CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

THE GLOBAL FUND MALARIA GRANT NFM3 IN AFRICA

SUMMARY DOCUMENT ON CHALLENGES, BEST PRACTICES AND RECOMMENDATIONS FROM CIVIL SOCIETY

Document prepared by:

ISA
IMPACT SANTE AFRIQUE

NOVEMBER 2022

SUMMARY

ACRONYMS AND ABBREVIATIONS 3

INTRODUCTION 4

1. METHODOLOGY 5

1.1 Data sources 5

1.2 Transcription 5

1.3 Use of the data 5

2. PRESENTATION OF THE RESULTS 5

2.1 Difficulties encountered in the implementation of NFM3 5

2.1.1 General Challenges/Challenges during NFM3 Implementation 5

2.1.1 Challenges to malaria prevention during the implementation of the NFM3 6

2.1.3 Difficulties/Challenges in the management of malaria during the implementation of the NFM3 6

2.2 Best practices in NFM3 implementation 6

2.2.1 Best practices generally observed during the implementation of NFM3 7

2.2.2 Best practices in malaria prevention during NFM3 implementation 7

2.2.3 Best practices in malaria management during NFM3 implementation 7

CONCLUSION AND RECOMMENDATIONS FOR NFM4 7

ACRONYMS AND ABBREVIATIONS

CSA	Community Health Worker
CPS	Chemo prevention of seasonal malaria
CS4ME	Civil Society For Malaria Elimination
DHIS2	District Health Information Software 2
FOSA	Sanitary Training
ICN	National Coordination Body
ISA	Impact Santé Afrique
MILDA	Long Lasting Impregnated Mosquito Net
NFM3	New Funding Model cycle 3
NFM4	New Funding Model cycle 4
OBC	Community-based organization
SOC	Civil Society Organization
OSCD	District Civil Society Organization
PNLP	National Malaria Control Program
PR	Principal Recipient
SC	Civil Society
TDR	Rapid Screening Tests
TPI	Intermittent Preventive Treatment
HIV	Human Immunodeficiency Virus

INTRODUCTION

The involvement of the community at all levels of action and decision making in the fight against malaria is a major contribution to making community action increasingly effective. To this end, the involvement of Civil Society Organizations (CSOs) is fundamental in identifying and determining the priority needs of communities affected by malaria. In order to improve the effectiveness of their role in the fight against malaria, it is necessary for CSOs to be sufficiently equipped. To this end, Impact Santé Afrique (ISA)launched a working group of civil society representatives from CCMs in several African countries. ISA, as the Secretariat of the CS4ME platform, is coordinating this working group.

As the current Global Fund Malaria NFM3 grant is about to enter its final year for some countries, there is a need to identify challenges in community implementation and access to care, observed good practices, and recommendations from civil society in order to better prepare, support, and improve the involvement of working group members and civil society in general in the process of developing future, more tailored, evidence-based malaria NFM4 concept notes for malaria affected communities. The above therefore demonstrates the relevance and necessity of developing a document that synthesizes the challenges faced in implementation and access to care by communities, the good practices observed and recommendations from civil society during the current malaria NFM3 grant, and allows for a coherent projection to the malaria NFM4 grant.

The main objective of the document is to summarize the difficulties encountered in the implementation and access to care by communities, the good practices observed and the recommendations made by civil society during the current malaria grant of the Global Fund (NFM3); this in order to prepare the contribution of civil society in the process of elaborating the malaria concept notes of the Global Fund (NFM4).

1. METHODOLOGY

The approach used in the data analysis is to review the various data sources, transcription, and data mining.

1.1 Data sources

The essentially qualitative data discussed in this paper comes primarily from online interviews with CS4ME platform member through a well-developed interview guide. In addition, data from the webinar organized by ISA with the participation of civil society representatives from CCMs in several African countries and interviews with resource persons were used.
In addition, in order to ensure the completeness of the data directly from the communities, the documents highlighting the points raised by civil society for inclusion in the NFM4 were used.

1.2 Transcription

The information from the webinar organized by ISA and the interviews with resource persons was recorded, then reproduced fully in writing and integrated into the analysis matrix for use.

1.3. Data processing

All of the data collected from CSOs and resource persons in several countries was sorted and analyzed using an Excel contingency matrix to summarize the necessary information.

2. PRESENTATION OF THE RESULTS

The presentation of the results of the civil society consultation will focus on the difficulties encountered and the good practices observed during the implementation of NFM3, and finally the recommendations for NFM4.

2.1. Difficulties encountered in the implementation of NFM3

There are three types of difficulties in the implementation of the NFM3: general difficulties, difficulties related to malaria prevention and difficulties related to the management of malaria cases.

2.1.1. General Challenges/Challenges during NFM3 Implementation

Several cross-cutting challenges have been addressed in the implementation of the current Global Fund grant. These include:

- 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 NFM3 grant.
- Inaccessibility of certain areas due to insecurity.
- Principal Recipients (PRs) are still implementing activities instead of CSOs.
- 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 CSOs.
- Poor environmental management by communities to prevent malaria through larval source management.

- 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 outreach activities).

2.1.2. Challenges to malaria prevention during NFM3 implementation

Overall, it was found that many challenges regarding malaria prevention exist in the implementation of the NFM3. These include:

- Poor planning of Long Lasting Insecticide-Treated Nets (LLINs) distribution activities, which results in a layout based on proximity to 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.
- 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 activities and distribution of LLINs.
- Absence 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.

2.1.3. Challenges to malaria management during NFM3 implementation

With regard to the difficulties in managing malaria during the implementation of the NFM3, we can note:

- Problem of coordination in the distribution of LLINs, and very limited and untargeted preventive communication.
- Free care for children under 5 and women with disabilities is not systematic.
- Constant stock-outs of medicines, leading patients to buy, thus breaking the applicability of free treatment.
- Lack of knowledge on the part of patients about free treatment for uncomplicated malaria, due to communication that does not reach the targets.
- TDR not satisfactory.
- Access to medicines is difficult in some remote or landlocked areas.
- IPT charged in some private health facilities.
- The problem of self-medication without testing.
- Counterfeit drugs.

2.2. Best practices in NFM3 implementation

The implementation of the current Global Fund Malaria NFM3 grant presents a number of actions to be considered in general terms, in the context of malaria prevention and case management.

2.2.1. Best practices generally observed during the implementation of NFM3

In general, good practice in the implementation of the NFM3 includes

- Establishment of community-based malaria surveillance and vigilance 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.

2.2.2. Best practices in malaria prevention during NFM3 implementation

Good actions that can be retained for malaria prevention during the current NFM3 grant can be:

- 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.

2.2.3. Best practices in malaria management during NFM3 implementation

In terms of malaria management during the implementation of NFM3, there are several best practices, namely:

- 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.

CONCLUSION AND RECOMMENDATIONS FOR NFM4

The implementation of the NFM3 Global Fund grant in Africa presents many challenges to formulate malaria concept notes adapted to the African malaria control context. African civil society at this consultation is formulating recommendations to be considered for the upcoming NFM4 Global Fund grant.

General recommendations

- Accelerate the process of formalizing the status of the Community Health Agent (CHA).
- Review all normative documents in countries to take into account communities in the fight against malaria.
- Allocate a substantial budget for 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.
- Pool community-based interventions and establish good collaboration between CSOs fighting malaria, tuberculosis and HIV.

- Review the funding mechanism, granting of the implementation budget directly to CSOs working at the grassroots.Popularize the understanding of community integration.
- Establish a community-based mechanism under the leadership of civil society to encourage and motivate women to systematically attend prenatal consultations to prevent malaria, as early diagnosis and prompt treatment can prevent the disease from becoming fatal.
- 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 the Global Fund grant.
- Increase collaboration between civil society and malaria control programs.

Prevention

Regarding malaria prevention, civil society recommends:

- Intensify insecticide-treated net distribution campaigns to ensure universal coverage.
- Implement 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 net use.
- Increase the involvement of CSOs in awareness-raising activities and distribution of LLINs.
- Make behavior change campaigns permanent.
- Meet deadlines at all levels of implementation to facilitate financial releases and data quality.
- Train data entry operators in the DSCBs.
- Ensure distribution of LLINs to all areas of the country and to all households.
- Integration of CS at all levels, in communication and preventive awareness actions.
- Support CSOs, CBOs financially and materially in awareness campaigns.
- Accentuate environment and households disinfection with appropriate products.
- Direct communication to rural areas by involving traditional authorities.

Taking charge

- Ensure that free malaria treatment is provided to vulnerable people (the elderly, prisoners, orphans, children under 5 years of age, 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.
- Put in place mechanisms to avoid drug shortages and expiry.
- Set up listening cells, with focal points in the health structures that receive the drugs 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, and care for pregnant women to CSOs and CBOs for real effectiveness.
- Provide for the recruitment of medical delegates to facilitate the supply of drugs to health facilities and various supply points in a timely manner.
- To multiply the pleas on the political level to definitively activate the counterparty foreseen at the level of the customs clearance of the pharmaceutical products.
- Anticipate the supply of medication.
- Supply basic health centers directly without going through the health district.
- Effectively fight against counterfeit drugs.