CS4ME
CIVIL SOCIETY FOR MALARIA ELIMINATION

Role of collaboration between CE-SI partners and knowledge sharing in the implementation of GC7 in Ghana


Ghana


HOPE FOR FUTURE GENERATIONS

Hope for Future Generations (HFFG)

Context and Need:

Due to the implementation of the Global Fund GC7 malaria grant in Ghana there are both major opportunities and challenging coordination requirements. The GC7 cycle gathered various Community Engagement (CE) and Systems Strengthening Interventions (SI) partners operating in various thematic areas such as advocacy, community-led monitoring (CLM), capacity strengthening, social and behaviour change, and supervision of service delivery. Even though such diversity of actors enhanced the potential extent and the depth of the malaria response, it also posed problems with respect to coordination, information flow and alignment of efforts.

Before this intervention, CE SI partners tended to operate separately and did not have a well-designed place to learn, reflect, and collectively solve problems. Evidence generated by communities through Community-generated evidence, especially CLM data was gathered in various regions but was not always synthesized and displayed in a form that could facilitate timely response by the national decision makers. The sub-national and community CSOs did not have the capacity, confidence, or opportunity to mobilize the national platforms to effectively interact with National Malaria Elimination Programme (NMEP), Country Coordinating Mechanism (CCM), and other implementers.

Consequently, the nagging issues of service delivery bottlenecks, gaps on health facility level, stock-outs, and barriers to access by the communities threatened to go unchecked. The communities that were underserved and had malaria were also disproportionately hit since their lived experience and feedback were not always involved in programmatic adaptations. Herein, the lack of deliberate collaboration between CE SI partners in the exchange of knowledge and well-organized knowledge-sharing channels to guarantee that the implementation of the GC7 in Ghana was coordinated, responsive, and well-grounded on realities within the communities is highly emphasized.

Desired Change:

The general idea of this effort was to raise the level of collaboration and knowledge exchange among CE-SI partners in Ghana in a bid to empower the impact of communities and to raise the efficacy of GC7 malaria action. In particular, the initiative was aimed at institutionalizing routine, formalized interaction between the civil society participants and the national malaria stakeholders, in order to make sure that community evidence, especially CLM data were systematically analyzed, shared, and used to make decisions.

The change desired was in the implementation being less fragmented and activity-based to be more coordinated and learning-based where CE-SI partners collectively find problems, aid solutions, and advocate mutually. This transformation is essential

to attaining a people-oriented malaria response, enhancing accountability and seeing GC7 investments come to bear improvements in service delivery, access and quality of care to malaria-afflicted populations in Ghana.

Your approach:

The strategy of CE-SI partners in Ghana involved a collaborative and adaptable approach and focused on enhancing coordination platforms, better utilization of evidence and building the capacity of CSOs in active participation in the malaria governance processes. The strengthening of the NMEP-CS4ME national task force was at the center of this strategy and acted as a facilitated platform of discussion, education, and collaborative effort between the civil and the national malaria bodies.

The institutionalization of quarterly coordination and learning meetings was held, involving CE SI partners, CSOs, NMEP officials, CCM representatives and other interested parties. The meetings allowed discussing the progress in the implementation of GC7, hearing the challenges arising, and together discussing the CLM findings in other regions. SI collaborators assisted in the production and delivery of CLM data, making community feedback clear and actionable, which may be used to make programmatic decisions.

Simultaneously, Community Engagement partners enhanced community-based monitoring procedures so that the voices of communities were recorded, documented, and verified systematically. Training, coaching, and mentoring were provided in capacity building activities to the CSOs to increase their knowledge of the GC7 grant architecture, points of entry in advocacy, and evidence-based engagement approaches. It was specifically focusing on enhancing smaller and community-based organizations to engage in meaningful national and sub-national conversations.

The exchange of knowledge was also extended by the use of the national roundtables like the Making GC7 Work to Malaria Communities, which enhanced peer-to-peer knowledge exchange between malaria, HIV, and TB CSOs. The sites helped partners to share the good practices, identity challenges, and found areas of joint advocacy and system strengthening. A combination of these activities made the CE-SI efforts mutually supportive, coordinated and responsive to the emerging learning.

Change(s) to date:

Through this experience we learned a critical lesson; collaboration occurs through purposeful thoughts, through our investment in structure, relationships and the facilitation of collaboration. Coordination platforms work best (like the NMEP–CS4ME taskforce) when they have clear role definitions, shared expectations, and when our partners commit to regularly engage.

Knowledge exchange happens most effectively when the community-generated evidence is turned into succinct, decision-ready material that can be easily interpreted by policymakers and implementers.

The enabling factors were; national Civil Society Organization (CSO) network providing leadership, NMEP partners being open and responsive, flexibility in the CE–SI programming to adapt to learning. Learning from others who are working in the areas of malaria, HIV and TB through peer exchanges has strengthened cross-cutting advocacy and facilitated systems thinking in the work we do.

Some of the challenges we faced during our collaboration were; coordination fatigue, lack of capacity in varying degrees from CSOs, and the lag time in putting what was agreed upon during the collaboration into action at the sub-national level. In order to address these issues, we needed to provide consistent mentoring, establish tools that simplify the process, and have realistic expectations of how quickly (or slowly) systems change will occur. Ultimately, the experience illustrates that continuous community influence under GC7 will occur only through consistent learning, building trust and sharing ownership among CE–SI partners.

Key Lessons and Messages:

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Next Steps:

The CE–SI partners in Ghana are going to take the collaboration to new heights at the sub-national level thus making the findings and coordination go beyond the national platforms. Feedback loops will be reinforced in such a way that if the community gives its input, the community then gets to know the action that was taken as a result. More learning products like briefs and documentation of good practices will be created to inform GC8 planning and Global Fund processes at a wider scope. The capacity strengthening of the emerging and community-based CSOs will take place continuously, while the main areas of focus will be: data interpretation, strategic advocacy, and sustainability. From time to time, additional financial and technical resources will be brought in to not only keep the coordination platforms going but also to double the peer-learning opportunities. These steps will not only solidify but also carry forward the progress made under GC7 while keeping the communities in the forefront of the Ghana's malaria response.