



MALARIA TRAINING

MASTER MALARIA TRAINING

ENSURING MEANINGFUL  
CONTRIBUTION OF MALARIA  
AFFECTED COMMUNITIES IN  
GLOBAL FUND MALARIA  
CONCEPT NOTES - GRANT  
CYCLE 7 (GC7)

For all Malaria CCMs Representatives  
and Malaria CSOs in Country.



FRIDAY, FEBRUARY 17<sup>TH</sup>, 2023



10:00 AM-1:00 PM  
(Geneva Time)

Please [register now here](#)

Open to all.

## Uniting Civil Society and Communities to achieve malaria elimination

We unite civil society and communities to achieve malaria elimination.

To date, we have **more than 600 CSOs in 48 countries in Africa and South Asia.**

### Our Vision

A world free from Malaria

### Our Mission

- Make malaria programmes and interventions more effective, equitable, innovative, inclusive of civil society, communities based, humans rights-based, gender-sensitive and adequately funded.

### How?

- Connect CSOs into a single global platform;
- Encourage south to south collaboration Increase knowledge and information sharing on malaria strategies and new findings
- Strengthen capacities of CSOs and provide trainings
- Promote involvement of CSOs in decision making spaces at all levels
- Reinforce the sense of urgency to eliminate malaria and collect local voices
- Advocate for sufficient malaria \$ and allocations for CSOs and communities led interventions
- Promote universal access to existing tools and demand new innovative tools
- Keep our leaders and ourselves accountable!



# AGENDA

TIME (GMT)	KEY POINTS	SPEAKERS
09:00 am - 09:05am	<b>Welcome and Introduction</b>	Impact Santé Afrique CS4ME Secretariat
09:05 am - 09:15 am	<i>Round table CS4ME members engaged in GC7!</i>	ACOMIN, Nigeria ESCAVI, Niger Impact Santé Afrique, Cameroon
09:15 am - 09:45 am	<b>Session 1: Malaria program essentials and new Global Fund technical brief: what CSOs should know</b>	Human Rights team, Global Fund
09:45 am - 10:00 am	<b>Session 2: Understanding minimum community engagement expectations and the new mandatory CSO Priority annex</b>	<b>Annabelle Metzner</b>  Community Engagement Strategic Initiative (CE SI) / Global Fund
10:00 am - 10:15 am	<b>Session3: You can receive FREE technical assistance as CSOs - here is how</b>	<b>Annabelle Metzner</b>  Community Engagement Strategic Initiative (CE SI) / Global Fund
10:15 am - 10:30 am	<b>Open Discussion</b>	All participants
10:30 am - 10:45 am	<b>HEALTHY BREAK</b>	All

# AGENDA



TIME (GMT)	KEY POINTS	SPEAKERS
10:45 am - 11:30 am	<b><u>Session 5:</u></b> How can we effectively include key communities' interventions in the malaria GC7 process?	<b>Alexandra Phaëton</b> Advocacy Expert
11:30 am - 11:55 am	<b>Open Discussion</b>	All participants
11:55 am - 12:00 pm	Closing remarks and next steps	Impact Santé Afrique CS4ME Secretariat





# Housekeeping rules for the webinar today



# Please note conditions to be participant / Conditions pour être participant :



It is important for each participant to be aware of the conditions of participation

*Il est important que chaque participant prenne connaissance des conditions de participation:*

- **Make sure you have a good internet connection.**

**Assurez-vous d'avoir une bonne connexion internet.**

- **Settle down in a quiet place during the webinar.**

**Installez-vous dans un endroit calme pendant le webinaire.**

- **Please when connecting, click on the channel to choose the language and mute the original audio to get the chosen language.**

**Lors de la connexion, cliquez sur le canal pour choisir la langue et coupez le son original pour obtenir la langue choisie.**

- **The webinar is recorded, by staying connected, you give us your consent to be recorded. /**

**Le webinaire est enregistré, en restant connecté, vous nous donnez votre accord d'être enregistré.**

- **As soon as you enter the webinar, confirm your presence by entering your name, organization name and country in the chat box.**

**Dès que vous entrez dans le webinaire, confirmez votre présence en saisissant votre nom, le nom de votre organisation et votre pays dans le champ de discussion.**

# Please note conditions to be participant / Conditions pour être participant :



- Please respect the speakers and panelist time, by being attentive during the webinar.

**Veillez respecter le temps des intervenants et des panélistes, en étant attentif pendant le webinaire.**

- Please be respectful of everyone opinion and differences.

**Veillez respecter les opinions et les différences de chacun.**

- During the webinar, kindly write your questions at any point in the Q&A box and please specify to whom each question is addressed to.

**Pendant le webinaire, écrivez vos questions à tout moment dans la boîte de questions-réponses et précisez à qui s'adresse chaque question.**

- All questions will be answered by the speakers and panelists.

**Toutes les questions seront répondues par les orateurs et les panélistes.**

- Please, each speaker should speak slowly for the interpreters to translate.

**S'il vous plaît, chaque orateur doit parler lentement pour que les interprètes puissent traduire.**

We look forward to have a productive session!

Nous nous réjouissons d'avoir une session productive !





# Welcome and Introduction

**Olivia Ngou**

CS4ME Secretariat





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# **COTONOU CIVIL SOCIETY DECLARATION ON COMMUNITY ENGAGEMENT IN THE GLOBAL FUND GC7 PROCESS**

## Forum sur l'Engagement Communautaire à Cotonou au Bénin :

### Appel de la Société Civile et des Communautés d'Afrique Francophone dans le cadre du processus GC7 Fonds mondial

Réunis à Cotonou au Bénin, lors du **Forum Régional sur l'engagement de la société civile et des communautés d'Afrique francophone au cours du cycle de subvention 7 (GC7) du Fonds mondial tenu du 25 au 27 janvier 2023**, les acteurs de la Société Civile du Bénin, du Burkina Faso, du Burundi, du Cameroun, de la Côte d'Ivoire, du Gabon, du Congo Brazzaville, de la Guinée, du Mali, du Madagascar, du Niger, du Sénégal, du Tchad, du Togo, de la République Centrafricaine, de la République Démocratique du Congo et du Rwanda ont mis à profit ce cadre de rencontre pour adresser un Appel dont la teneur suit :

**NOUS, Acteurs de la Société Civile de l'Afrique Francophone,**

**REAFIRMONS** notre ferme adhésion à la Stratégie Fond mondial (2023-2028), dont les grandes orientations reconnaissent explicitement le rôle que le partenariat avec la Société Civile notamment, peut et doit jouer dans la préparation et la riposte aux pandémies, compte tenu des impacts des celles-ci sur les communautés vulnérables.

**FELICITONS** les engagements des Bailleurs de Fonds et les Gouvernements africains qui mobilisent des ressources pour soutenir nos pays afin de sauver des millions des vies, d'éviter que des millions de nouvelles personnes soient infectées par les maladies et de renforcer nos systèmes de santé.

**REJOUISSONS** des résultats forts appréciables enregistrés dans nos pays **en matière de l'Engagement Communautaire dans la lutte contre les maladies** particulièrement le VIH/Sida, le paludisme et la tuberculose dont entres autres **i) la forte implication de la société civile et des communautés dans les processus de définition et de la mise en œuvre des interventions de lutte contre ces maladies, ii) l'existence des assistances techniques orientées sur l'engagement communautaire, le droits humains et le genre, iii) le renforcement de la participation des femmes et des**

## 2. EN TERMES D'INTERVENTIONS PRIORITAIRES A INTEGRER DANS LES NOTES CONCEPTUELLES :

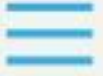
- La prise en compte systématique des droits humains, du genre, de l'équité et de la sécurité/sureté dans toutes les interventions retenues dans les demandes des subventions ;
- La délégation des tâches dans la prise en charge des maladies ;
- Des actions visant à réduire les obstacles d'accès aux soins de santé ;
- La couverture adéquate des enfants, des filles et des femmes ;
- L'affectation des ressources spécifiques au renforcement de Suivi dirigé par la Communauté ;
- L'Appui institutionnel au renforcement de coordination des acteurs de la Société Civile.

## 3. EN TERMES DE MECANISME DE GESTION ET DE MISE EN ŒUVRE :

- La rémunération adéquate de tous les acteurs communautaires (relais communautaire, Agents de Santé Communautaires, pairs éducateurs...) ;
- Un leadership plus accru des acteurs locaux y compris les population clés dans la mise en œuvre en tant bénéficiaires et sous bénéficiaires ;
- L'octroi des frais de gestion adéquat et proportionnel à la charge des interventions aux acteurs locaux de mise en œuvre ;
- Les services de sécurité et de santé mentale au profit de tous les acteurs de mise en œuvre.

*Fait à Cotonou le 27 janvier 2023*

*Les acteurs de la Société Civile du Bénin, du Burkina Faso, du Burundi, du Cameroun, de la Côte d'Ivoire, du Gabon, du Congo Brazzaville, de la Guinée, du Mali, du Madagascar, du Niger, du Sénégal, du Tchad, du Togo, de la République Centrafricaine, de la République Démocratique du Congo et du Rwanda.*



# Round table CS4ME members engaged in GC7!

- Nigeria
- Niger
- Cameroon



# Meaningful Engagement of CSOs in GC7 Global Fund Malaria Funding Request



# ACOMIN's involvement at National Level so far: Representing CSOs and Communities.



- **Country Dialogue:** ACOMIN participated in a 5-day country dialogue on GC7 malaria funding request, where we made a presentation on domestic resources mobilized by communities through CLM being implemented in the current grant.
- **Inauguration of GC7 Malaria Core writing team:** ACOMIN was nominated and 2 representatives of ACOMIN inaugurated into the core writing team
- **Global Fund Implementers meeting:** ACOMIN participated in an implementers meeting hosted by the CCM and the Global Fund Country Team for the GC7, where the GC7 priorities and split was shared with partners.

# ACOMIN's involvement at National Level so far: Representing CSOs and Communities.



- **Development of draft funding request for malaria:** ACOMIN participated in a 10-day writing meeting to develop the draft funding request, where ACOMIN provided guidance for and wrote the community components of the request.
- **Inauguration of GC7 RSSH Core writing team:** ACOMIN was nominated and 2 representatives inaugurated into the core writing team.
- **Drafting of draft GC7 RSSH funding request:** ACOMIN is currently participating in a 5-day writing meeting to develop the draft and are providing inputs for the CSS component of the funding request.




# CSOs & Community Engagement so far...

***In the bid to have an inclusive contribution of the malaria constituency into the GC7 malaria funding request, ACOMIN has carried out robust CBOs and community engagements.***

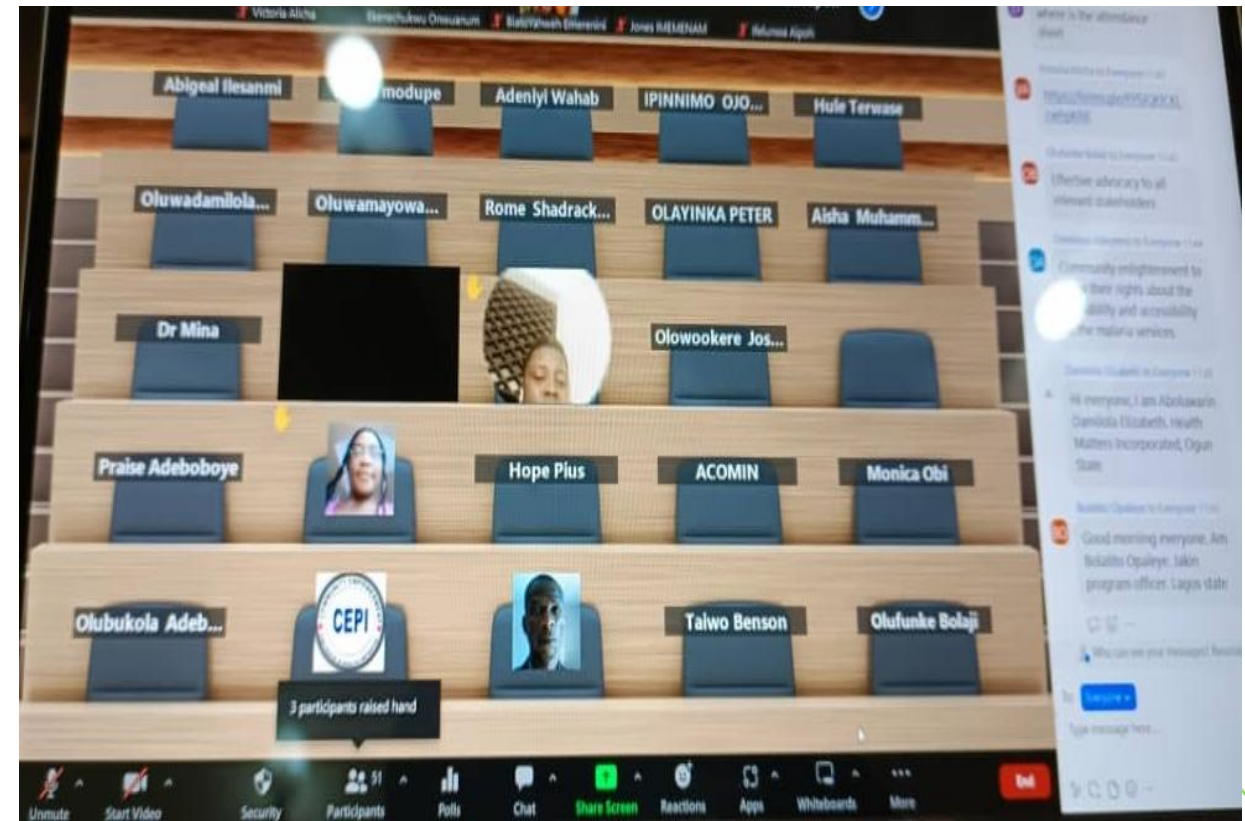
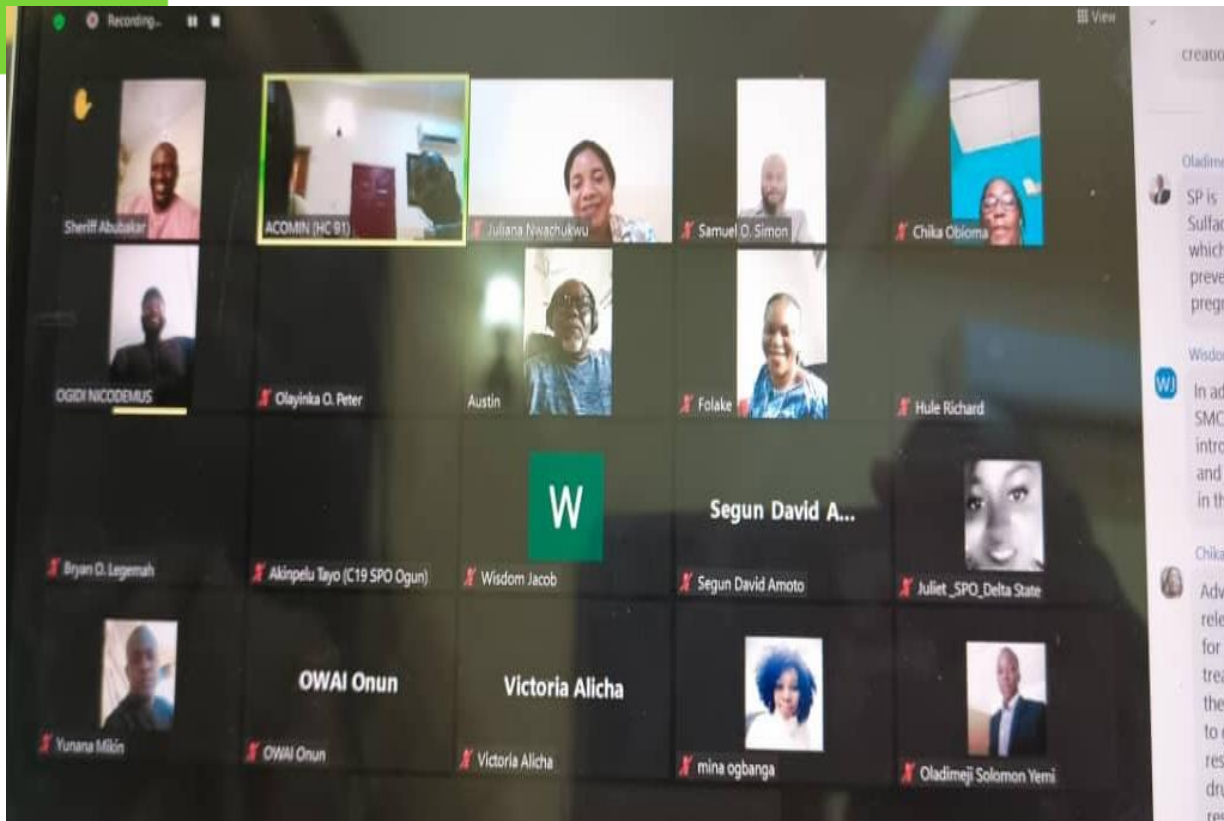
- **Community Consultation for malaria:** With support from CS4ME, ACOMIN has carried out various levels of community consultations for the GC7 funding request with the following details:
  - **Scope:** At National and sub-National (Zonal and State and community) levels
  - **Population:** 289 persons (4 National malaria stakeholders, 14 CBO leaders (Zonal & States), 22 Malaria State Program Officers, 249 community stakeholders)
  - **Strategies:** Consultations using i. Key Informant Interviews(KII), ii. Virtual community meetings and iii. Virtual Focus Group Discussions(FGD)
- **Prioritization of community interventions for malaria:** This is being drawn out from the malaria country dialogue and community consultations from which priorities are continually being written into the draft funding request.

# Key to CSOs getting on board the Country Funding Request Processes

- CSOs to form a coordinated CSO body which is truly a representative of the CSOs and communities and thus presents a common front as the voice of the CSOs and communities as required.
  - CSOs or CSOs coordinating body (Network) should work in partnership with their country disease programs and get recognized as representatives of CSOs and communities, this will ensure their involvement in all country processes including GF funding request processes.
  - CSOs or CSOs coordinating body to identify representatives of CSOs on their country's CCM and work closely with them to ensure CSOs get involved in the funding request processes.
- 



# Malaria Community Consultations



**Virtual FGD with Malaria State Program Officers**

**Virtual FGD with community leaders and stakeholders in the South west zone.**



**CSOs participation in GC7 GF malaria funding request writing meeting**





***Thank you!***



**« Ensuring a meaningful contribution from malaria-affected communities to the GC7 process»**

**Progress of activities in Niger**

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# Active participation in the NSP review and development of the new NSP

**A picture of the working group developing the new malaria NSP, Community activities component:**

- **ESCAVI representative: Group reporter and member of the team of general reporters**



# Réunion de concertation pour harmoniser les visions des acteurs

## A view of the CCM Niger meeting room:

- Consultation meeting to harmonise the visions of the Malaria & HIV programs, the Community Health Department (HSS) and Civil Society on the major orientations of community activities GC7



# Engagement plan for CSOs and communities affected by malaria

- **Step 1:** Meeting to share the main orientations of the new malaria NSP;
- **Step 2:** Organisation of the participation of CSOs and communities affected by malaria in the GC7 process: identification of representatives, terms of reference, orientation meetings, WhatsApp alert group;
- **Step 3:** Influencing actions (formal and informal meetings);
- **Step 4:** Formally obtain the right to monitor the entire process on a regular basis until the end (via the CCM).

# Activities carried out

Period	Activities
January 2023	<ul style="list-style-type: none"><li>- Participation in the review of the NSP and development of the new malaria NSP in Dosso;</li><li>- Participation in country dialogue workshops (regional and central)</li></ul>
February 2023	<ul style="list-style-type: none"><li>- Information-sharing meeting with CSOs: modular framework, conclusion of country dialogue, expectations of affected communities;</li><li>- Meeting with PSN community consultants and concept note (dinner, office, corridor discussions, etc.);</li><li>- Meeting of the ICI/ESCAVI Platform and Malaria Coordinator on the expectations of CSOs and affected communities</li><li>- Consultation meeting with the Malaria, HIV and Community Health Coordinators and CSOs;</li><li>- Designation of CSO representatives for the malaria note writing process.</li></ul>



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**Thank you for your  
kind attention!**



# OVERVIEW OF MALARIA CIVIL SOCIETY ACTIVITIES IN THE GLOBAL FUND GC7 PROCESS



# ISA REGIONAL ACTIVITIES



- Coordinates at the regional level, activities of the Malaria CSO in 9 countries engaged in the development of the Global Fund Malaria Country Concept Notes - GC7 in 2023 (**Benin, Cameroon, Congo (Brazzaville), Ivory Coast, Madagascar, Niger, Nigeria, DRC and Senegal**);
- Disseminate information's on GC7 process from Global Fund and other partners to CSOs;
- Technical assistance provided to CSOs engaged in the GC7 process;
- Develop tools in French and English for malaria CSOs to strengthen the Civil Society engagement in the GC7 process.

# REGIONAL COORDINATION MEETING WITH MALARIA CSOs



The screenshot displays a Zoom meeting interface with the following elements:

- Participant Grid:** A grid of video thumbnails for participants: PREMIER-FRANCK, Pascal Fouda, Fidèle BEMADOU (highlighted), Takaléa Gisèle, Aissitou Iopy MBAYE, Kevin Yabet, Harou Moussa, iPhone, Rachel NDAYA KALANDA G3 RDC, Fatima Kolo, Babacar Thiam, and KOTOKO Fabrice, Bénin (two instances).
- Control Bar:** Located at the bottom, it includes icons for microphone, video, participants (13), screen sharing, chat (2), closed captions, reactions, settings, and a 'Quitter' button.
- System Tray:** At the very bottom, it shows the Windows taskbar with the search bar, taskbar icons, and system information: 31°C Mostly sunny, 17:11, 23/01/2023, and language settings (FRA FR).
- Right Sidebar:** Contains a search bar, a grid icon labeled 'Afficher', and various utility icons.
- Logo:** The CS4ME logo (Malaria Society for Malaria Elimination) is visible in the bottom right corner.

# ISA ACTIVITIES IN CAMEROON



- Participation in the **workshop to review the national strategic plan for malaria control in Cameroon;**
- Participation in the **Global Fund mission meeting with the drafting committee of the GC7 funding request in Cameroon;** 



# ISA ACTIVITIES IN CAMEROON



- Establishment of the **CSO Malaria Working Group** to support the development of the **Cameroon Malaria Country Concept Note**;
- Collected and synthesized data from community consultation reports conducted during NFM3.



# How can we engage CSOs and malaria-affected communities in the GC7 process?



- **Build the capacity of CSOs and malaria-affected communities on the Global Fund GC7** process to strengthen their role in the Global Fund GC7 process;
- **Increase the involvement of CSOs and malaria-affected communities** in the development of Global Fund GC7 country concept notes;
- Identify with communities **the priority needs of populations vulnerable to malaria**;
- Conduct effective advocacy for the inclusion of priority needs of malaria-vulnerable populations in the Global Fund GC7 country concept note;
- Conduct a proximity follow up at the concept note drafting committee level to **ensure that activities proposed by civil society and malaria-affected communities have been taken into account in the concept note.**

Thank  
You!







# Session 1: Malaria program essentials and new Global Fund technical brief: what CSOs should know!



# **Focusing on Equity, Human Rights and Gender Equality (EHRGE) in Malaria Programs for GC7**

17 February 2023



# Equity, Human Rights and Gender Equality

## 2023-2025 Allocation Period – What is Expected?

Intensified action to address inequities, human rights- and gender-related barriers

A stronger role and voice for communities affected by malaria

Stronger community systems for delivery of integrated, people-centered services

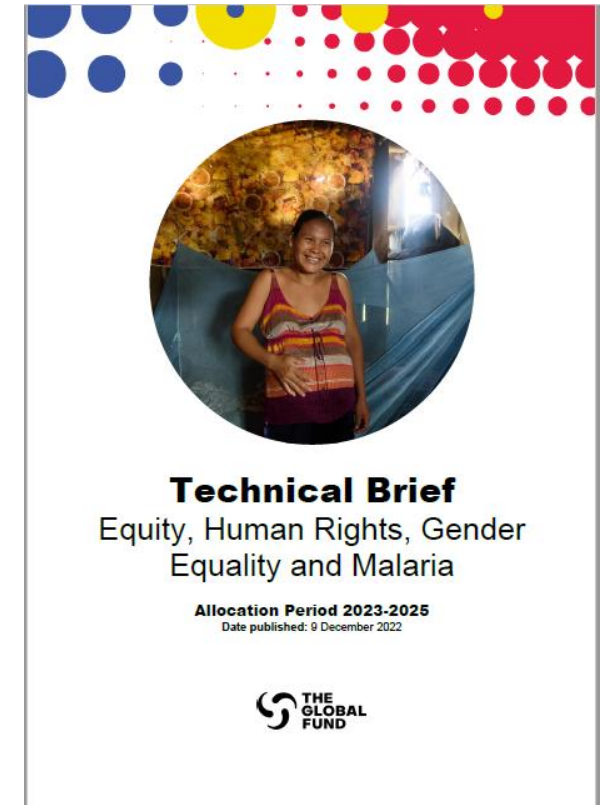
- In the [2023-2028 Strategy](#), the Global Fund committed to supporting scale-up of comprehensive programs and approaches to remove equity- human rights- and gender-related barriers.
- **As a new ‘Program Essential’**, applicants must ensure that **sub-nationally tailored** planning **considers equity- human rights-, gender-related barriers**, and the important sociocultural, economic and political factors influencing risk, access and engagement with health services.
- Applicants will be required to describe how programs will **maximize health equity, human rights and gender equality**, and the **engagement and leadership of the most affected communities**, to be reviewed by the TRP.
- Funding Requests should be informed by **human rights and gender assessments**, and reports should be attached to the Funding Request as annexes. If recent assessments are not available, applicants should undertake an assessment using the **Malaria Matchbox** or similar tools now, or as a foundational activity in GC7.
- Minimum expectations for community engagement include ensuring a **transparent and inclusive consultation process with populations most impacted by malaria** and **timely access to information** during grant making and implementation.

# Equity, Human Rights and Gender Equality

## Technical Brief

In order to reach the global malaria targets and end the epidemic, countries will need to scale-up sub-nationally tailored programming, reduce inequities in access to services and health outcomes, and significantly expand coverage of comprehensive programs to remove equity-, human rights- and gender-related barriers. Programs to address barriers include:

1. Reducing gender-related discrimination and harmful gender norms
2. Promoting meaningful participation of affected populations
3. Strengthening community systems for participation
4. Monitoring and reforming laws, policies and practices
5. Improving access to quality services for underserved populations

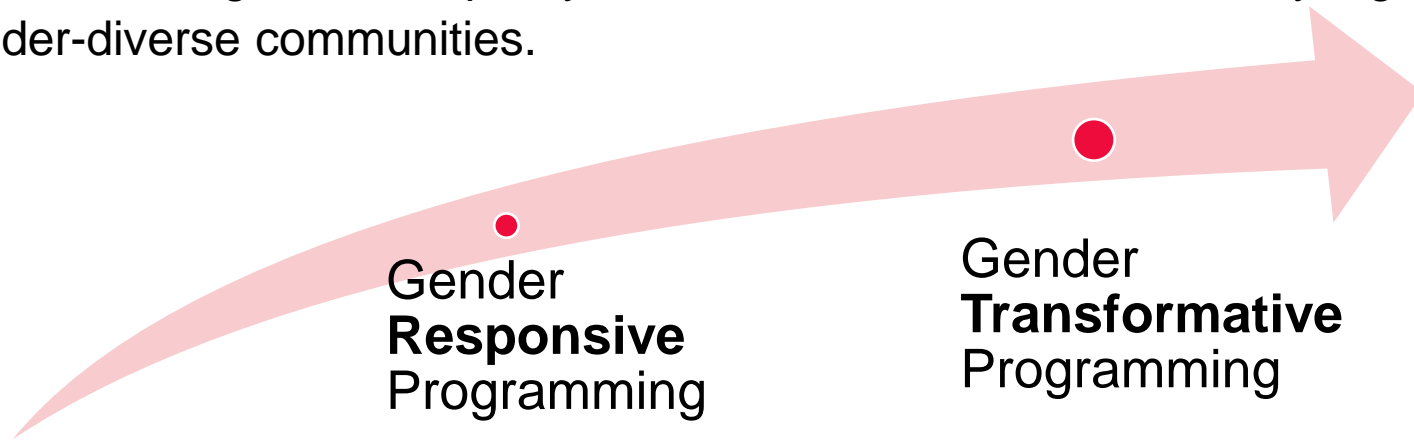


[English](#)  
[Français](#)

# Equity, Human Rights and Gender Equality

## Reducing gender-related discrimination and harmful gender norms

Inequality and discrimination based on sex and gender identity influence an individual's access, engagement and experience with health services. The forms and effects of gender inequality are different for men, women, boys, girls and gender-diverse communities.



### Gender Responsive Programming

Gender norms, roles, relations and power dynamics have been considered, and programs are tailored to ensure that everyone is reached with quality services

### Gender Transformative Programming

Gender norms, roles, relations, and power dynamics have been considered, and programs take concrete actions to address underlying factors and change them as part of delivering quality services.



[English](#)

Français – coming soon

# Equity, Human Rights and Gender Equality

## Promoting meaningful participation of affected populations

Meaningful participation of communities and CS across the whole grant life cycle is critical. Communities are often best positioned identify barriers to services, and also guide and implement programs and interventions that are responsive to their diverse and changing needs. Examples of meaningful participation include:

- **CCM representation:** Applicants should demonstrate community engagement on their CCMs, which should be through inclusion of CCM members who represent targeted communities.
- **Engagement in throughout the grant lifecycle:** Minimum expectations for community engagement, including the Funding Priorities for CS and Communities Annex – presented during Session 2
- **Decentralized program management and service delivery:** Moving decision-making closer to the users of health services. Feedback loops that go from communities, through local health units, to national-level policy making and back to communities can support this process.
- **Alternative, community-centered delivery pathways:** CHWs, including volunteers and private providers, are in a unique position to facilitate community engagement strategies
- **Well designed SBCC strategies:** SBCC and community engagement are mutually supportive processes. Responsive and accessible SBCC facilitates bi-directional dialogue, participation and engagement among stakeholders



### Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria

Date Published: 31 July 2022

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund. This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with maximum 20 items may be submitted.

Country			
Component(s) <sup>1</sup>			
Civil Society Representative(s)			
Description of recommended intervention and expected impact or outcome <sup>2</sup>	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No	
<i>(Add rows as needed)</i>			

List of civil society organizations and constituencies consulted and represented in the development of this list.

Organization, Constituency and Email
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<sup>1</sup> For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund).  
<sup>2</sup> If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented.  
<sup>3</sup> If possible, interventions should be listed in priority order with estimated cost.

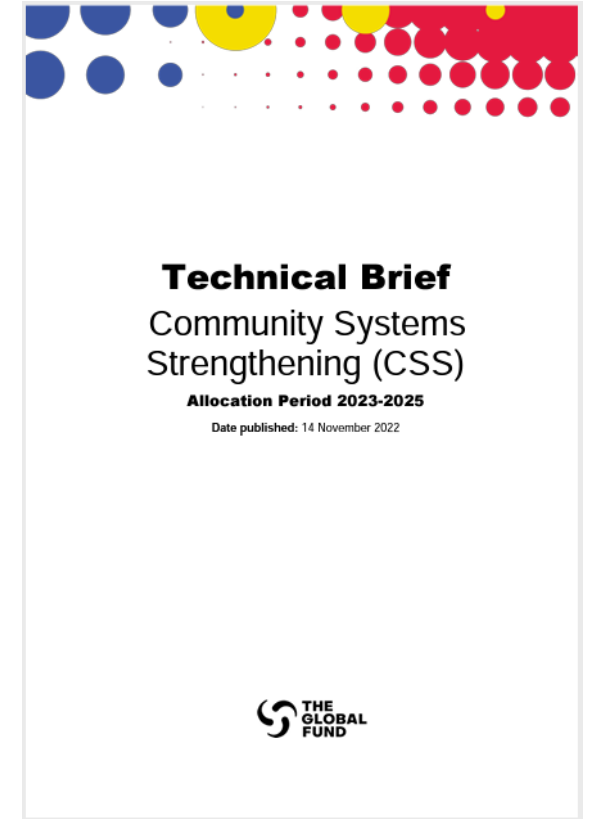
English  
Español  
Français

# Equity, Human Rights and Gender Equality

## Strengthening community systems for participation

In the 2023-2025 funding cycle, the Global Fund prioritizes funding for four interventions of community systems strengthening:

- **Community-led monitoring:** independent accountability mechanisms designed, led, and implemented by local community organizations that work closely with affected populations to improve availability, accessibility, responsiveness and quality of services.
- **Community-led research and advocacy:** activities to inform and support advocacy designed and led by community organizations, networks, and civil society actors, especially advocacy led by populations most affected by malaria and underserved by malaria services.
- **Capacity building and leadership development:** activities that support the establishment, strengthening, and sustainability of community-led organizations to provide and improve health services and other programming to address malaria.
- **Community engagement, linkages and coordination:** Activities to create an interlinked and coordinated system of community-based and community-led programs and services that engage, inform, and deliver services to all affected populations.



[English](#)  
[Español](#)  
[Français](#)

# Equity, Human Rights and Gender Equality

## Monitoring and reforming laws, policies and practices

In the context of health care, poorly designed or harmful laws, policies and practices impede effective responses, as does a lack of enforcement of effective laws and policies.

Countries should identify, remove or amend laws, policies and practices that may prevent or delay access to malaria services as well as develop laws, policies and practices that advocate for non-discrimination and for improving access to quality services.

Applicants should evaluate and document whether a policy environment exists that guarantees inclusivity of all, including people of all genders, undocumented migrants, refugees, the poor, socially disadvantaged, persons with disabilities, prisoners and other legally and geographically marginalized persons, and whether the laws governing availability and use of data enables timely and responsive subnational tailoring of malaria programs.

Examples of areas to strengthen, amend or enforce include:

Policies and practices on informed consent and confidentiality

Policies preventing bribes, and unexpected or prohibitively higher user fees

Policies that currently prohibit the use of RDT by non-medical personnel, or limiting use to government staff only.

Underfunded health systems and high out-of-pocket costs deterring people from accessing healthcare, or causing catastrophic costs to service users.

Policies allowing for discriminatory treatment including exclusion from the health system, particularly for migrants, mobile and other undocumented populations.

Laws requiring health care providers to report certain groups to law enforcement.

Laws and policies limiting access to sexual and reproductive health services for adolescents and young women, and other spousal consent laws



# Equity, Human Rights and Gender Equality

## Improving access to quality services for underserved populations

- Although malaria prevention and treatment interventions have been scaled up, coverage gaps and inequities in access to services remain. These can be identified through disaggregated data, based on (for example) the following dimensions: age, sex, gender, place of residence, displacement status, economic status, nationality, ethnicity, disability, occupation and religion, or qualitative assessments like (for example) the [Malaria Matchbox](#)
- If a population is at risk of malaria, it is essential for programs to understand how equity-, human rights- and gender-related barriers affect their ability to access and utilize prevention, diagnosis and treatment of malaria, and how interventions will address their specific needs.
- Programs should design concrete, evidence-based programmatic changes or new interventions to address the identified barriers and inequalities with full participation of the disadvantaged groups, and make deliberate efforts to reach most marginalized

Populations	Potential equity-, human rights- or gender- barriers
<b>Potential high-risk populations</b> <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Infants</li> <li>• Children &lt;5 years of age</li> <li>• People living in remote areas</li> <li>• People living with HIV/AIDS</li> <li>• Non-immune groups</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural and gender norms or age of consent related barriers that may limit access to services</li> <li>• Literacy and language barriers</li> <li>• Negative attitudes and perceptions to ITNs</li> <li>• Limited access to ITNs, including access to distribution channels such as ANC</li> <li>• Limited use of ITNs</li> <li>• Limited access to accessible information</li> <li>• Limited knowledge on ITN benefits and subsequent use</li> <li>• Gender norms dictate who sleeps under ITNs</li> </ul>
<b>Potential underserved populations</b> <ul style="list-style-type: none"> <li>• Migrant, mobile or displaced populations</li> <li>• Travelers</li> <li>• People impacted by conflict</li> <li>• People living in remote areas</li> <li>• Women and children from poor settings</li> <li>• Undocumented workers</li> <li>• Indigenous and ethnic minority populations</li> <li>• Prisoners</li> <li>• Populations in complex emergencies</li> <li>• Persons with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Legal barriers</li> <li>• Physical, financial and security (real and perceived) barriers</li> <li>• Equity, human rights and gender-related barriers</li> <li>• Social and cultural barriers</li> <li>• Literacy and language barriers</li> <li>• Limited acceptance of male CHW, IRS sprayers, ITN or SMC distributor or SBCC information providers</li> <li>• Unavailability of household occupants thus households unavailable for interventions such as IRS.</li> <li>• Limited acceptance due occupation of sprayers e.g., government vs military v. community health worker.</li> <li>• Policies limiting access to prisons</li> </ul>



# Questions & Answers

# QUIZZ - Menti meter



In GC7, Funding Requests must ensure that sub-nationally tailored planning considers factors beyond malaria epidemiology such as equity, human rights, gender-related barriers, and the important sociocultural, economic and political factors influencing individual and population-level risk, and access and engagement with health services. (**True or False**)

*Dans le GC7, les demandes de financement doivent garantir que la planification adaptée à l'échelle communautaire prend en compte des facteurs autres que l'épidémiologie du paludisme, tels que l'équité, les droits de l'homme, les obstacles liés au genre et les facteurs socioculturels, économiques et politiques importants qui influencent le risque individuel et au niveau de la population, ainsi que l'accès et l'engagement dans les services de santé (**Vrai ou faux**)*

# QUIZZ - Menti meter



## What does EHRGE stand for? / *Que signifie EDHEG ?*

- Equity, Human Resources and General Equality / *Équité, ressources humaines et égalité générale*
- Equity in the Health Response and Gender Equality / *Équité dans la réponse sanitaire et égalité des sexes*
- Equity, Human Rights and Gender Equality / *Équité, droits de l'homme et égalité des sexes*
- Estimated Health Resources for Gender and Equity / *Estimation des ressources sanitaires pour le genre et l'équité*



# QUIZZ - Menti meter



**How many evidence-informed program areas are there for EHRGE and Malaria in the new technical brief? /**

***Combien de domaines de programme fondés sur des données probantes y a-t-il pour l'EDHEG et le paludisme dans le nouveau dossier technique ?***

- 1
- 2
- 3
- 4
- 5





# Session 2

## Understanding minimum community engagement expectations and the new mandatory CSO Priority annex



**Session3:**  
**You can receive FREE  
technical assistance  
as CSOs - here is how**





# Open Discussion







# **Session 5:**

## **How can we effectively include key communities' interventions in the malaria GC7 process?**



# Support Global Fund CS4ME

Pays	Nom des OSC Coordonnatrices	Point Focal de l'OSC
<b>Benin</b>	Association des Anciens Patients Tuberculeux du Bénin "ASSAP-TB/BENIN"	<b>Fêmi Tini Bernice ADJINDA / KOTOKO Mahugnon Fabrice</b>
<b>Congo (Brazzaville)</b>	Plateforme des ONG et Associations de lutte contre le Paludisme en République du Congo (POALP)	<b>KIPEMOSSO Premier Claude Franck</b>
<b>Côte d'Ivoire</b>	Plateforme des réseaux et faitières de lutte contre le VIH-sida, la tuberculose et le paludisme (La Plateforme)	<b>TAKALEA Gisèle Estelle Anastasié</b>
<b>Madagascar</b>	Action Socio-sanitaire Organisation Secours (ASOS)	<b>Dr RAKOTOMALALA Jean Claude Hamza DJIBO</b>
<b>Niger</b>	Education, Santé et Amélioration du Cadre de Vie (ESCAVI)	<b>Ayo IPINMOYE / Fatima KOLO</b>
<b>Nigéria</b>	Civil Society on Malaria, Immunization & Nutrition in NIGERIA (ACOMIN)	<b>Dr Rachel NDAYA KALANDA</b>
<b>République Démocratique du Congo (RDC)</b>	Réseau des Associations Congolaises des Jeunes (RACOJ)	<b>Aissatou MBAYE NDIAYE / Babacar THIAM</b>
<b>Sénégal</b>	Comité de Suivi, de Veille et d'Alerte pour le Financement de la Santé (CSVA)	



# OPEN DISCUSSION



# What are the next steps?



- ❑ What has worked well so far to engage in GC7?
- ❑ Which engagement bottlenecks do you anticipate or experience?
- ❑ how to address these? (Opportunities for CSOs to engage in GC7 processes in their countries)





# Closing remarks

**Olivia Ngou**

CS4ME Secretariat





**CS4ME**

CIVIL SOCIETY FOR MALARIA ELIMINATION

**THANK YOU ALL**  
WE LOOK FORWARD TO WORK WITH ALL OF YOU

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