

CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

RÉUNION DE RESTITUTION DU PROJET CS4ME :

Participation de la société civile
dans le Processus pays GC7
paludisme

CS4ME PROJECT RESTITUTION MEETING:

Civil Society participation in the GC7
malaria country process

Présentations par les pays membre de CS4ME :

Bénin, Cameroun, Congo Brazzaville,
Côte d'Ivoire, Madagascar, Niger,
Nigéria, RDC et Sénégal

Résultats, acquis et leçons apprises

Modération : Impact Santé Afrique

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09H00-12H00 GMT

FRIDAY,
SEPTEMBER 15, 2023
09:00-12:00 GMT



CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

THIS MEETING IS ORGANIZED BY
CETTE RÉUNION EST ORGANISÉE PAR 

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 - 09:05 am	Welcome	Impact Santé Afrique CS4ME Secretariat
09:05 am - 09:10 am	Introduction	Tumainiel Mangi CS4ME Steering Committee member
09:10 am - 09:20 am	CS4ME GC7 project presentation	Fidèle Bemadoum, ISA
09:20 am - 10:10 am	Session : Presentation of the activities and results of the CS4ME GC7 project (Country of the window 1 - Nigeria, Niger, Ivory Coast, Congo, DRC) <ul style="list-style-type: none">- Summary of activities conducted by CSOs- Summary of results obtained- List of activities included in the GC7 Malaria concept note- Lessons Learned / Recommendations- List of tools used to implement the activities	Fatima Kolo Hamza Djibo Gisèle Takalea Pasteur Premier Claude Kipemosso Dr Rachel Ndaya (CS4ME Members)
10:10 am - 10:30 am	Open Discussion	All participants

AGENDA

TIME (GMT)	KEY POINTS	SPEAKERS
10:30 am - 11:10 am	<p>Session : Presentation of the activities and results of the CS4ME GC7 project (Country of the window 2 - Benin, Cameroon, Madagascar & Senegal)</p> <ul style="list-style-type: none">- Summary of activities conducted by CSOs- Summary of results obtained- List of activities included in the GC7 Malaria concept note- Lessons Learned / Recommendations- List of tools used to implement the activities	<p>Fabrice Kotoko Sorelle Nguifo Dr Jean Claude Rakotomalala Babacar Thiam (CS4ME Members)</p>
11:10 am - 11:40 am	<p>Open Discussion</p>	<p>All participants</p>
11:40 am - 11:45 pm	<p>Closing remarks</p>	<p>Impact Santé Afrique CS4ME Secretariat</p>



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- 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.

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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

Olivia Ngou

CS4ME Secretariat





Introduction

Tumainiel Mangi

CS4ME Steering Committee member

The CS4ME logo, featuring the text "CS4ME" in a bold, sans-serif font. The "CS" is green, "4" is blue, and "ME" is green. The logo is set against a white background.

CS4ME



CS4ME GC7 project

By

Fidèle BEMADOUM



Introduction (1/3)



- The process of developing Grant Cycle 7 concept notes has begun in all countries receiving Global Fund grants.
- In 2022, the Global Fund notified countries (CCMs) of the need to develop and submit their **funding requests for the fight against malaria, HIV/AIDS and tuberculosis**, according to the timetable communicated to each country, by the deadline in 2023.

Introduction (2/3)



- The Global Fund, as part of the Capacity Building for Malaria Civil Society Organizations (CSOs) - CRG project, has supported CS4ME in allocating mini-grants to its members in eligible countries.
- 9 eligible countries: **Benin, Cameroon, Congo (Brazzaville), DRC, Ivory Coast, Madagascar, Niger, Nigeria and Senegal.**


Introduction (3/3)



- The call for applications was published to CS4ME members **on December 12, 2022.**
- The review of CSOs applications has been done by a **selection committee made up of Steering Committee members and volunteer CS4ME members.**
- The CS4ME members with the highest scores were subsequently published on **January 13, 2023.**

Support Global Fund CS4ME

Countries	CSOs Coordinators	Focal Point
Benin	Association des Anciens Patients Tuberculeux du Bénin "ASSAP-TB/BENIN"	Fêmi Tini Bernice ADJINDA / KOTOKO Mahugnon Fabrice
Cameroon	Impact Santé Afrique (ISA)	Fidèle BEMADOUM/ Pascal FOUDA
Congo (Brazzaville)	Plateforme des ONG et Associations de lutte contre le Paludisme en République du Congo (POALP)	KIPEMOSSO Premier Claude Franck
Ivory Coast	Plateforme des réseaux et faitières de lutte contre le VIH- sida, la tuberculose et le paludisme (La Plateforme)	TAKALEA Gisèle Estelle Anastasié
Madagascar	Action Socio-sanitaire Organisation Secours (ASOS)	Dr RAKOTOMALALA Jean Claude
Niger	Education, Santé et Amélioration du Cadre de Vie (ESCAVI)	Hamza DJIBO
Nigeria	Civil Society on Malaria, Immunization & Nutrition in NIGERIA (ACOMIN)	Ayo IPINMOYE / Fatima KOLO
DRC	Réseau des Associations Congolaises des Jeunes (RACOJ)	Dr Rachel NDAYA KALANDA
Senegal	Comité de Suivi, de Veille et d'Alerte pour le Financement de la Santé (CSVA)	Aissatou MBAYE NDIAYE / Babacar THIAM



General Objective



Improve the quality of malaria civil society contribution and participation in the development of Global Fund country concept notes - GC7 in 2023.

Expected results



- Malaria civil society actively participates in community consultations and national dialogue to present the priority needs of populations vulnerable to malaria.
- The priority needs of malaria-affected communities are identified and developed into eligible activities for the concept note.
- Advocacy is carried out to ensure that the priority needs of populations vulnerable to malaria are taken into account in the GC7 Global Fund country concept note.
- The tools developed by CS4ME are widely disseminated in the country to CSOs, ICN, PNLN and other actors involved in the development of the GC7 malaria grant.

Thank
You!





Meaningful Engagement of CSOs in GC7 Global Fund Malaria Funding Request

(Country of the window 1)



ACOMIN

Participation in GC7 Process in Nigeria

By
Fatima KOLO



Introduction



- **ACOMIN** is the civil society network representing civil society organizations and communities on malaria interventions in Nigeria.
- By its virtue, **ACOMIN** represents the malaria civil society and community constituency in the national malaria response, Global Fund country processes and on the CCM, including participating in developing country malaria programs for donor funding.
- Based on which ACOMIN was nominated and inaugurated into the core writing teams for both malaria and RSSH Funding requests, as representatives of civil society and community voices on malaria and community systems straightening.



Main activities carried out (1/2)

- **Consultations** from national to community levels to ensure inclusiveness of all relevant stakeholders in the GC7 process.
 - **ACOMIN** participated in the national consultations led by the national programs for:
 - I. Malaria
 - II. RSSH
 - **ACOMIN** facilitated constituency consultations for:
 - Malaria constituency with state leaders, CBOs, Malaria youth-led and Youth Focused organizations.
 - ACOMIN also supported consultations with the TB CSO constituency leaders, and religious leaders.



Main activities carried out (2/2)



- **Dissemination of community prioritized needs**
 - **ACOMIN** organized a 3 day national meeting, of National CSO leaders for the dissemination and endorsement of prioritized community needs from the constituency consultations conducted.
 - **ACOMIN** organized 1 day state meetings with CBOs across 23 states of the country with a fair coverage of all the geo-political zones to disseminate and endorse prioritized community needs for inclusion into the GC7 Funding Request.
- **Financial support for robust CSOs participation on RSSH grant writing**
- **GC7 process zonal update meetings**
 - This was done across the six geo-political zones of the country



Main results achieved (1/2)



▪ **GC7 Funding Request writing**

- **ACOMIN** participated in the writing of the malaria funding request (from zero draft to the final request submitted), provided inputs on the CSOs roles and developed the community components of the funding request based on the community priorities generated from the constituency consultations.
- **ACOMIN** along with representatives of the HIV and TB CSO networks participated in writing the RSSH funding request specifically focused on the Community System Strengthening (CSS) module, considering the priorities generated from the constituency consultations.

Main results achieved (2/2)



▪ Review of GC7 Funding Request

- **ACOMIN** was always at hand to promptly respond to all the comments generated from the TRP & GF reviews concerning the community components of the malaria as well as the RSSH Funding Requests.

▪ GC7 Grant making process

- **ACOMIN** was in full participation at both the grant making processes for malaria and RSSH, making presentations; justifying, reviewing and finalizing on all proposed activities and budgets in line with the GF guidance.
- **ACOMIN** is continuously providing inputs and responses for the community component where required as the grant making process continues.

Outcomes of Participation in GC7 Processes



All interventions proposed by were integrated into the country FR and has been given provisional approval by the Global Fund as follows:

Malaria

- Scale up of CLM coverage in 13 States to more LGAs (*from 8 LGAs to 10 LGAs/State*) and expand scope to include TB, HIV & GHR issues.
- Scale up the use of ICT for information gathering, analysis and decision making
- Mobilization of traditional and religious leadership, cultural and religious structures to assess and address GHR related barriers to health
- Data driven advocacy and follow-ups at community and State levels
- Media engagement for information sharing and advocacy at State and National levels

RSSH

- Development of CLM framework
- Review of CSS framework
- Institutional capacity strengthening of ATM CSO Networks
- Capacity building for CSOs

Lessons learnt & Recommendations

Lessons Learnt

- Harmonizes CSO groups working in close partnership with the National programs puts them at an advantageous position of providing inputs into National processes
- CSOs involvement in country processes particularly granting processes, gives the CSOs an unrestricted opportunity to include interventions that are most needed and suited for the community.

Recommendations

- CSOs should form networks, where they speak with a common voice and work in close partnership with National programs
- CSOs should be adequately funded to participate fully in country grant processes, where they can propose effective interventions for the community and population most affected.

Tools used



- CLM Guide for FRs (2022)
- Funding Priorities of Civil Society and Community most Affected by HIV, Tuberculosis and Malaria
- Proposed malaria interventions





National Malaria Consultation



Malaria FR writing workshop



National dissemination meeting



CSO budget Presentation @ grant making



Malaria grant making workshop



State dissemination meeting



Thank
You!



ESCAVI

Participation in the GC7 Process in Niger

By
Hamza DJIBO




PRESENTATION OF THE PLAN




- 1. MAIN ACTIVITIES CARRIED OUT DURING THE PROJECT IN NIGER;**
- 2. MAJOR RESULTS ACHIEVED IN NIGER;**
- 3. ACHIEVEMENTS OF THE PARTICIPATION OF ESCAVI AND THE MALARIA CIVIL SOCIETY DURING THE GC7 PROCESS IN NIGER;**
- 4. LESSONS LEARNT AND RECOMMENDATIONS;**
- 5. TOOLS USED, DEVELOPED AND/OR DISSEMINATED BY CS4ME DURING THE PROJECT.**



MAIN ACTIVITIES CARRIED OUT DURING THE PROJECT (1/2)

- **Meeting with CSOs** in Niger to present activities selected as part of the GC7 Niger Project on 15/02/2023: 21 CSO representatives including 7 women and 14 men;
 - **Meeting to identify CSO actors** who will take part in workshops to develop Malaria and RSSH concept notes on 17/02/2023 : 25 CSO representatives including 5 women and 20 men;
 - **Providing to CSOs and other actors** key documents on the GC7 process: GC7 Global Fund Modular Framework, CS4ME Guide to community monitoring of malaria control programs, CCM Road map for the concept note development process, list of priority comments from the country dialogue, the civil society advocacy document for the Super SR.
- 

MAIN ACTIVITIES CARRIED OUT DURING THE PROJECT (2/2)

- **Meeting to identify the priority needs** of CSOs and communities on 27/02/2023: 20 CSO representatives including 4 women and 16 men
 - **Workshop for key actors** to agree on the principle of appointing a Community Super SR from 11 to 12 March 2023: 57 participants including 10 women (CSO, CCM, PR, SR, TFP, MinSanté..)
 - **Workshop to review CSOs participation** in the GC7 Process in Niger on 24 June 2023: 47 participants including 11 women;
 - **Participation in all writing and negotiation workshops** throughout the GC7 process in Niger.
- 

MAIN RESULTS ACHIEVED IN NIGER

- 1) Most concerns and needs expressed by the CSOs were taken into account in the two concept notes (**Malaria 60% and RSSH 80%**).
- 2) Strong involvement of CSOs in defining key interventions in the fight against malaria (**About twenty CSOs in Niger were mobilized**)
- 3) Obtaining an agreement principle to appoint a Community super SR in the GC7 : **the recruitment process for the Super SR is currently ongoing.**
- 4) Supporting the extension of the OCASS Community Monitoring System in the GC7 RSSH (**extending to 100 OCASS data collection sites**);
- 5) Taking charge of the functioning of CSOs unitary framework (DES-ICI) in the RSSH note.



Malaria



1. Community malaria activities in relation to social and behavioural change

- ✓ Identification and dissemination of community initiatives geared towards behavioural change;
- ✓ Setting up village committees around a task force, and in a broader sense volunteer movements and other leading associations at operational level;
- ✓ Event-based communication through existing platforms: World Malaria Day, National Social Mobilization Week, Independence Day, traditional wrestling, cure salée, Hotoungo, etc.





2. Public support for high-impact key activities for malaria control, in particular SMC and LLIN campaigns

- ✓ Training journalists (print media, radios and television) and community radio presenters in the 8 regions of Niger on malaria;
- ✓ Training management committees (COGES) on the prevention and management of possible cases of rumours and refusal at the community level (vaccin, IPTp, SMC);
- ✓ Producing information and awareness-raising sketches on malaria control, focusing on going to health facilities in the event of signs of malaria;
- ✓ Setting up village committees to promote community involvement and best practice in the fight against malaria;
- ✓ Building the capacity of leaders/decision-makers (political, religious, traditional, women's and youth groups, CSOs) in the fight against malaria



RSSH



- 1) Draw up and endorse the strategic plan for the DES-ICI platform in Year 1 (recruitment of a consultant for 30 working days and a 3-day residential workshop for 25 participants);
- 2) Organize an annual coordination meeting of DES-ICI platform community actors and partners;
- 3) Produce and distribute a biannual digital and physical newsletter on community interventions (malaria, TB and HIV);
- 4) Organize quarterly meetings of the Community Health select committee: 1 day with 10 participants;
- 5) Organize capacity-building workshops for actors at all levels in Year 2 on community-led monitoring (CLM).



LESSONS LEARNT AND RECOMMENDATIONS

1. Anticipating the organization of community involvement in the GC7 process (setting up a participation organization committee) enables CSO actors to adapt to all eventualities: change of program, last-minute invitation to a workshop, etc.;
2. Setting up a mechanism to coordinate civil society participation is paramount to ensure the full participation of CSOs in Global Fund processes;
3. Involvement, ownership and leadership of CSO actors during the development of concept notes increases the influence of actors;
4. Working closely with consultants ensures that community priorities and CSO views are taken into account.



TOOLS USED, DEVELOPED AND/OR DISSEMINATED BY CS4ME

1. Modular framework GC7 Global Fund;
2. Cs4me community monitoring guide for malaria control;
3. CCM road map for the concept note development process;
4. Agendas of the various writing groups;
5. PSN documents;
6. Priority comments from the country dialogue;
7. Civil society's advocacy document for the Super SR.





Photos





Some photos of activities in Niger



Some photos of activities in Niger





**THANK YOU FOR YOUR
KIND ATTENTION**



NETWORK PLATFORM

Participation in the GC7 process in Côte d'Ivoire

By
Gisèle TAKALEA



BACKGROUND



- Community action is increasingly effective when the community is involved at all levels of action and decision-making in the fight against malaria.
- This involvement is fundamental in identifying and defining the priority needs of communities.
- From January to June 2023, a consortium led by the platform of networks and umbrella organizations in the fight against AIDS and other pandemics, with the support of the civil society platform for the elimination of malaria (CS4ME), participated in the development of the Global Fund malaria concept note.



MAIN ACTIVITIES CARRIED OUT (1/2)



- Consultations with malaria program actors, CCM, Global Fund and USAID malaria community grant holders on programming gaps and challenges.
- Community consultations in malaria-endemic areas.
- Consultations with organizations responsible for community interventions in each of the two virtual areas in the national breakdown.



MAIN ACTIVITIES CARRIED OUT (2/2)



- Draft and submit to the CCM, the NMCP, the GC7 national writing team and CSOs the country's priority needs in the fight against malaria.
- *Advocate for civil society participation in the decisive workshop to finalize and endorse the national request and in the Grant making.*
- Disseminate CS4ME webinar content and materials to CSOs.



RESULTS OBTAINED



In terms of meeting priority needs

- **95%** of planned activities were carried out
- **19 priority needs** were identified
- **More than 50% of community and Csos priority needs were integrated into the national request**
- CSO knowledge of GC7 tools was enhanced
- Massive participation by civil society organizations in the decisive workshop to finalize and endorse the national request and in the Grant Making
- Synergy of action between CSO actors in the fields of tuberculosis, HIV and malaria;



ACHIEVEMENTS OF CIVIL SOCIETY PARTICIPATION IN THE GC7 PROCESS



□ *Community surveillance (alert system)*

- *Avoiding stock and input shortages*

- *Improving access to services for pregnant women and children (LLINs)*

- *Improving the quality of service*

□ *Strengthening the monitoring of pregnant women in care*

- *Intensifying and diversifying means to follow up and revitalize pregnant women.*



LESSONS LEARNT/ RECOMMENDATIONS



- CSOs solidarity, determination and active quality participation in discussions;
- There was good synergy between CSOs in the fields of malaria, tuberculosis and HIV;
- Quality selection of members to participate in drafting concept notes;
- The solidarity and determination of the CSOs enabled them to take part in the Grant Making;
- Sharing the final rating of the concept note;
- Lobbying the CS4ME to support CSOs to participate in all stages of the negotiations (TRP, Grant Making);
- Setting up teams of experts on the 3 themes within the Platform to write future concept notes.



CS4ME TOOLS USED



- Guide to community monitoring of key malaria control programs for civil society organizations;
- Programming support sheet of the community health and key populations component of the Global Fund's modular framework;
- New funding cycle- What civil society needs to know for better participation;
- Practical guide – Conduct a community assessment for malaria control interventions;
- Tool box: professionally implementing the community principle "nothing for us without us", training, effective advocacy, addressing the needs of the most vulnerable groups to malaria.



PHOTOS



PHOTOS





*Thank you for
your kind
attention*



POALP



Participation in GC7 process in the Republic of Congo

by

Pastor Premier Claude KIPEMOSSO



Plan

1. Introduction
2. Main activities carried out
3. Main results achieved
4. Achievements during the GC7 process and Grant Making
5. Lessons learnt and recommendations
6. Tools developed by CS4ME

Introduction

1. Technical assistance to take into account the needs of the most affected communities by malaria and make relevant proposals to be taken into account in Congo's GC7 grant;
2. Financing done by the CRG Global Fund with support from CS4ME;
3. Activities carried out in Dolisie, Sibiti and Gamboma (prisoners, indigenous people, refugees, pregnant women and children under 5).

Main activities carried out (1/2)

- Hold a workshop in Brazzaville to review and endorse data collection tools;
- Consult actors (data collection on addressing gaps in community, human rights and gender aspects);
- Hold a workshop in Brazzaville to present and amend the results of the community needs assessment;

Main activities carried out (2/2)

- Hold a workshop in Brazzaville to identify, systematize and prioritize community needs (key and vulnerable populations).
- Participate in drafting the concept note;
- Participate in the Grant Making;
- Hold a workshop to endorse activities funded by CS4ME.

Main results achieved

1. *Community needs assessment report*

- Low percentage of community indicators;
- Difficulties in accessing prevention, screening and care services for some key and vulnerable populations: prisoners, children under 5, pregnant women (RDTs, LLINs, IPTs, anti-malarial drugs) due to shortages, services subject to payment, etc.;
- Insufficient awareness-raising activities on malaria and the rights of key populations;
- Poor involvement of CSOs in implementing Global Fund grants.

2. *Priorities and budgeting interventions*

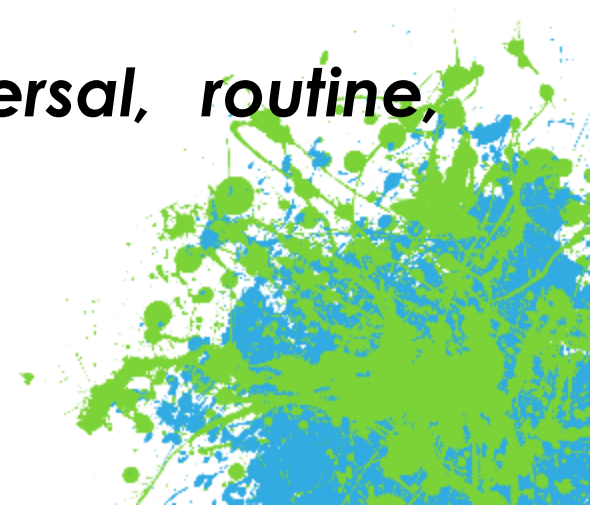
- 7 prioritized interventions for 23 activities with a budget of 1 139 808 euros (human rights and gender, community led monitoring, Research and advocacy, LLINs, EPI and SPN, Social and behavioural change, vector control (sanitation).
- GC7 approved budget Community CSS: 192 296 euros (several activities cancelled due to non-payment of state co-funding to compensate for the purchase of medications). For other activities see the program budget (LLINs, EPI and SPN, Social and behavioural change).

Achievements during the GC7 process and Grant Making

Interventions proposed by CSOs and approved in GC7

- 1. Community-led monitoring;**
- 2. Community-led research and advocacy;**
- 3. Capacity building and leadership development;**
- 4. Social and behavioural change;**
- 5. Eliminating human rights and gender barriers to accessing services**
- 6. Insecticide treated-nets- mass campaign: universal, routine, EPI...**

N.B. Sanitation measures no selected



Lessons learnt and recommendations

Lessons learnt

- **Community consultations make it possible to identify the basic needs of communities and guarantee the eligibility of the subsidy;**
- **CRG assessments prior to drafting NSPs and Global Fund grants enable communities to feel involved in the process;**

Recommendations

- **Advocate for the effective involvement of civil society in the grant making and implementation of Global Fund grants.**

Tools developed by CS4ME



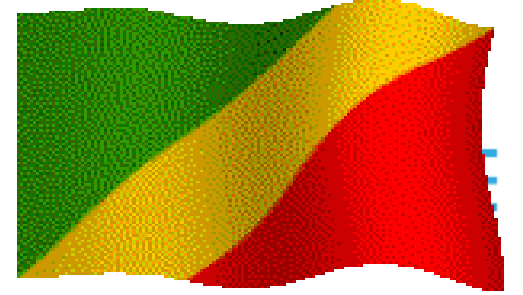
1. **Conduct a community diagnosis for malaria control interventions (CS4ME);**
2. **Guide to community monitoring of key malaria control programs for civil society organizations (CS4ME);**
3. **Modular Framework Manual, 2023-2025 Allocation Period (Global Fund);**
4. **Technical Information Note Community Systems Strengthening 2023-2025 Allocation Period;**
5. **Grant Making in the Global Fund's GC7 process: what civil society needs to know for better participation.**

Photos

Community Consultations



*Thank you
for your attention
and may the Lord JESUS
bless us all amen amen*



RACCOJ



Participation in the GC7 process in the Democratic Republic of Congo

By

Dr. Rachel NDAYA



MAIN ACTIVITIES CARRIED OUT (1/2) ≡

1. Recruit or appoint a community expert consultant to provide technical support;
2. Organize meetings with the NMCP, the CCM, the Writing Coordinator and the President of civil society of the CCM- DRC;
3. Support consultation meetings with CSOs and communities to propose other activities that could be included in the NMF4 concept note;

● MAIN ACTIVITIES CARRIED OUT (2/2) ≡

4. Support the active participation of CSOs/CBOs through the various stages of the national dialogue process;
5. Support the participation of civil society in drafting the NMF4 concept note to ensure that the priority needs identified in the community are taken into account in the NMF4 concept note;
6. Reproduce and disseminate communication tools developed by CS4ME in the country to CSOs.

MAIN RESULTS ACHIEVED



- The country's priority malaria needs have been identified;
- Diagnosis and prioritization of community needs have been carried out;
- Priority activities to be taken into account in the GC7 have been proposed;
- An in-depth assessment of community and CRG (Human rights and gender) issues has been carried out;
- Community/CSO participation in thematic dialogues has been strengthened;
- Community consultations have been organized in two provinces.



ACHIEVEMENTS OF RACOJ AND THE NATIONAL MALARIA CIVIL SOCIETY PARTICIPATION (1/2) ≡

- Organize the distribution of LLINs to user-friendly centres for key HIV populations (MSM, PS, UDI, TG);
- Strengthen community leadership to ensure their effective participation in decision-making relating to the implementation and monitoring of the effectiveness and conformity of the results of LAV interventions;
- Involve CSOs and CBOs in planning meetings/workshops at all levels (CAC, AS, ZS, DPS, central level);

ACHIEVEMENTS OF RACOJ AND THE NATIONAL MALARIA CIVIL SOCIETY PARTICIPATION (2/2) ≡

- Integrate malaria care and promote the ACT green leaf and RDT (awareness-raising best practices, screening) in user-friendly centres;
- Train the providers of user-friendly centres throughout the subsidy (2 providers per site);
- Supply user-friendly centres with tests (RDTs) and treatment inputs (malaria, paracetamol);
- Integrate malaria management and the promotion of the ACT green leaf and RDTs (raising awareness of best practices, screening) in the user-friendly centres for key populations (PS, MSM, TG and IDUs).

LESSONS LEARNT AND RECOMMENDATIONS (1/2)



- Lack of information on the various stages in the process of writing the different concept notes, which disrupted the chronology of activities;
- The involvement of CSOs in the process of identifying the needs to be included in the concept note is an exercise which has enabled the point of view of vulnerable populations to be taken into account in the planning of the Global Fund grant;



LESSONS LEARNT AND RECOMMENDATIONS (2/2)



- The slow disbursement of funds in four instalments by ISA has a negative impact on the implementation of activities;
- We propose disbursement in two instalments (60% of the budget at the start of the activities and 40% after submission of the final activity report).





Open Discussion





Meaningful Engagement of CSOs in GC7 Global Fund Malaria Funding Request

(Country of the window 2)



ASSAP-TB/BENIN ≡

Participation in the GC7 process in Benin

By
Fabrice KOTOKO



CONTENT

1 ACTIVITIES CARRIED OUT

2 RESULTS ACHIEVED

3 MALARIA CSO ACHIEVEMENTS

4 LESSONS LEARNT

5 CS4ME TOOLS



Activities carried out



CSO

Mapping CSOs and communities involved in community activities, in partnership with the NMCP

Consultant

Community consultations (NFM3 assessment and identification of needs) with CSOs and communities

Prioritizing and endorsing CSO malaria community priority interventions

Budgeting malaria community interventions

Participation of the CZP in the workshops

Capacity building and endorsing the evaluation results to include community, human rights and gender approaches in NFM 3 grants

Revising and finalizing PSNIE 2024-2030

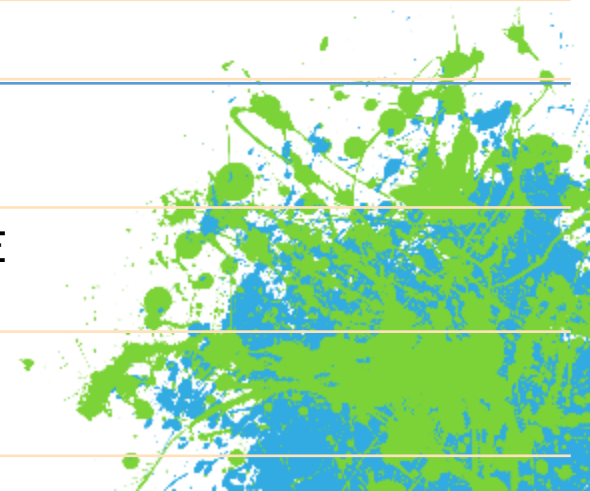
Participating in the writing committee for malaria and RSSH grants

Participation of the CZP in the workshops

Coordinating, facilitating and MOE of the CS4ME GC7 Benin project

Participating in periodic MOE follow-up meetings organized by CS4ME

Sharing tools developed and/or disseminated by CS4ME



Results

1

- Zero Malaria Coalition put in place (official and legal existence)
- Statutes and IR drafted and endorsed

2

- Priority needs of CSOs and communities identified, endorsed and budgeted by them

3

- Integrating identified needs into the country's single funding request

Malaria CSOs achievements in the GC7

No	Interventions	Activities	Amount
1	Coordinate and manage national disease control programs	19	643 133,54
2	Social and behavioural change (case management)		
3	Eliminate human rights and gender barriers to accessing case management services		
4	Eliminate human rights and gender barriers to accessing specific prevention interventions		
5	Social and behavioural change (Specific prevention interventions)		
6	Intermittent preventive treatment (IPT) - Pregnant women		
7	Social and behavioural change (Vector control)		

NB: Grant Making ongoing

Lessons learnt

- Starting the process a little earlier by building CSO capacities;
- Poor understanding and control of the process by CSOs;
- CSO representatives on CCMs do not have the ideal profile to manage and monitor the body's activities;
- Low funding for CSOs institutional strengthening;
- Few specific measures for HIV and TB organizations;
- Proper coordination of workshops during the submission process;
- Propose relevant activities.



Tools developed and/or disseminated by CS4ME



- **GC7 New funding cycle:** What civil society needs to know for better participation
- **Conducting a community diagnosis for malaria control interventions:** A practical guide for civil society organizations designed by civil society
- **Guide to community monitoring of key malaria control programs for civil society organizations**
- **The Initiative:** For a meaningful integration of community health actors and key populations in the GC7
- **Global Fund:** Modular Framework Manual



Photos of activities





Thank you for your kind attention



ASOS

Participation in the GC7 process in Madagascar



By
Dr Jean Claude RAKOTOMALALA



Main activities carried out during the project

MAIN ACTIVITIES CARRIED OUT	MAIN RESULTS ACHIEVED
Organize a community consultation with the most affected communities	8 Dial Com meetings were held in 2 regions of the country Anosy and Atsinanana <ul style="list-style-type: none">• Questionnaire for the consultation meeting with beneficiary communities endorsed by the NMCP.
Organize a consultation meeting with CSOs involved in the fight against malaria	25 CSOs were represented, including 8 from the regions <ul style="list-style-type: none">• CSO proposals collected to be used for the national dialogue and the drafting of the concept note
Ensure the effective participation of CSOs in the national dialogue as part of the GC7 process	4 CSOs representatives working in the fight against malaria took part in the national dialogue
Participation of CSO representatives in the regional meeting of malaria control actors involved in the GC7 process in Benin.	2 ASOS representatives and the CCM vice-president attended this regional meeting <ul style="list-style-type: none">• Capacity building for representatives to participate in the development of the Global

Community consultations



Consultations with CSOs Malaria



Main activities carried out during the project

MAIN ACTIVITIES CARRIED OUT	MAIN RESULTS ACHIEVED
<p>CSOs training workshop on the CS4ME community led monitoring guide (CLM) and finalizing CSOs intervention proposals for the development of the GC7 malaria concept note for the global fund</p>	<p>30 malaria CSO representatives took part, including 8 from the regions 4 main lines of activity were endorsed and submitted for inclusion in the proposal The CS4ME community led monitoring guide (CLM) was shared and explained to CSOs</p>
<p>Develop and submit to the CCM, the NMCP, the national writing team of the NFM4 and the national dialogue proposals from CSOs and communities</p>	<p>Proposals were submitted to the GTN Malaria and GTN C19RM</p>
<p>Participate in the development/finalization of the GC7 malaria concept note</p>	<p>4 Malaria CSO representatives (2 from ASOS, 1 from the Catholic NGO EKAR Santé, 1 from the (Ordre National des Médecins) were able to take part in the workshop to draft the concept note</p>
<p>Widely disseminate tools developed by CS4ME in the country to CSOs, the CCM, the NMCP and other actors involved in the development of the</p>	<p>Purchase of 50 USB sticks to store the tools developed by CS4ME Distribution of the USB sticks to CSOs and the</p>

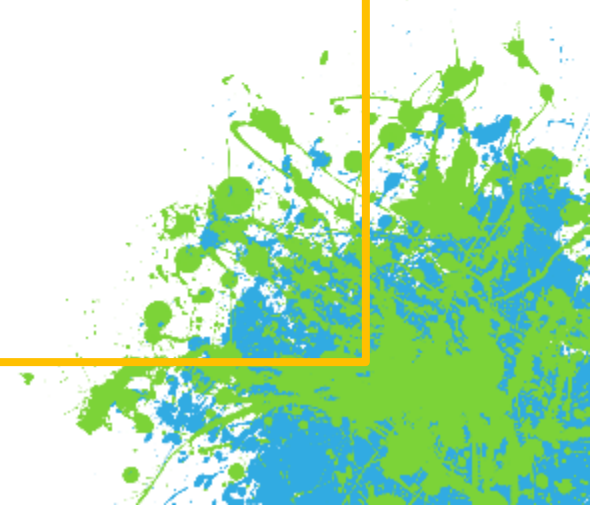
Training on the CLM guide and participation in the final drafting of the Malaria concept note




Achievements of our organization's participation



- Good visibility of our organization vis-à-vis other partners
- ***Capacity building for NGO members***
- Better leadership and coordination experience with different NGOs




Civil society achievements

- CS4ME's support enabled the country's malaria CSOs to participate in all stages of the concept note drafting process.
 - *This support equally contributed to a spirit of solidarity and coordination among malaria CSOs and made it possible to establish a certain level of recognition for malaria CSOs in relation to the CCM and the NMCP.*
 - Better consideration of the CSO by the CCM
 - *Good involvement and participation of malaria CSOs during the writing process of the country's GC7 malaria concept note,*
- 

Lessons learnt

- The involvement of the regional and local services of the Ministry of Health during community consultation is a real asset;
- ***Community consultation highlighted the problems felt by the beneficiary population and their proposals were taken into account in the choice of interventions / activities for the Global Fund and C19RM malaria concept note for GC7.***
- Proposals drafted by the CSOs were submitted to the CCM, the NMCP and the GC7 national writing team, and are included in the country proposal.
- ***The participation of a large number of CSOs in the virtual meeting, including those from the other regions, even those in the most remote areas was very fruitful.***

Recommendations

- Increase the number of malaria CSOs involved in community consultation;
 - ***Extend the areas affected by malaria during community consultation (3 districts only);***
 - Consultation meetings with CSOs should last at least 2 days and there should be enough preparation time;
 - ***Involve as many CSOs as possible from the regions in the process;***
 - Duplicate a good number of CS4ME Tools for CSOs;
 - ***Increase the number of malaria CSOs involved in the national dialogue;***
 - Increase the number of virtual meetings (at least 4 times during the process) and hold them from the start of the process;
 - ***Increase the number of malaria CSOs in the GTN ;***
 - Provide financial support for the malaria CSOs at the workshop to finalize the concept note (like the HIV and TP CSOs).
- 

Tools used developed and/or disseminated by CS4ME



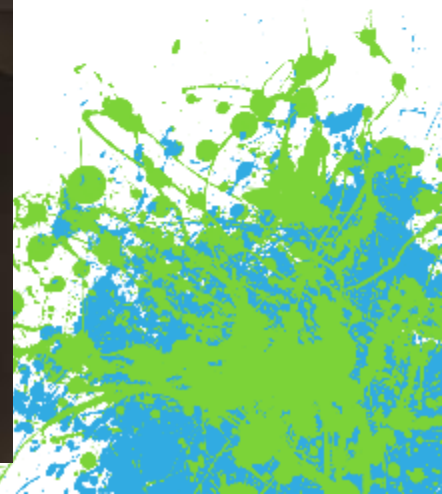
- CS4ME community led monitoring guide (CLM)
- ***Modular Framework (MF) Manual***
- New funding cycle for the GC7/CS4ME global fund
- ***Training on taking gender and human rights into account in the development of the GF's GC7 malaria concept notes (Participation in webinar)***



THANK YOU SO MUCH



Dear, please verify if the children's mosquito net is well fitted under the mattress.



ISA



Participation in the GC7 process in Cameroon

**By
Sorelle NGUIFO**



Presentation of project activities (1/2)



N	Proposed activities	Expected results
1	Collect all reports on community consultations carried out by other organizations and networks involved in the fight against malaria, during NFM 3 over the last 3 years.	Produce a summary report of the key results of these consultations, including recommendations
2	Conduct special malaria community consultations for populations most vulnerable to malaria (disabled, orphanages, etc.) including TB and HIV needs and prepare vulnerable populations who will take part in the national consultations conducted by the CCM to contribute effectively, and present the challenges faced in the fight against malaria.	At least one community consultation is conducted in the malaria epidemiological facies (1 for the North, 1 for the East and South, 1 for the North-West and South-West, 1 for the cities of Yaoundé and Douala).
3	Analyze and consolidate the results of community consultations	A consolidated document of the results of community consultations is available

Presentation of project activities (2/2)



N	Proposed activities	Expected results
4	<p>Organize a workshop to endorse the reports of the special malaria community consultations and prioritize key budgeted malaria community interventions to be proposed in the malaria concept note (in the annex entitled "Funding priorities for civil society and communities most affected by HIV, tuberculosis and malaria" taking into account the following dimensions:</p> <ul style="list-style-type: none">-Human rights barriers;- Gender equality issues;- Community health (community-based monitoring or CLM, strengthening of community organizations, provision of services to populations, advocacy, etc.)	<ul style="list-style-type: none">• Validating the reports of the special malaria community consultations is done during a workshop and the report is made available.• A document of priority malaria activities eligible for the GC7 malaria concept note is drafted, endorsed and made available.
5	<p>Monitor and follow up the proposals included in the entire process of developing the concept note.</p>	<p>At least 50% of civil society priority proposals are included in the GC7 malaria concept note.</p>



Meeting to set up the GC7 Malaria CSO Working Group Cameroon

In order to facilitate the coordination of the GC7 project activities, a working group was set up to provide support in the development of the malaria concept note, abbreviated as "**GC7 Malaria CSO Working Group Cameroon**".



Presentation of results achieved (1/2)



- Reports on community consultations carried out by other organizations and networks involved in the fight against malaria during NFM 3 over the last 3 years were collected from organizations like **POWER, RESIPAT and OFIF**.
- They were used to collect data for the next community consultations.



Community consultations specific to malaria

Community consultations were carried out by civil society organizations (CSOs) committed to eliminating malaria:

- RESIPAT Health Platform
- APDSP
- MOJE Foundation
- CADELCO NSONGON
- AFEDEC
- ISA.
- Education for Health Platform
- OFIF
- ASOPV
- RELESS
- MYAC



Photos of community consultations



Presentation of results achieved (2/2)



- Workshop to endorse community consultations results and develop proposals for civil society activities for the global fund's malaria concept note GC7
- The proposals included in the entire process of developing the concept note were monitored and followed up throughout the GC7 process.



Achievements of the civil society participation in malaria



- Household enumeration carried out by CHWs in order to draw up the community action plan.
- Organize mobile clinic visits to treat cases in crisis areas
- Acquire 70,450 treated LLINs for schools in Yaoundé's urban districts (Biyem Assi, Cite Verte, Djoungolo, Efoulan, Mvog-Ada, Nkolbisson, Odza).
- Organize ten (10) regional community engagement workshops to encourage people to sign up for the IPTc, including gender and human rights.
- Produce and disseminate 10,000 gender-sensitive posters to promote care in health facilities and in the community.





Lessons learnt



- Communication on the process of developing funding applications is improved at CCM level.
- Promotion and pooling of CSO networks in the fight against malaria
- Resources allocated to carry out activities were engaging or individual (activities self-financed by CSOs in the field)
- The results of the country dialogue should be taken into account when developing the NSP

Recommendations



Organize country dialogue during the NSP development phase

Mobilize resources for the sustainability of civil society actions

Improve the participation of civil society in drafting the NSPs so that their interventions are taken into account

Improve the quality and synergy of the work carried out by consultants recruited to ensure that community interventions are taken into account.

Involve civil society actors in Grant Making negotiations



Tools developed and/or disseminated by CS4ME during the project



- GC7 New funding cycle – What civil society needs to know
- Communities at the centre of interventions: a focus on the Global Fund's new 2023-2024 strategy
- Grant Making in the Global Fund's GC7 process - what civil society needs to know for better participation
- CS4ME guide to community monitoring of key malaria control programs
- Guide - Conducting a Community Diagnostic for Malaria Control Interventions
- Strengthening the impact of Global Fund malaria grants by taking into account gender and human rights
- ADVOCACY training Global Fund GC7 process <Communities First >





Thank you for your kind attention



CSVA



Participation in the GC7 process in Senegal

By
Babacar THIAM



Reminder of the project's RDT _ GC7

Senegal

- **Title of the program:** Ensure the quality participation of civil society in the field of malaria in the development of the Global Fund's national concept notes - GC7 in 2023.
- Contract duration: 6 months, from 23 January 2023 to 30 June 2023.
- Location : Region of Dakar (Capital of Senegal)
(Department of Dakar, Rufisque, Pikine ,Guediawaye and Keur Massar).

Main expected result



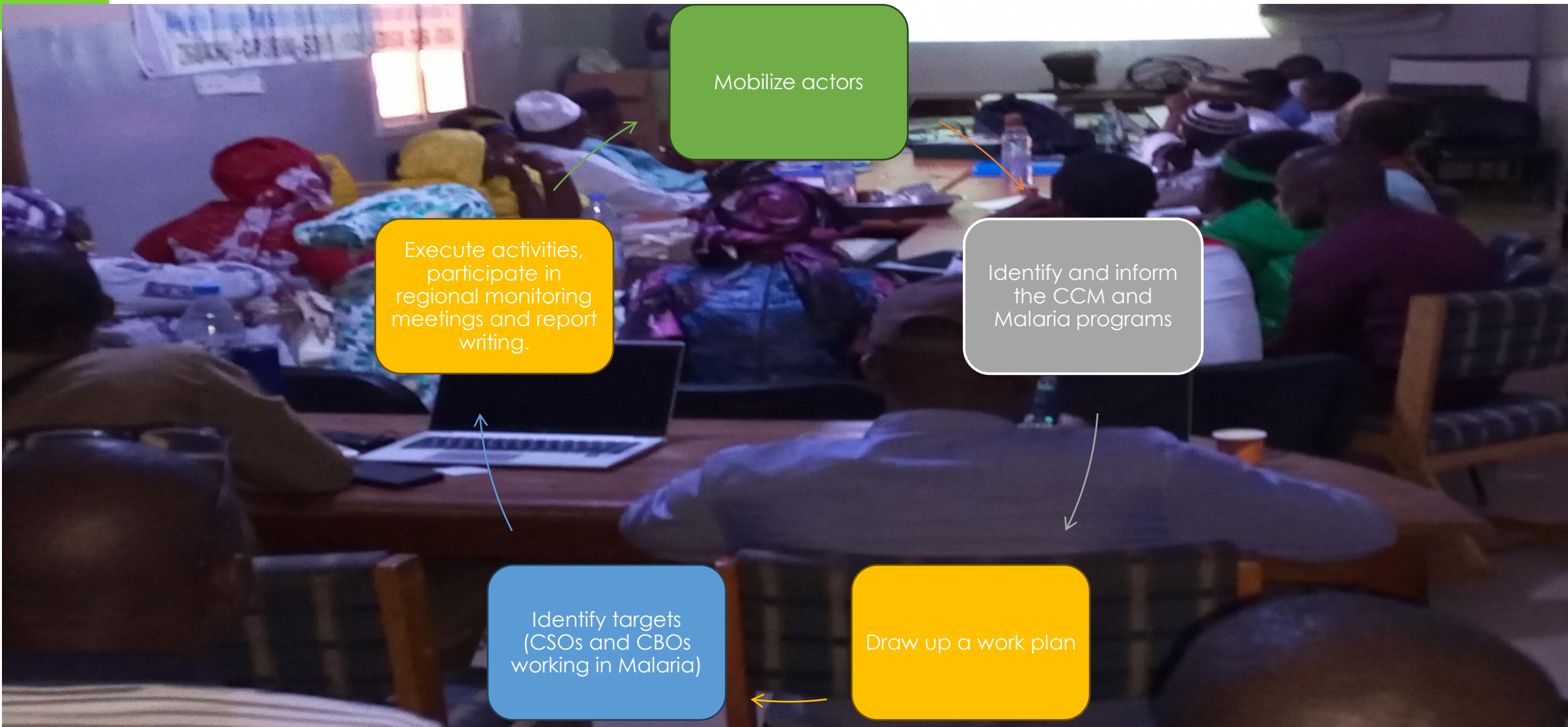
- ❑ Support for the active participation of CSOs and communities in the GC7 process to develop the Global Fund's national concept note - Grant Cycle (GC7) 2024-2026.



Main activities carried out

- ✓ Appointment/recruitment of a Community Expert to facilitate the implementation of the Technical Assistance,
- ✓ Start of the Community Expert's activities;
- ✓ Meeting to present the GC7 guidelines and Global Fund procedures;
- ✓ Organizing a workshop to identify needs and prioritize them in the concept notes;
- ✓ Organizing meetings to analyze and consolidate priorities in line with Global Fund guidelines;
- ✓ Organizing a workshop to endorse CSO priorities on malaria;
- ✓ Organizing follow-up meetings on CCM decisions (DDF).

Implementation Strategy



Tools and media used

- ❖ New funding cycle GC7_ (What civil society needs to know)
- ❖ Community monitoring guide
- ❖ Manual "Conducting a community diagnosis for malaria control interventions"
- ❖ Toolboxes (How to conduct advocacy, get training, address the priority needs of vulnerable groups, etc.)
- ❖ Strategic plan to combat malaria (Senegal)
- ❖ Acceleration plan for the elimination of malaria (Senegal)
- ❖ Global Fund strategy (2023-2028)
- ❖ Global Fund Modular Framework (GC7_ 2024-2026)

Other activities carried out



- ❖ Organize the preparation of technical and financial reports
- ❖ Participate in regional monitoring meetings
- ❖ Develop TDR, plan new activities and prepare CSOs for CCM meetings to better defend civil society priorities



Highlights of this technical assistance mission

- ❖ Preparing an argument based on the new orientations submitted by the GF in connection with the priority needs to be defined as stipulated in the modular framework_ GC7 funding (appendix) was very decisive.
- ❖ Provide a consultant to support the costing of civil society and community priorities;
- ❖ Participate in the panel with 150 students from the UADB in the presence of the Coordinator of the NMCP, ECOSS, CSVA and the Diourbel region

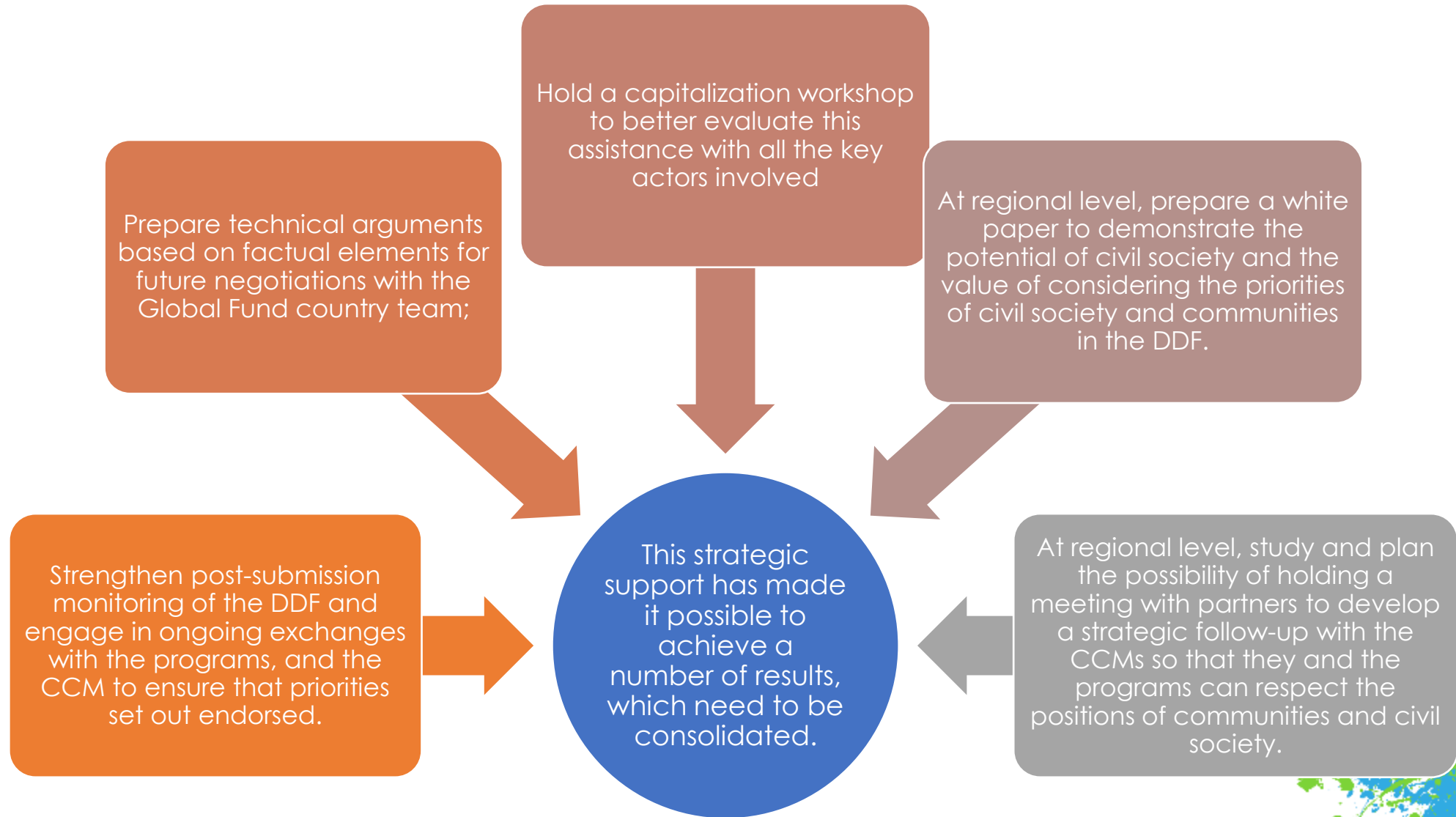


Difficulties

Generally, the implementation of this initiative went well. However, there were a number of shortcomings

- ❖ The hyper-concentration of activities among CSOs and communities. At the time when this GC7_ and C19RM process was being developed, the actors were focused on implementing the NFM3 grant. This situation made it difficult for some key players to be available in real time.
- ❖ Developing different road maps (CCM, NMCP, HIV, TB/RSSH and CSVA and other partners) did not facilitate the speed of implementation.

Proposals to maintain the achievements





Remerciement à tous les acteurs et partenaires

Thanks _ for your attention





Open Discussion





Closing remarks

CS4ME Secretariat





CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

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

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