants and the local fund agent is responsible for monitoring the activities of the principal recipient, including by verifying reports on funding, disbursements and spot-checking reporting on targets and indicators. The monitoring and evaluation is based on the indicators developed with the Global Fund through the grant negotiation process. However, the CCM has the responsibility to provide overall oversight by ensuring that the principal recipient and sub-recipients are meeting targets and using the funding effectively, and troubleshooting implementation problems as necessary to improve implementation.

In order to fulfill this oversight function, the CCM has employed a number of strategies. First, the principal recipients report to the CCM on a quarterly basis, in order to keep its members up to date on current projects and progress in meeting targets. The goal of the reporting is to provide information to the CCM members about the current projects; this information is not subject to discussion.

Second, the CCM secretariat is charged with establishing working groups to resolve current problems and, specifically, to conduct monitoring and evaluation site visits.¹⁴ However, monitoring and evaluation visits of this kind been implemented only once and the only explanation for not implementing this activity more often is the lack of financial resources.

One other explanation of the lack of oversight exercised by the CCM and its working groups is conflict of interest. Representatives of civil society are actively participating in the implementation of Global Fund-supported projects and six of the nine local NGOs on the CCM

¹³ Regulations for the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia, Chapter II, point 1.4 www.arm aids.am/photo/CCM%20Regulations_eng.pdf .

¹⁴ Regulations for the Country Coordination Commission on HIV/AIDS, Tuberculosis and Malaria Issues in the Republic of Armenia, Chapter II, point 2 www.arm aids.am/photo/CCM%20Regulations_eng.pdf .

have, to some extent, received funding for project implementation. According to respondents, CCM member organizations do not consider it acceptable that sub-recipients of grants monitor other sub-recipients' activities. They believe that only the principal recipient is eligible to monitor the activities of the sub-recipients. According to the Research Team the monitoring implemented by the working group may not be considered sufficient if a member of the working group is also Sub-Recipient. This can also be considered as conflict of interest. In such cases the monitoring of activities implemented by the Sub-Recipients should be done by an independent organization.

Some respondents reported that sub-recipients who are CCM members sometimes exert pressure on the principal recipient during CCM meetings, for example, by demonstratively analyzing and criticizing errors/inaccuracies in the principal recipient's presentation. According to respondents, in such cases, it is likely that the principal recipient will exercise less scrutiny in monitoring of Sub-Recipients.

Respondents recommended that independent organizations, that are not recipients (neither principal recipient, nor sub-recipient) of Global Fund resources, form a working group to conduct monitoring activities.

III. Overall Perceptions of Civil Society and other Sectors' Engagement in the CCM

According to CCM regulations, all the members of the committee are treated as full partners, with full rights of participation, expression of opinion, and involvement in decision making. The in-depth interviews revealed that the civil society and governmental sectors consider each other to be equal partners, regarding level of awareness and participation in implemented activities. The perception of each party depends, however, on the personal characteristics, awareness, competency, and decision-making capability of the individual representative. At times, an absent representative may send a delegated person to the CCM meeting to present a report, but that person is not well aware of the issue or the history of the discussion and is unable to fully participate in CCM meetings.

A quantitative analysis of members' participation in CCM meetings reveals that 5 of the 38 CCM members have shown less than a 25 percent rate of participation from the first day of their membership in the CCM, with an average of 12.2 percent; 5 members have participation rates of 25 to 50 percent, with an average of 43.3 percent.¹⁵ Nine of these passive members are representatives of the governmental sector and one is a former tuberculosis patient. The other governmental representatives, who have more than a 50 percent rate of participation, have participated in the meetings at the average rate of 70.5 percent. The participation level of multilateral and bilateral development partners and international organizations is 70 percent and above, with an average rate of 81.7 percent. The 10 representatives of local and international

¹⁵ The quantitative analysis did not include indicators based on observation of the participation of the CCM chairperson, deputy chairperson, and secretary, as their permanent participation is assumed.

NGOs are noteworthy for having the highest level of participation—an average rate of 86.8 percent.

Based upon the researchers' own observations, representatives of civil society also appear to be more active participants in CCM meetings than representatives of the governmental sector. However, respondents had an ambiguous perception of civil society NGOs, considering some to be overactive, and others as passive participants. Respondents described overactive NGOs as those that are most actively involved in the Global Fund projects or in disease-prevention activities in general (for example, sub-recipient local NGOs). Passive NGOs were those local NGOs that respondents perceived were established on an ad hoc basis. According to some respondents, some of the NGOs represented in the CCM have been created specifically to implement Global Fund-supported projects. Sometimes these NGOs are inefficient in initiating or implementing disease-preventive activities due to a lack of human resources, capacities, and experience.

According to respondents, the international organization World Vision, a principal recipient, and the various representatives of United Nations Agencies are also active participants in CCM meetings. Respondents report that the level of active participation among other international organizations is satisfactory.

According to the respondents and observers participation of the governmental sector representatives in the CCM meetings concedes the participations of civil society and development partners. That is explained by the fact that the governmental representatives are usually overloaded in their positions which very often results in their decision to send some substituting delegated persons to those meetings. The governmental representatives, most actively involved in discussions, were those that had direct interests in the discussion at hand. That is, those government agencies that were receiving funds for grant implementation, such as the Agency of Migration within the Ministry of Territorial Administration and the Ministry of Education and Science.

The Survey revealed, that levels of engagement directly relate to the agenda of the meeting. When members are trying to make a decision on a project, project budget, project implementers, project target, or the scale of involvement, they have heated discussions. The most active participants in these discussions are those members that are operating in the field or have an interest in or commitment to the proposed project. When the meeting is largely reports, with limited room for discussion, active engagement from almost all sectors decreases.

According to some respondents, regardless of the intensity of the discussion during the meeting, the final decision has often been orchestrated in advance internally by some of the members of the CCM. Respondents attributed a decisive role to the Head of the National Center for AIDS Prevention, who also acts as the CCM secretary for CCM and some CCM members who have close relations to him (such as staff, friends and partners). Respondents perceive the multilateral/bilateral development partners and International organizations are most independent, with the most unbiased and objective attitude toward the issues being discussed.

IV. Conclusions and Recommendations

For the past seven years, the CCM in Armenia has brought together stakeholders from different sectors within the country, increasing the levels of coordination and cooperation in implementing programs to fight HIV/AIDS, tuberculosis and malaria.

The CCM has improved coordination and civil society involvement...

The findings of the research show that the CCM in Armenia generally fulfills its roles and responsibilities. In addition,

- civil society and government representatives see each other as equal and full competent partners;
- the CCM secretariat is largely implementing its duties and responsibilities;
- the representatives assess the cross-sector cooperation as positive and effective;
- there are involvement/membership procedures and action regulation plans in most of the areas in which civil society participates and in project implementation;
- the CCM working groups' members are aware of their duties and rights;
- civil society representatives exhibit maximum levels of participation in CCM meetings (based on the “CCM members participation at the CCM meetings” document¹⁶ and research observation); and
- civil society is intensively participating in Global Fund projects—in particular, from the project proposal preparation stage through involvement in the CCM working groups' and in implementation of projects.

But key challenges remain...

The CCM faces a number of key challenges. The first and most urgent among these is addressing real and perceived **conflicts of interest**. Many members of the CCM have conflicting roles and relationships that call into question their ability to be objective overseers of the implementation of Global Fund grants, as well as play an unbiased role in proposal development and recipient selection. For example, six of the nine local non-governmental members of the CCM are also sub-recipients of Global Fund resources and the secretary of the CCM is also the head of National Center for AIDS Prevention, which plays a key role in coordinating the national response to HIV/AIDS. The CCM has developed a policy regarding conflicts of interest. However, it does not take into account the full range of risks that exist within the CCM, such as when CCM and working group members are also sub-recipients, or when CCM members have conflicts that arise from dual roles, such as having a supervisor-employee relationship in the governmental sector and a working relationship within the CCM.

Another key challenge faced by the CCM is in implementing transparent and accountable election processes. Currently, the only sector that organizes independent elections is the local NGO sector, and even in that process there are challenges in broadening the pool of potential applicants and ensuring that the process is unbiased and fair. There are currently no elections (according to special procedures) held by and for people living with the three diseases,

¹⁶ Provided by CCM Secretariat

international NGOs, or bilateral and multilateral development partners. Special attention is not paid to gender balance, and there are no representatives of key affected populations, such as drug users or sex workers, on the CCM although there are NGOs working with them and/or presenting their interests.

The CCM's large size, with 38 members, also appears a challenge, especially when it comes to ensuring consistent and active participation. Many members, particularly those from the governmental sector, do not consistently participate in meetings or send substitutes, which limits the effectiveness of the CCM's work overall. In addition, it appears that additional support is needed to improve the effective involvement of people living with or affected by the three diseases.

Further, the CCM would do well to increase the level of transparency and accountability with regard to two of its core functions: approval of selection/nomination of principal recipients and sub-recipients and exercising oversight over grant implementation.

Recommendations

In order to improve the CCM's work overall, it is recommended that the Armenian CCM and/or its members consider:

1. Developing a more comprehensive conflict of interest policy urgently that examines the range of conflicts that may be present on the CCM, requires the declaration of interests, and establishes steps for conflicted individuals to recuse themselves from decision-making as appropriate.
2. Establishing an independent CCM secretariat that is independent of existing governmental or non-governmental structures in order to minimize potential or actual conflicts of interest.
3. Reviewing the structure of the CCM, with a view toward reducing its size and increasing its effectiveness. In reviewing the structure, in particular, the CCM should:
 - ensure greater representation of the civil society sector in order to meet the Global Fund's recommendations that they comprise at least 40% of membership;
 - clarify the importance of including people with expertise in gender equality and an understanding of how the diseases differently impact men and women, so that programs are responsive to men's and women's different prevention and treatment needs, and aim to achieve parity in membership between women and men; and
 - aim to include representatives of key affected populations.
4. Providing greater support to representatives of people living with the diseases to ensure that they are able to actively engage in CCM discussions and decision-making.
5. Increasing transparency and accountability by developing a policy for sharing information with people who are not on the CCM and publishing notifications of CCM meetings, agendas, minutes and other documentation on the CCM website.

6. Preparing terms of reference for all potential and current CCM members to consider, so that candidates have a full understanding of their roles and responsibilities and to increase the likelihood of active participation.

In order to improve the selection of CCM members, it is recommended that the CCM and/or its members consider:

1. Developing a process for a selection of members of bilateral and multilateral organizations which is defined by those who are part of the bilateral and multilateral sector.
2. Asking the International NGO sector and the sector representing people living with the diseases to developing fair, transparent and accountable procedures to elect time-limited representatives of their sectors to participate on the CCM.
3. Increasing the transparency and accountability of the local NGO election process, by, in particular:
 - appointing an independent organization or committee, comprised of organizations that that will not stand for election, to work with NGOs on designing a fair and transparent election process and oversee it;
 - placing the call for application in several newspapers around the country and distributing it through email listservs and the CCM website, to increase the potential pool of applicants, including those that are based outside of the capital city;
 - Expanding the time for organizations to apply for membership from 20 days to at least 30 days;
 - Making additions to the procedure for involving in CCM also those NGOs that are working in the sphere of prevention and treatment of tuberculosis and malaria (in Article 3.1).
 - Establishing guidelines that specify the number of times the same organization can serve on the CCM consecutively;
 - Conducting an exercise to identify NGOs whose activities, experiences, and objectives make them suitable candidates for CCM participation to potentially increase the pool of CCM applicants in the future, and actively provide them with information about the CCM's work on an ongoing basis.

To increase the CCM's ability to fulfill its core functions of selecting recipients and overseeing grant implementation, the CCM should consider:

1. Reviewing the process of selecting principal recipients and sub-recipients to develop clear and objective criteria for selection, ensuring that potential recipients are not involved in decision-making processes, and establishing a code of conduct to limit conflicts of interest.
2. Developing an oversight plan for the CCM that pays special attention to progress towards targets and indicators and treats all principal recipients and sub-recipients with equal scrutiny.