AGENDA

TIME (GMT)	ACTIVITY / ACTIVITE	INTERVENANTS
09:00 – 09:05	**Welcome and Introduction**	**Olivia Ngou** Impact Santé Afrique Clobal Coordinator CS4ME
09:05 – 09:15	<u>**Presentation 1**</u>**: The Global Fund Technical Assistance for NFM4** <u>*Présentation 1 :*</u> *L'assistance technique du Fonds mondial pour la NMF4*	**Annabelle Metzner** Program Officer, Community Engagement CRG Department The Global Fund
09:15 – 09:35	<u>**Presentation 2:**</u> **Technical assistance for NFM4 by EANNASO** <u>*Présentation 2*</u>*: L'assistance technique pour la NMF4 par EANNASO*	**Glory Chagama** Advocacy Specialist EANNASO

AGENDA

TIME (GMT)	ACTIVITY / ACTIVITE	INTERVENANTS
09:35 – 09:50	**Questions/Answers** *Questions/Réponses*	**All/Tous**
09:50 – 10:05	**Presentation 4: Key results of the evaluation of problems on malaria issues and civil society recommendations for NFM4** *Présentation 4 : Résultats clés de l'évaluation des problèmes sur les questions de paludisme et recommandations de la société civile pour la NFM4*	**Fidèle Bemaboum** Impact Santé Afrique CS4ME Secretariat
10:05 – 10:25	**Questions/Answers** *Questions/Réponses*	**All/Tous**
10:25 – 10:30	**Closing remarks**	**Tumaniel Mangi** Health for Children Organization Global CS4ME Steering Committee member

Welcome & Introduction

Olivia Ngou

Impact Santé Afrique

Global Coordinator CS4ME

ABOUT CS4ME

What is CS4ME?

- CS4ME is a movement of nearly **600 civil society organisations and networks from 48 countries**, all committed to eliminating malaria.

- We believe that it is not acceptable that hundreds of thousands of people continue to die every year from a preventable and treatable disease.

- We are committed to strengthening our capacity and elevating the voice of affected communities to support national and global efforts to eliminate this disease.

Our vision and mission

Guiding vision: A malaria-free world by 2030

Five-year Vision
National civil society and communities are recognised as bold and creative catalysts of change, and are supported to drive people-centred national, regional and global malaria elimination efforts.

Our mission
To harness the power of a global movement of civil society organisations and communities to achieve malaria elimination

Our members

- CS4ME membership is open to any local civil society organisation (CSO) or network **based in a malaria endemic country** that represents malaria-affected communities.

- **Member CSOs vary** from emerging community-based organisations and religious groups, to Global Fund sub-recipients.

- Organisations can join **individually and/or as part of a network**. CS4ME complements, rather than competes with existing national networks.

Our members

Our leaders and members also include members of:

- Communities Delegation to the Global Fund Board
- Developing NGO Delegation to the Global Fund Board
- Global Fund Youth Council
- Global Fund Youth Advisory Council
- Global Fund CRG Advisory Group
- ALMA Youth Advisory Council
- RBM Strategic Communications Partnership Committee.

What does CS4ME do?

1. Strengthen CS4ME member **capacity** and commitment to achieving malaria elimination
2. Build civil society **influence** with CCMs/NMCPs in at least 10+1 high-burden high impact countries
3. Demonstrate the capacity and **impact** of civil society in at least 5 countries through a sub-grant mechanism
4. Deepen CS4ME's **global advocacy** presence
5. Advocate for **investing** in civil society for malaria elimination
6. **Strengthen** the efficiency and effectiveness of CS4ME.
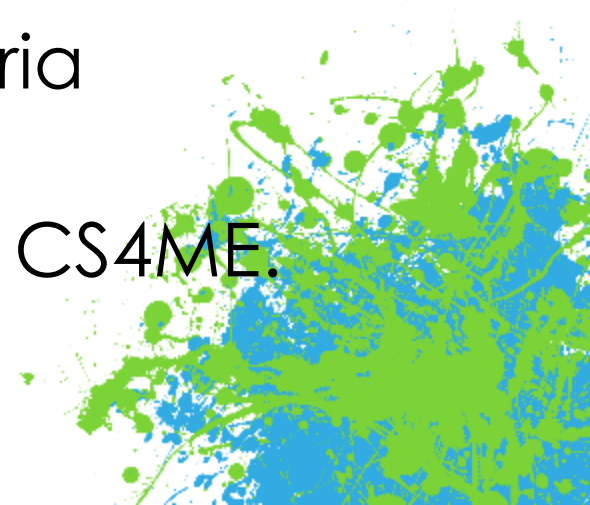
How to become CS4ME

- Visit our website www.cs4me.org

- If your first language is French, please click **here**

- If your first language is English, please click **here**

The Global Fund Technical Assistance for NFM4

Annabelle Metzner

Program Officer, Community Engagement

CRG Department

The Global Fund

Community Engagement SI:

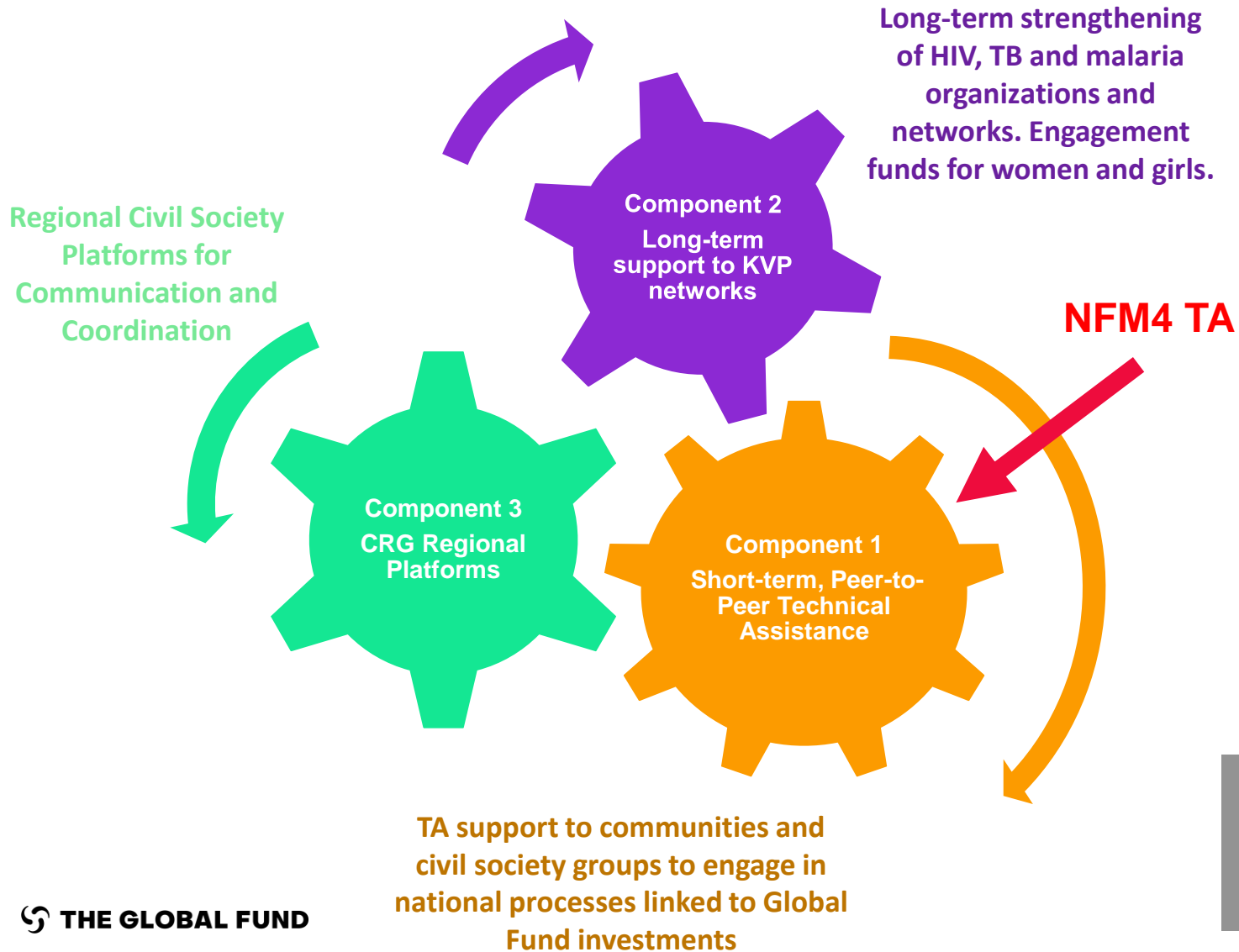# Short-Term Technical Assistance For NFM4

Objective

The primary objective of the Community Engagement Strategic Initiative (SI) is strengthened engagement of civil society and communities in Global Fund and related national processes.

Engagement of community and civil society actors at all stages in the grant life cycle is critical in the design, development and implementation of effective responses to the three diseases and systems strengthening, ensuring that global fund investments evolve as responsive to those most impacted

THE GLOBAL FUND

Three mutually reinforcing components for engaging communities in Global Fund-related processes

Long-term strengthening of HIV, TB and malaria organizations and networks. Engagement funds for women and girls.

Regional Civil Society Platforms for Communication and Coordination

Component 2
Long-term support to KVP networks

NFM4 TA

Component 3
CRG Regional Platforms

Component 1
Short-term, Peer-to-Peer Technical Assistance

TA support to communities and civil society groups to engage in national processes linked to Global Fund investments

THE GLOBAL FUND

Community Engagement SI Operational Model

Types of CE SI Technical Assistance Available for NFM 4:

Proposed Prioritized TA Tracks and Sub-Activities for NFM4

TA Track A: Situational analysis and needs assessment

- A.1 **CRG-related assessment** (desk review and/or KIIs/FGDs) to generate strategic information for decision-making to inform NFM4 funding request development.
- A.2 **NFM3 program review** to ensure community perspectives inform service delivery improvements under NFM4.

TA Track B: Engagement in NFM4 country dialogue processes

- B.1 Virtual or face-to-face **community consultation(s)** to inform priorities for NFM4 funding requests.
- B.2 **Coordinating input** into NFM4 funding requests and grant-making (e.g. review of draft funding requests or grant-making documents).

TA Track C: Other

- C.1 **Costing support** (e.g. virtual mentoring or in-country costing support).

When to Submit a CE SI TA Request:

NFM4 FR submission windows	CRG TA request submission deadline (6 months before NFM4 window)
W1 - 20 March 2023	Closed
W2 - 29 May 2023	30 November 2022
W3 - 21 August 2023	28 February 2023

If in doubt about your country's NFM4 submission window, reach out to your CCM or consult with the CRG Platform in your region

- Please submit your CRG TA request related to NFM4 funding request development at least 6 months before your country's selected NFM4 window:

- Date X = NFM4 submission window
- Date X minus 1 month – Final TA deliverables
- Date X minus 4 months – Start TA implementation
- Date X minus 6 months – Submit TA request

TA request submission → 2 months – TA mobilization → 3 months – TA implementation → 1 month - Use of deliverables → FR submission window

TA Request Form Guidance:

CRG Technical Assistance Request Form

Community, Rights and Gender Technical Assistance provides support to civil society and community organizations to meaningfully engage in Global Fund related processes throughout the grant lifecycle.
Before submitting this application to the Global Fund please make sure that your application is reviewed by the _CRG Regional Platform_ in your region.

Applicant details

Name of organization	
Type of organization	☐ Key population network or organization ☐ Youth-led network or organization ☐ Women's network or organization ☐ Network or organization of people living with HIV or affected by tuberculosis or malaria ☐ Civil society network or organization led by or working with other affected communities (_e.g._ migrants, refugees, miners) Other:
Address	
Country/ies	
Focal point	
E-mail	
Phone number	
Is your organization a	☐ PR ☐ SR/SSR ☐ CCM member ☐ CCM observer ☐ None of the options
Date of request	
Envisaged start date of assignment[1]	
Envisaged country NFM4 submission window[2]	_Guidance: Please submit your TA request **at least** six months before the NFM4 submission window_

Which organizations were involved in preparing this request? Please outline their level of involvement.

Guidance: Please include a list of all organizations/networks engaged in request development as well as their level of involvement (e.g. request writing, request review) and state if they are a PR, SR, SSR, CCM member, CCM observer. If the request is submitted by a consortium of organizations, please mention all organizations and outline the request development process.

1. Background and rationale (max. 1 page)

- **Reach out** to the **CRG Regional Platform in your region for** assistance with developing the TA request
- **Select TA track(s) and sub-activities** most relevant for your NFM4 planning needs
- **Follow the prompts in red for how to complete form** (e.g. listing organizations/networks involved, providing detailed costing of workshops and data collection related costs)
- Indicate the expected **NFM4 submission window in the form**
- Submit your TA request at **least six months before** your country's NFM4 window

⭐ Please reach out to the relevant CRG Regional Platform to receive an NMF4 CRG TA request form (see last slide for contacts) or email **crgta@theglobalfund.org**

CE SI NFM4 TA with a component to engage malaria communities:

- Cote d'Ivoire (ongoing)
- Honduras (ongoing)
- Uganda (ongoing)
- Venezuela (ongoing)

- Benin (TOR development)
- Burkina Faso (TOR development)
- CAR (TOR development)
- DRC (TOR development)
- Zimbabwe (TOR development)

Link to 'Community engagement' page
https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-engagement/

Animated video on the CE SI (EN with subtitles in ES/FR):
https://www.youtube.com/watch?v=qJdK3qOVJuY&t=2s

Technical assistance

KVP networks and organizations

CRG regional platforms

Animated video on how to apply for TA (EN with subtitles in ES/FR):
https://www.youtube.com/watch?v=WOK2kPzjA3A&t=22s

CRG REGIONAL PLATFORM CONTACTS

ANGLOPHONE AFRICA: EANNASO

eannaso@eannaso.org

FRANCOPHONE AFRICA: RAME

contact@prf-fondsmondial.org

ASIA-PACIFIC: APCASO

apcrg@apcaso.org

MIDDLE EAST AND NORTH AFRICA: ITPC-MENA

info@itpcmena.org

EASTERN EUROPE AND CENTRAL ASIA: EHRA

eecaplatform@harmreductioneurasia.org

LATIN AMERICA AND THE CARIBBEAN: VIA LIBRE

vialibre@vialibre.org.pe

Technical assistance for NFM4 by EANNASO

Glory Chagama
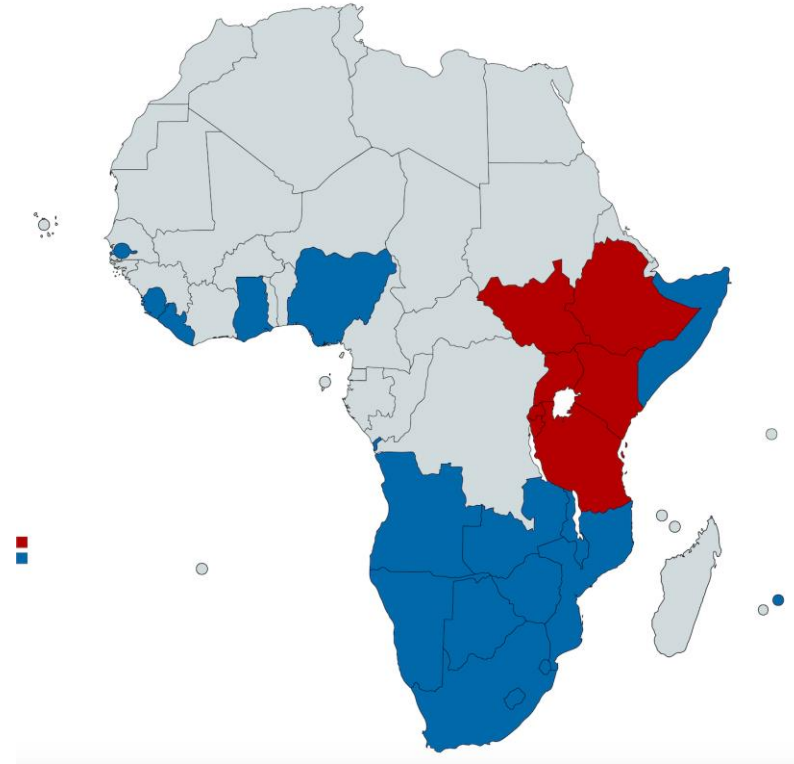
Advocacy Specialist

EANNASO

CRG TA

Onesmus Mlewa Kalama

(EANNASO)

ABOUT EANNASO

- A regional network of AIDS and health service organizations

- Hosts the Global Fund supported CRG Anglophone communication platform covering 23 African English and Portuguese speaking countries

Read more about EANNASO at www.eannaso.org

The CRG TA

Why CRG TA

- In order to ensure that civil society and communities meaningfully engage in Global Fund-related processes

Main TA Areas supported through CRG

- Situation Analysis and needs assessments
  - CRG related assessments to generate strategic information for better decision making
  - Program reviews to ensure community perspectives inform service delivery improvements
- Engagement in Country dialogue processes
  - Community consultations to inform priorities for inclusion in national policies, guidelines, plans and programs
  - Coordinating input into key Global Fund documents
  - Engagement planning to strengthen participation of communities in Global Fund Processes
  - Caucusing and collective strategizing for coordinated community led advocacy
- Supporting design and implementation arrangements
  - Mapping of civil society and community organizations and activities to strengthen community systems
  - Refining or validating tools that support community engagement in Global Fund related processes
  - Workshop to strengthen knowledge of civil society and community groups on the Global Fund

Who can apply

- KP Networks and organizations
- Youth Led networks and organizations
- Women's networks and organizations
- Networks or Organizations of people living with HIV or affected by tuberculosis or malaria
- CSO networks and organizations led by or working with other affected communities (migrants, refugees, miners)

What CRG Does not support

- CCM Strengthening (e.g Training of CCM members in their roles and responsibilities)
- Long term Capacity development of civil society networks and organizations (e.g organizational development, support to become a Global Fund recipient)
- Development of stand alone tools that lack a focus on community engagement
- Funding request writing

Who provides TA

The GF prequalified Twenty-six (26) civil society and key population networks and organizations as TA providers.

What Type of CRG TA can be requested

- HIV, TB Malaria programming
- Resilient and Sustainable Systems for Health (RSSH)
- Sustainability and transition planning
- In country processes linked to the Global Fund model of Work (National strategic planning processes etc.)

How to apply for CRG TA

- Step 1: Fill in the CRG TA form accessible at:

  https://www.theglobalfund.org/media/10401/crg_technical assistancerequest_form_en.docx

- Step 2: Contact CRG regional platform to review and discuss your TA request

- Step 3: Submit your TA request to the Global Fund at ; crgta@theglobalfund.org
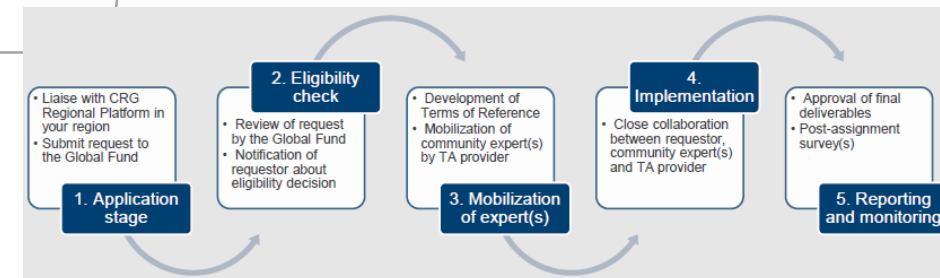
Support provided by the Platform

- Create demand for Short term TA through:
  - Webinars
  - Website posts
  - Digital communication charnels (mail chimp, whattsApp, facebook, twitter)
  - Face to face meeting platforms

- Review of TA requests from Civil Society and communities
  - Step by step guidance on how to complete the TA request form

- Documenting case studies after TA delivery
  - Support communities to document case studies on how the TA provided supported better engagement for communities in Global Fund processes

Mentored support

- Targeted webinars and one on one discussions on the TA eligibility very impactful
- Guided step by step writing of the TA very important in ensuring quality of TA requested
- Use of internal (country) consultants more specifically community experts very useful in skills retention
- Opportunity to link long term and institutional capacity requests with other TA providers (CRG component II, GIZ Back up, UNAIDS)
- Growing demand for institutional capacity support that is not directly supported through short term TA
- Growing demand for long term TA beyond the scope of the CRG short term TA
- Growing Need for support in the writing process during Fund Request which is beyond the scope of the CRG short term TA

Thank You

eannaso

Results of the evaluation od problems on malaria issues and civil society recommendations for NFM4

Fidèle Bemadoum

Impact Santé Afrique

CS4ME Secretariat

Objective

As the current Global Fund Malaria NFM3 grant is about to enter its final year for some countries, it is necessary to highlight the challenges faced in implementation and access to care for communities, the good practices observed, and the recommendations of civil society.

This is to support and enhance the involvement of working group members and civil society in general in the process of developing more tailored, evidence-based NFM4 malaria concept notes from malaria-affected communities.

The main objective of the document is to **summarize the difficulties encountered in the implementation of and access to care for communities, the good practices observed and the recommendations made by civil society during the current Global Fund malaria grant (NFM3) with a view to improving it for NMF4.**

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Methodology

The methodology consisted of collecting data from the target population through an interview guide, the exploitation of documents and reports, and then the processing and analysis of the data.

Specifically, the data used to develop the synthesis document came from three sources:

- **Online interviews with CSO members of the CS4ME platform;**

- **interviews with resource persons and the webinar;**

- **reports and documents produced by civil society representatives.**

Main results

The results of this survey will be presented at 3 levels:

- in general,
- In the area of malaria prevention,
- In the area of malaria management.

MAIN RESULTS

Difficulties encountered in the implementation of NFM3

General difficulties/challenges

- Lack of community relays, especially at the rural level;

- Difficulty of access in rough geographical areas (mountains, escarpments, cliffs...) and swamps;

- Low budget for communication in the NFM grant3 ;

- Difficulty in implementing interventions in insecure areas ;

- Principal Recipients (PRs) are still implementing activities in place of CSOs;

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MAIN RESULTS

Difficulties encountered in the implementation of NFM3

General difficulties/challenges

- Insufficient financial means for complete coverage of high endemicity areas;

- Low level of support for CSO activities in the fight against malaria;

- Poor attitude of health personnel in hospitals;

- Current funding mechanisms are cumbersome and have difficulty reaching the real implementing actors, which are the CSOs;

- Poor environmental management by communities to prevent malaria through larval source management;

MAIN RESULTS

Difficulties encountered in the implementation of NFM3

General difficulties/challenges

- Inconsistencies between the data produced by the communities and reported by the DCSOs and the data produced by the public health actors and found in the DHIS2 ;

- Community-based activities are not clearly defined in the national malaria control plan, which creates a bottleneck in implementation;

- Communities are less aware of free access, especially for indigenous populations (often due to a lack of awareness activities);

- Late disbursement of funds which leads to delays in payment of CSAs;

MAIN RESULTS

Difficulties encountered in the implementation of NFM3

General difficulties/challenges

- De-motivation of CSAs;

- Routine replacement of CSAs, which leads to difficulties in implementing the CSA's work and results in the field;

- Insufficient number of CHWs in the health areas;

- The cases that are complicated to refer are not referred because the patients have difficulties to go to the health facilities (financial and socio-cultural barriers, area managers do not adhere, counter-referrals do not pass on the information);

- Insufficient supplies to health facilities.

MAIN RESULTS

Difficulties encountered in the implementation of NFM3

Prevention Challenges

- Poor planning of Long Lasting Insecticide-Treated Nets (LLINs) distribution activities, which results in a layout based on the proximity of the distribution locations;

- The use of LLINs for other purposes (fishing, crop protection, etc.);

- Late distribution of LLINs in some geographic areas, while the vector agent has spread due to funding shortfalls;

- The non-use of impregnated mosquito nets by the communities because they are suffocating inside;

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MAIN RESULTS

Difficulties encountered in the implementation of NFM3

Prevention Challenges

- Commercial use of nets (some people sell nets for food because of food insecurity in their area)

- Lack of routine insecticide-treated nets (some populations use untreated nets because they do not have access to LLINs);

- Low involvement of civil society in awareness-raising and distribution activities;

- Lack of communication materials addressed to populations with specific vulnerabilities (hearing and visual handicaps, etc.);

- Problem of coordination in the distribution of LLINs, and very limited and untargeted preventive communication.

MAIN RESULTS

Difficulties encountered in the implementation of NFM3

Difficulties/Challenges in care

- Free care for children under 5 and women with disabilities is not systematic;

- Constantly running out of drugs, leading patients to buy, thus breaking the applicability of free drugs;

- Lack of knowledge on the part of patients about free treatment of uncomplicated malaria, due to communication that does not reach the targets;

- Unsatisfactory RDT;

- Access to medicines is difficult in some remote or isolated areas;

Difficulties encountered in the implementation of NFM3

Difficulties/Challenges in care

- Fee-based IPT in some private health facilities;

- The problem of self-medication without testing;

- Counterfeit drugs;

- The input supply circuit has problems (CENAME sometimes has inputs that do not always reach the health facilities, or that expire before reaching the CSA);

- Lack of control of available stocks

- The lack of inputs at the National Supply Centre for Essential Medicines and Medical Consumables (CENAME).

MAIN RESULTS

Best practices in NFM3 implementation

Best practices observed in general

- Establishment of Community Malaria Vigilance and Surveillance Committees;

- Support and capacity building of CSOs by Impact Santé Afrique (ISA) through the CS4ME network;

- Networking and good collaboration of CSOs;

- Establishment of community observatories to coordinate malaria vigilance and surveillance committees;

- Recruitment of Community Health Workers.

MAIN RESULTS

Best practices in NFM3 implementation

Best practices in prevention

- The strategy for door-to-door distribution of LLINs to households ;

- The distribution of impregnated mosquito nets outside of formal periodic campaigns or during mass distributions;

- Taking into account the priority needs of the populations affected by the previous distributions;

- Integration of CS into community distribution and communication activities.

MAIN RESULTS

Best practices in NFM3 implementation

Best practices in care

- The drugs are distributed in households at risk of malaria by community health workers and in case of complications refer the patient to a center with a better technical platform;

- The establishment of community wholesalers to supply CHWs with medicines in the field and to overcome the problem of drug shortages;

- Establishment of community sites for the immediate care of children and pregnant women.

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MAIN RESULTS

Recommendations for NFM4

General recommendations

- Accelerate the process of formalizing the status of the community health worker;

- Review all normative documents in countries to take into account the community in the fight against malaria;

- Allocate a substantial budget to communication in the National Malaria Control Program (NMCP);

- CCMs need to organize and develop more effective community health systems;

- Increase institutional and technical assistance to CSOs in community monitoring and surveillance;

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CIVIL SOCIETY FOR MALARIA ELIMINATION

MAIN RESULTS

Recommendations for NFM4

General recommendations

- Pooling community-based interventions and establishing good collaboration between CSOs fighting malaria, TB and HIV;

- Review the funding mechanism, granting ¾ of the implementation budget directly to CSOs working at the grassroots;

- Popularizing the understanding of community integration;

- Establish a community-based mechanism under the leadership of civil society to encourage and motivate women to systematically go to prenatal consultations to prevent malaria because early diagnosis and prompt treatment can prevent the disease from becoming fatal;

MAIN RESULTS

Recommendations for NFM4

General recommendations

- Build the capacity of DCSOs to use DHIS2 and access this platform to be able to enter community data directly to avoid inconsistencies;
- Establish CSOs at the national level as Principal Recipients of Global Fund grants;
- Increase collaboration between civil society and malaria control programs;
- CSA input orders should be kept separate from facility orders;

- Follow up on the improvement of the input supply chain through advocacy;

- Identify barriers in the input supply chain.

Recommendations for NFM4

Recommendations for prevention

- Intensify the distribution of insecticide-treated nets to ensure universal coverage;

- Implementing inclusive communication in communication strategies to accommodate visual and hearing impairments;

- Switch to large-scale indoor and outdoor insecticide spraying;

- Implement last mile social and behavior change activities to promote correct and consistent use of nets;

- Increase the involvement of CSOs in awareness-raising activities and distribution of LLINs;

Recommendations for NFM4

Recommendations for prevention

- Make behavior change campaigns permanent;

- Meet deadlines at all levels of implementation to facilitate financial releases and data quality;

- Train data entry operators in OSCDs;

- Ensure distribution of LLINs to all areas of the country and to all households;

Recommendations for NFM4

Recommendations for prevention

- Integration of CS at all levels, in communication and preventive awareness actions

- Support CSOs, CBOs financially and materially in awareness campaigns,

- Accentuate the disinfection of the environment, households with appropriate products ;

- Direct communication to rural areas by involving traditional authorities.

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MAIN RESULTS

Recommendations for NFM4

Recommendations for management

- Ensure the effectiveness of free malaria treatment for vulnerable people (the elderly, prisoners, orphans, children under 5, pregnant women and people living in remote areas);

- Involve civil society organizations and community-based organizations more in the entire process of implementing malaria projects;

- Launch SPC earlier in the year;

- Implement mechanisms to prevent drug shortages and expiry;

Recommendations for NFM4

Recommendations for management

- Set up listening cells, with focal points in the health structures that receive the medicines and create a mechanism that brings CSOs closer to the focal points;

- Entrust access to medicines, free medicines for children under 5 years of age, care for pregnant women to CSOs and CBOs for real efficiency;

- Provide for the recruitment of medical delegates to facilitate the supply of drugs to health facilities and various supply points in a timely manner;

MAIN RESULTS

Recommendations for NFM4

Recommendations for management

- To multiply the pleas on the political level to activate definitively the counterparty foreseen at the level of the customs clearance of the pharmaceutical products;

- Anticipate the replenishment of medication stock;

- Supply basic health centers directly without going through the health district.

Questions/Answers

Closing remarks

Tumaniel Mangi

Health for Children Organization Global
CS4ME Steering Committee member

THANK YOU ALL
WE LOOK FORWARD TO WORK WITH ALL OF YOU
www.cs4me.org
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