Independent Evaluation Report

August 2020

MALARIA
FREE MEKONG
A Platform of NGOs

Regional Malaria Civil Society Organisation Platform, GMS

Hosted by, **ARC**
American Refugee Committee

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Acronyms and Abbreviations

APLMA	Asia Pacific Leaders' Malaria Alliance
APMEN	Asia Pacific Malaria Elimination Network
ARC	American Refugee Committee
BCC	Behaviour Change Communication
CBO	Community-Based Organisation
CCM	Country Coordinating Mechanism
CHV	Community Health Volunteer
CMAT	Community Malaria Action Team
CRS	Catholic Relief Services
CSO	Civil Society Organisation
DDC	Department of Disease Control
DG	Discussion Guide
HPA	Health Poverty Action
GFATM	The Global Fund to fight AIDS, Tuberculosis, and Malaria
GMS	Greater Mekong Sub-region
IEC	Information Education Communication
IMP	Independent Monitoring Panel
KI	Key Informant
KII	Key Informant Interview
LaoPHA	Lao Positive Health Association
M&E	Monitoring and Evaluation
MC	Malaria Consortium

MMW	Mobile Malaria Workers
MMV	Medicines for Malaria Venture
MORU	Mahidol Oxford Research Unit
NGO	Non-Governmental Organisation
NMCP	National Malaria Control Program
PAT	Project Advisory Team
PEDA	Population Education and Development Association
PfD	Partners for Development
PHO	Provincial Health Office
Pf	*Plasmodium falciparum*
PR	Principal Recipient
PSI	Population Services International
Pv	*Plasmodium vivax*
RAI	Regional Artemisinin-resistance Initiative
RAI2E	Regional Artemisinin-resistance Initiative 2 Elimination
RSC	Regional Steering Committee
RTF	Raks Thai Foundation
SC	Steering Committee
SCDI	Centre for Supporting Community Development Initiatives
SCI	Save the Children International
SMRU	Shoklo Malaria Research Unit
SR	Sub-Recipient (of RAI funding)
ToR	Terms of Reference
ToT	Training of Trainers
VMW	Village Malaria Worker
VHV	Village Health Volunteer
UCSF	University of California, San Francisco
UHC	Universal Health Coverage
UN	United Nations
UNOPS	The United Nations Office for Project Services
URC	University Research Co., LLC
USAID	United States Agency for International Development
YMAT	Young Muslim Association of Thailand
WVF	World Vision Foundation of Thailand
WHO	World Health Organisation

Acknowledgments

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We hope that the results of this evaluation will inform the Platform's future strategic directions and improve its impact beyond 2020.

Executive Summary

The Regional Malaria Civil Society Organisation (CSO) Platform, Greater Mekong Sub-Region (GMS), is an entity that supports a network of more than 50 CSOs in the five Global Fund Regional Artemisinin-resistance Initiative (RAI) implementing countries: Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam. The Platform serves as a consultation mechanism to meaningfully connect the communities affected by malaria to the decision-making processes of the RAI Regional Steering Committee (RSC).

The Platform plays a crucial role in advocacy, communication, and community engagement by facilitating meetings, consultations, and site visits to bring community perspectives to the RSC, and to address challenges in order to ensure the smooth implementation of RAI-funded projects. It also provides support to strengthen the capacity of CSOs to effectively manage malaria grants through training, peer learning and sharing best practices and lessons learned. At the regional level, the Platform provides a shared space to all malaria CSOs in the GMS, serving populations vulnerable to malaria, and at the country level, it also connects with other CSOs working on related social development programs.

The Regional Malaria CSO Platform commissioned SUPA71, herein referred as the Evaluation Team, to conduct this independent evaluation with the following objectives:
   a) to assess the Platform's objectives and activities set out in the work plan, and recommend ways to improve the delivery model;
   b) to evaluate the effectiveness of the Platform in addressing the challenges of malaria elimination and beneficiary needs, and the subsequent potential for scale-up of the Platform's mandate;
   c) to determine to what extent CSO Platform activities were implemented effectively and efficiently to deliver the expected results; and
   d) to evaluate the Platform's accountability to communities, stakeholders, and the Global Fund.

The evaluation employed a mixed-methods approach consisting of: a) a desk review and observation, b) qualitative data collection using key informant interviews (KIIs) with a Regional Steering Committee Representative, CSO Partners, a representative from the National Control Malaria Program (NCMP), and donors, and c) a quantitative online survey among the CSO Partners and various stakeholders. Data was collected between January 16, 2020, and March 31, 2020, using tools that were developed in consultation with the RSC's Independent Monitoring Panel (IMP), a CSO Representative, and the CSO Platform Secretariat. Thirty-four respondents participated in an online quantitative survey, and 19 key informant interviews were conducted to collect perspectives on the Platform from multiple categories of stakeholders.

Overall, the evaluation concludes that the Platform has been effective in its ability to:
   1) engage communities and civil society in malaria elimination efforts in the GMS;
   2) improve the effectiveness of the RAI investment in the GMS through collective advocacy;
   3) facilitate coordination between CSOs and NMCPs – although more is needed – and communication and information sharing in some countries;
   4) facilitate in-country dialogue meetings; and
   5) provide essential training courses that have been useful to malaria elimination initiatives.

The Platform therefore serves as a key coordination and support role for CSOs implementing RAI grants, and it is recommended without reservation, that the Platform needs to continue this role, which is vital to RAI's effectiveness and ultimate success. Given its success in these roles and its growing influence, the Platform may consider expanding its mandate to include malaria CSOs outside of the RAI structure, and connect with more CSOs working on programs beyond malaria, but with aligned goals.

The evaluation also identified critical areas for improvement for the Platform. In particular, the coordination between NMCPs, CCMs, and the Platform needs further strengthening to foster greater acceptance of CSOs and their contribution to malaria elimination in order to build a stronger sense of partnership moving forward. While current Platform activities were recognised for their usefulness and considered to be fit-for-purpose, minor adjustments in delivery are needed. Areas to address include language issues in meetings and training events, providing more conducive conditions to enable country focal points and steering committee members to carry out Platform-related activities, and redesigning site visits to be more learning-oriented. Similarly, while the Platform's current communication materials and channels are recognised and appreciated, there are opportunities to improve its effectiveness in focusing on its more effective channels, such as Facebook and its website, and adopting more personalised communication approaches, e.g. using messenger applications and phone calls. It may also look at amplifying its messages by strategically linking with local, regional, and global media. Finally, the Platform also needs to continue ensuring that its representatives are neutral, transparent and free of conflicts of interest, in that they represent the interests of civil society and their constituent communities as a whole, rather than their individual organisations. This will allow the Platform to continue to be recognised as accountable and responsive to the communities, stakeholders, and the Global Fund.

Overall, the evaluation's recommendations are as follows:

1. Further improve the **coordination** between NMCPs, CCMs and the CSO Platform.
2. Maintain the Platform's focus on the following **core activities**: Regional and country consultations (focusing on strategic links between the two levels), field visits; communication, coordination and information sharing; capacity strengthening; and fostering evidence-based advocacy.
3. Review the design of **field visits** to focus more on reflection, learning, and lesson dissemination.
4. The Platform should continue focusing on RAI, but **extend its mandate** beyond Global Fund – and potentially malaria – for advocacy and partnership.
5. The Platform should continue identifying and addressing CSO **capacity-building** needs.
6. The Platform should improve its linkages and engagement with **media**.
7. In identifying the new RAI RSC CSO **Representatives**, the Platform should maintain the profile of the current independent RAI RSC CSO representative, and seek a gender balance.
8. Create more **conducive conditions** to support the country focal points and steering committee members to be able to fulfil their roles and responsibilities to the Platform.

Background

Established in 2014, the Regional Malaria Civil Society Organisation (CSO) Platform in the Greater Mekong Sub-region (GMS) is a network of CSOs from the Global Fund Regional Artemisinin-resistance Initiative (RAI) implementing countries: Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam. The Platform serves as a common space for CSOs to share experiences, learn, coordinate, advocate, and ensure the transparency, accountability, and good governance of RAI-supported activities in the region. This includes supporting CSOs implementing RAI-funded projects to strengthen their capacity to improve service delivery and ensure effective program implementation. The Platform also serves as the CSO engagement mechanism to ensure that CSO voices and interests are appropriately represented on the RAI Regional Steering Committee (RSC) through its two elected representatives. The CSO Platform is supported by a Secretariat, which plays a coordinating, facilitating and administrative role. The Secretariat is currently hosted in Bangkok by the American Refugee Committee (ARC), from 2018 to 2020, and it will continue in this role the next funding cycle, RAI3E, 2021-2023.

CSO Platform Milestones

Year	Milestone	Funded by
2014-2016	First established as a cross-border malaria CSO network covering Thailand, Myanmar, Cambodia, and Lao PDR, it focused on cross-border information sharing and behaviour change communication (BCC) targeting migrant workers. The Platform supported CSOs with preparing information, education and communication (IEC) materials in different languages, and sharing BCC tools.	**Raks Thai Foundation:** under Global Fund country activities; **Rollback Malaria:** supported a resource person and meeting expenses; **RAI RSC Secretariat:** funded CSO representatives to travel to a meeting under the RAI grant **French 5%:** supported CSO participants to travel to attend meetings.
2016-2018	Expanded the Platform's role to support CSOs implementing the Global Fund (GF) RAI grant. Other CSOs implementing malaria projects in other countries under GF RAI1 joined, as well as a Vietnam CSO working on HIV in the absence of malaria partners. Supported RAI RSC CSO Representatives to collect information from project sites to advocate at the RSC level. Organised two large regional consultations and at least one field visit per year, and participated in RAI RSC meetings and RSC-organised field visits.	**APLMA:** Funding supported a project coordinator and travel. **RSC secretariat:** Meeting expenses and a field visit were funded by the GF RSC budget under RAI1.
2017	First CSO Platform evaluation conducted	**RSC Secretariat**
2018-2020	Evolved into a stronger CSO network representing all Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR, and Vietnam. The Platform started receiving	**Global Fund RAI2E:** Regional Component Package 6

Year	Milestone	Funded by
	financial support from the Global Fund as a Sub-Recipient (SR).	

The Regional Malaria CSO Platform aims to play an important role in:
a) documenting and sharing best practices, challenges, and lessons learned in CSO engagement;
b) improving coordination between CSOs and National Malaria Control Programs (NMCPs) to plan and implement work collaboratively;
c) helping CSOs to identify gaps in services in border areas, in order to better reach mobile and migrant populations who can face legal and policy barriers, as well as discrimination and stigma;
d) enabling CSO and community voices to be heard on the RAI RSC through two CSO representatives.

As the current mandate and funding cycle of the Platform draws to a close in 2020, it is an opportune moment to evaluate the effectiveness of Platform, in terms of its key activities, governance structure, and impact on member CSOs participating in malaria elimination efforts. Furthermore, following a report of the Independent Monitoring Panel (IMP) of the RAI RSC, the evaluation aimed to gather additional independent information better understand some of the issues raised. To lead this effort, the Platform contracted SUPA71 Co., Ltd (SUPA71), a research firm based in Bangkok, Thailand. Through its pool of highly qualified professionals, it provides a range of technical expertise to meet the research demands of countries in the GMS. SUPA71 is independent from the CSO Platform and the RAI structure, and was selected through a competitive bid process. Dr. Kanokwan Suwannarong, Director of SUPA71 and lead evaluator for this evaluation, has over 20 years of experience managing various aspects of assessment and evaluation. The evaluation team also included Mr. Thanomsin Ponlap, Social Science and Civil Society Organisation Expert, who assisted in designing the data collection tools, data collection, qualitative data analysis, and write-up.

Objectives of the Evaluation

As the CSO Platform looks ahead to its next three years with continued financial support of the Global Fund, this evaluation was carried out in order to review the Platform's performance to date, and to provide recommendations on how the Platform can further enhance its effectiveness and impact. Specifically, the evaluation was designed to assess the Platform in terms of:
1) to assess the Platform's objectives and activities set out in the work plan, and recommend ways to improve the delivery model;
2) to evaluate the effectiveness of the Platform in addressing the challenges of malaria elimination and beneficiary needs, and the subsequent potential for scale-up of the Platform's mandate;
3) to determine to what extent CSO Platform activities were implemented effectively and efficiently to deliver the expected results; and
4) to evaluate the Platform's accountability to communities, stakeholders, and the Global Fund.

Evaluation Methodology

Design and Data Collection Methods
The evaluation used a concurrent mixed-methods approach that consisted of a desk review, non-participatory observations, a quantitative online survey, and qualitative data collection, as described below.

1) Desk Reviews and Observations

The evaluation team used the desk review to gather relevant information about the Platform from several sources. These sources included existing reports, meeting notes, presentations, and related project documents from stakeholders and CSO Partners, the Platform website, materials published by Platform partners, and the Platform Secretariat. The evaluation team used the results of the desk review to design the data collection tools.

To understand the context and mechanism of the Platform, the evaluators observed the country consultation meetings that were held as part of the RAI3 funding request development process in Lao PDR on January 16, 2020, Thailand on January 20, 2020, and Myanmar on January 23, 2020. These observations were used to supplement the findings of the quantitative online survey and qualitative data collection.

2) Qualitative Data Collection

The qualitative data collection method used Key Informant Interviews (KIIs) to solicit input from 19 respondents from four categories of stakeholders.
(i)   National Malaria Control Program/Country Coordination Mechanism (1 participant)
(ii)   Independent Monitoring Panel/Chair of Regional Steering Committee (RSC)/the Secretariat of the RSC/RAI Principal Recipient/ Global Fund Secretariat (9 participants)
(iii)   RAI RSC CSO Representative/Alternative Representative/CSO Focal Points (7 participants)
(iv)   CSO Partners (2 participants).

3) Quantitative Online Survey

The quantitative online survey link was sent via email to 63 individuals from 35 CSO partners organisations. The objective of the online survey was to gauge opinions towards certain aspects of the Platform in order to identify which areas are working well, and where there are opportunities for improvement. The survey used a 5-point Likert Scale (1= the least and 5 = the most) to assess responses, and provided opportunities for comments. Thirty-four individuals responded, representing 19 CSOs.

Data Collection Tools

SUPA71 drafted the study tools and submitted them to the Platform Secretariat for review. The tools were developed in consultation with the Independent Monitoring Panel (IMP) to ensure that they addressed the issues raised by the IMP report, to ensure that two assessments would complement and reinforce each other. To promote peer-learning, the tools were also shared with the RAI RSC CSO Representatives and the five country focal points to ensure that the key questions they wanted to further explore were reflected in the tools. The list of the CSO Partners and stakeholders to be invited to participate in the online survey from the Platform Secretariat was received. The quantitative online survey and qualitative discussion guides are presented in Annex A and B, respectively.

Data Collection Period and Process

The data collection period was from January 16, 2020, to March 31, 2020, with the following activities occurring concurrently:
1. Desk review
2. Meeting observation
3. Key Informant Interviews (qualitative)
4. Online survey (quantitative)

Data Analysis

The quantitative data were analysed by reviewing results for each question in frequencies and percentages using Microsoft Excel. For the KII, the evaluation used thematic analysis to review results against the research question themes. Results from the qualitative and quantitative analyses data were triangulated wherever possible.

Strengths and Limitations of the Evaluation

The evaluation used multiple methodologies, including desk reviews, observation, qualitative multi-stakeholder interviews, and quantitative online surveys in order to triangulate findings. Multi-stakeholder interviews created inclusiveness, and opportunities for data validation and fact-checking within and across stakeholders. However, the response rate for the online survey was low (54%), despite multiple rounds of follow-up by the evaluation team, and extending the survey period. Potential reasons for this could be the need for a good internet connection to complete the survey, the fact that the survey was only available in English, or other issues relating to the time, understanding, or interest of invited participants. However, using qualitative interviews as the primary methodology, the evaluation was still able to interpret themes and answer the evaluation questions with adequate rigor.

Desk Review Results

The Malaria Situation in the GMS

Malaria, a life-threatening disease, is an important public health issue worldwide. The disease typically occurs in tropical and subtropical regions, including the GMS countries. In 2018, the World Health Organisation (WHO) reported 228 million malaria cases and 405,000 deaths worldwide [1]. In 2019, malaria cases in GMS countries dropped by 65% in the first half of the year compared to the same period in 2018 [2], and malaria-related mortality and morbidity numbers have declined. However, there is still evidence of malaria transmission in border areas [3, 4] that is extremely difficult to monitor, particularly in forests or forest-fringe areas [3], and among hard to reach or marginalised populations, such as mobile populations and remote ethnic groups. Other challenges facing the region include growing multi-drug and insecticide resistance of *Plasmodium Falciparum (Pf)* [5, 6], maintaining the political commitment of governments amidst competing priorities, and sustaining the engagement of community members in activities to eliminate the disease.

Previous Platform Evaluation

In 2017, the Platform commissioned an evaluation to assess the effectiveness of its engagement with civil society organisations in terms of information sharing, coordination of advocacy and programme activities, and collaboration with national programmes for the period of 2014-2017. Significant achievements were observed in advocacy and coordination by the Platform during RAI1, and the Platform was seen to be playing a key role in advocating on behalf of affected communities and the challenges they faced, and sharing evidence and best practices in implementing malaria activities. The Platform's coordination efforts at both the country and RSC levels were acknowledged by the various malaria CSO partners, especially during the preparation of RAI2E funding requests. Overall, the unique added value of the Platform was the inclusion of community voices in national and regional consultations, and the coordination of advocacy around the issues and challenges facing malaria CSOs in activity implementation and collaboration with government. The recommendations from that evaluation guided structural changes to improve the governance and transparency of the Platform in RAI2E, and identified the key activities for the Platform to implement under RAI2E grant, in order to build on the Platform's core strengths in coordination and advocacy at that time.

The evaluation concluded that the Platform should maintain its focus on advocacy, documenting best practices and challenges, sharing information with wider partners, and improving coordination and collaboration with country partners and NMCPs. It also emphasised the need to improve interactions with the NMCPs and Country Coordinating Mechanisms (CCMs).

The Global Fund's Regional Artemisinin-resistance Initiative (RAI) Grant

The growing threat of artemisinin-resistance in the GMS needs regional solutions. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF) initiated a regional grant in 2014 covering the five countries – Cambodia, Lao PDR, Myanmar, Thailand, and Vietnam – to establish and support this regional approach. The original RAI grant aimed to complement the country component (New Funding Model) in each country and create regional momentum from 2014-2017. The successor, RAI2E (Regional Artemisinin-resistance Initiative 2: Elimination), consolidated GF malaria funding streams in the region into a single envelope, divided into country components and a regional component for 2018-2020.

While RAI's country components have supported the implementation of National Strategic Plans, the regional component focuses on filling gaps, particularly where there are regional elements, such as cross-border activities. The regional component subdivides into six sub-packages, and the CSO Platform is supported under Package 6: Support constituencies through regional multi-sectoral collaboration. RAI1 allocated $115 million for 2014-2017 to the five GMS countries, which was an unprecedented level of funding. RAI2E provided an even more generous $243 million to accelerate the elimination of *P. falciparum* malaria in the GMS. RAI2E support has increased malaria service provision for remote populations in border areas and other at-risk populations, increased malaria case management through health volunteers, and strengthened national surveillance systems. The Global Fund has recently allocated $230 million for 2021-2023. In the GMS, the Regional Steering Committee (RSC) was established in 2013 to serve as the regional oversight body of RAI, and includes representatives from the five country governments, WHO, civil society representatives, private sector, development partners, research institutions, and academia. The RSC steers Global Fund-supported malaria activities in the GMS, taking collective responsibility for strategic direction, and allocating and reallocating Global Fund resources as needed. UNOPS, the Regional Principal Recipient (PR) for RAI2E, has implemented the grant in collaboration with Global Fund partners at the country level, under the leadership of each country's Country Coordinating Mechanism (CCM), and the strategic oversight of the RSC. Civil society has two voting representatives on the RSC, who are elected for three-year terms to engage and represent malaria-affected communities and CSOs through the Platform, which is funded by the Global Fund under the RAI2E for 2018-2020.

RAI has been hailed as one of the most impactful investments by the Global Fund. Since the beginning of RAI, the reported number of malaria cases has dropped by 81%, and deaths by 95% – moving the GMS countries further along the path towards malaria elimination. This achievement is remarkable, given that the GMS once recorded the highest burden of *P. falciparum* malaria outside of sub-Saharan Africa, amidst growing drug-resistance. One of the key factors contributing to these achievements is considered to be having a civil society constituency representing and engaging malaria-affected communities, creating opportunities to contribute to the dialogue, decision making, and delivery of most-needed malaria services to affected populations, alongside other stakeholders in the region.

Objectives of the CSO Platform

The Platform is an engine that drives the CSO constituency to be accountable and effective in its role. It provides vital services in advocacy, communication, and community engagement by facilitating

meetings, consultations, and conducting cross-country learning and site visits. It also connects CSOs to stakeholders who can offer technical assistance to strengthen capacity in malaria grant implementation. The Platform provides a shared space to all GMS CSOs that work on malaria among malaria vulnerable and affected communities, and at the country level, can connect malaria organisations with other related development programs.

The Platform has the following objectives:
- To **facilitate** meaningful coordination and partnership between civil society organisations and other key malaria actors including donors, governments, and other relevant stakeholders (e.g. ethnic health organisations and data sharing entities);
- To **advocate** for policy, strategies, and plans that respect the rights of all communities in the GMS and include community-based services. This includes communicating the successes, and unique contribution of communities and civil society to malaria elimination, advocating for an enabling environment, domestic resource mobilisation, budget accountability, and more funding for CSOs;
- To **develop** the capacity of civil society actors by leveraging the strengths of implementing and other technical partners, particularly in community engagement and advocacy.

Governance of the Malaria CSO Platform

The Platform is structured as follow:
1) **The Project Advisory Team (PAT)** includes one focal point from each of the five countries, one RAI RSC CSO Representative, one Alternate CSO Representative, and ARC Senior Management. PAT acts as a core group that guides the Platform on project implementation and technical aspects.
2) **CSO Representatives to the RAI RSC** play an advisory role in the Platform and guide activity implementation. The CSO Representatives are fully empowered to participate in RSC decision-making processes on behalf of the Platform. This includes approving key RAI-related documents, voting on other decisions, and participating in RSC sub-committee panels, both in person and remotely. The CSO Representatives include two Alternate Representatives who are elected to work on a voluntary basis to represent the interests of the entire constituency, not on behalf of an individual organisation.
3) **The Platform Steering Committee** is the main decision-making body of the Platform. It consists of three CSO members from each RAI2E country. The members are elected by each national network to collaborate on technical aspects of malaria elimination activities and regional coordination to represent the needs and priorities of each country and affected community. The Platform Steering Committee meets at least twice per year to discuss Platform activities and ensure its effective and transparent governance. These mechanisms work closely with the RSC CSO Representatives to ensure that CSOs are engaged in all decision-making at country, regional, and global levels. In each country, a Country Focal Point is selected to act as the centre for communication and coordination at the national level, and to represent national CSOs on the Platform. A list of the organisations that are part of the Platform Steering Committee is presented in Annex C.
4) **CSO Partners:** The Platform's members are primarily malaria CSOs who are RAI2E SRs. In some countries, CSOs implementing non-GF malaria projects are also included (e.g. one CSO funded by the President's Malaria Initiative), and therefore constitutes the broader malaria CSO community in the region. Partners are consulted at the national level and engaged in the Platform's regional activities, and their role is to represent the voice of the communities, and to contribute to and learn from the experiences and evidence gathered by others to improve the efficacy of malaria elimination activities.
5) **The Platform Secretariat:** To provide the operational framework to carry out the Platform's activities, American Refugee Committee (ARC) was selected by the RSC to host the Platform at the

beginning of the RAI2E grant. A Project Manager and a Technical and Communication Coordinator form the Secretariat team to coordinate and communicate within the Platform, and as well as with external stakeholders. The Secretariat serves as the link between the RAI RSC CSO Representatives and the wider CSO constituency by sharing strategic information, facilitating discussions across the Platform, and collecting and synthesising information from the Platform's partners to produce key communication pieces.
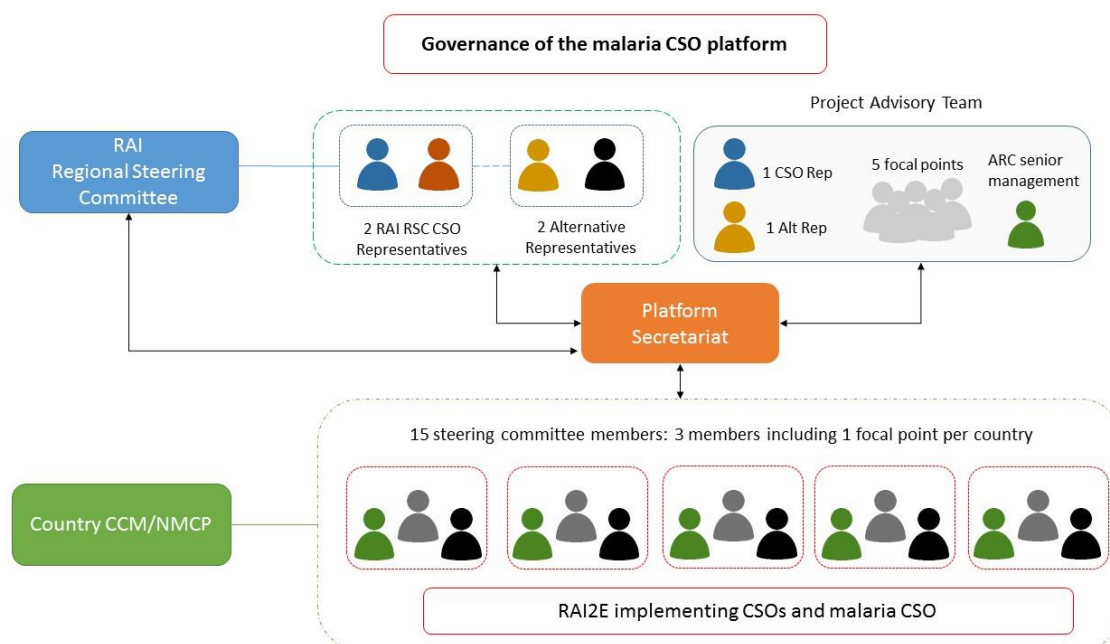

Figure 1: Governance of the malaria CSO Platform

Activities of the Platform

The Platform has been performing the following key routine activities from 2018 to 2020:

1) **Regional consultations** have been conducted twice a year. These meetings serve as a forum to discuss RAI implementation issues raised by CSOs. They are usually organised immediately before the RSC meetings and link to the RAI meeting agenda in order to prepare key data and messages. The consultations therefore enable CSOs to contribute to RSC discussions in a structured way, and to CSO-related issues and community priorities. The meetings also allow CSOs to learn and share information with each other, while providing the CSO RSC Representatives with a clear understanding of implementation updates, challenges, and priorities. As an example of the value of these meetings, during the RAI3E funding request preparation process, these consultations enabled effective and rapid consultation with the CSO constituency to be developed into clear inputs to contribute to RSC decisions through meaningful and inclusive dialogue with other regional stakeholders.

2) **National consultation meetings** bring together all types of CSOs – international and national non-governmental organisations (NGOs), community-based organisations (CBOs), ethnic health organisations (EHOs), migrant and other community networks etc. – with representatives from NMCPs and CCMs to discuss RAI2E implementation progress, issues, challenges, and best practices at the country level. These meetings are organised once or twice per year, and are useful to help country networks prepare for the regional consultations in order to present a clear message and priorities from each country to inform the regional Platform's position.

3) **Field visits** have facilitated cross-partner learning by bringing together the RSC CSO Representatives, Secretariat team, and CSO focal points/representatives from each country to participate in site visits. The objectives of these visits are two-fold: (1) to facilitate cross-partner, cross-country learning from each other's experiences and successes, in order to identify best practices to apply to their programs to improve the impact; and (2) to enable the RSC RAI CSO Representatives to engage directly with affected communities to help them better understand the situation on the ground first-hand, and therefore better represent the issues, challenges, successes and realities to the RSC.

4) **Training and coordination activities for technical support to CSOs** are designed to provide technical assistance to CSOs to improve their technical and advocacy capacity. In July 2019, a capacity development and mentorship training workshop was organised, covering advocacy, data management, and behaviour change communication (BCC) in Bangkok, Thailand. These topics were selected based on the results of a survey of Platform members on their priority training needs, targeting field workers to strengthen front-line capacity.

5) **Community network building** activities enable CSO partners to explore existing community networks to strengthen meaningful community engagement in the Global Fund RAI grant. For instance, in Lao PDR, CSO partners identified networks of volunteers, youth, and women, and strengthened the malaria worker and volunteer network by using a WhatsApp group for information sharing and malaria education at the community level. This network now includes local health authorities at the provincial level. Field CSO staff in the province are connected by a separate WhatsApp group, which includes CSO project managers, CCM members, and national program representatives. The Cambodia team also established a VMW network in Memang Health Centre, Mondulkiri Province, to share updated information and address challenges within the group using Facebook Messenger. While this was implemented by CSO partners themselves, the Platform provided funding for training, and provided support to develop the agenda, engage the NMCP, and provide technical assistance.

6) **Communication and information sharing between CSO members** has been facilitated by the Platform through various communication platforms such as newsletters, Facebook, Twitter, a website[1], email, and presentations. The information shared includes technical malaria guidance, and updates on Platform activities, such as upcoming events, advocacy initiatives, and malaria-related publications.

7) **Advocacy approaches** were utilised to support RAI2E CSOs to plan and prepare advocacy agendas and activities at the national and regional levels to address community malaria issues. Three thematic areas of the advocacy plan and strategies with specific activities were agreed among the CSOs from the five countries:
   a. Community engagement and community-led service
   b. Multi-sectoral collaboration and domestic resources for universal health coverage (UHC)
   c. Surveillance and data use.

Results

Profile of Online Survey Respondents

The evaluation team invited 63 individuals (proposed by country focal points) representing 35 CSOs connected to the Platform to participate in an online survey. The response rate was 54%, with only 34 respondents from 19 CSO partners participating. While all five countries were represented, over one-third of the survey respondents (12, 35%) were from Myanmar, followed by Thailand (5, 15%), Cambodia

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[1] https://www.malariafreemekong.org/

(4, 12%), Lao PDR (4, 12%), Vietnam (3, 9%), and unknown countries (6, 18%). Sixteen respondents (47%) held central managerial positions, followed by senior officer/coordinator level (12, 35%), executive level (country director/ country focal point) (4, 12%), and field implementation staff (2, 6%), (see Figure 2). Lists of the online survey respondent organisations can be found in Annex D.

Figure 2: Position of online survey respondents
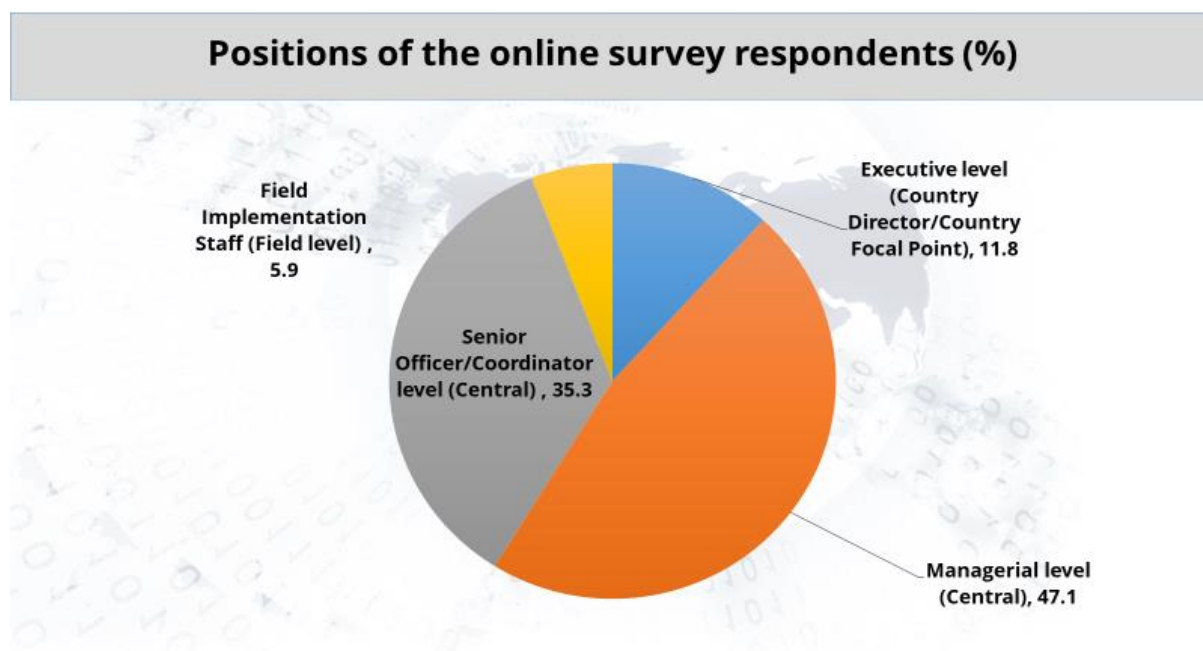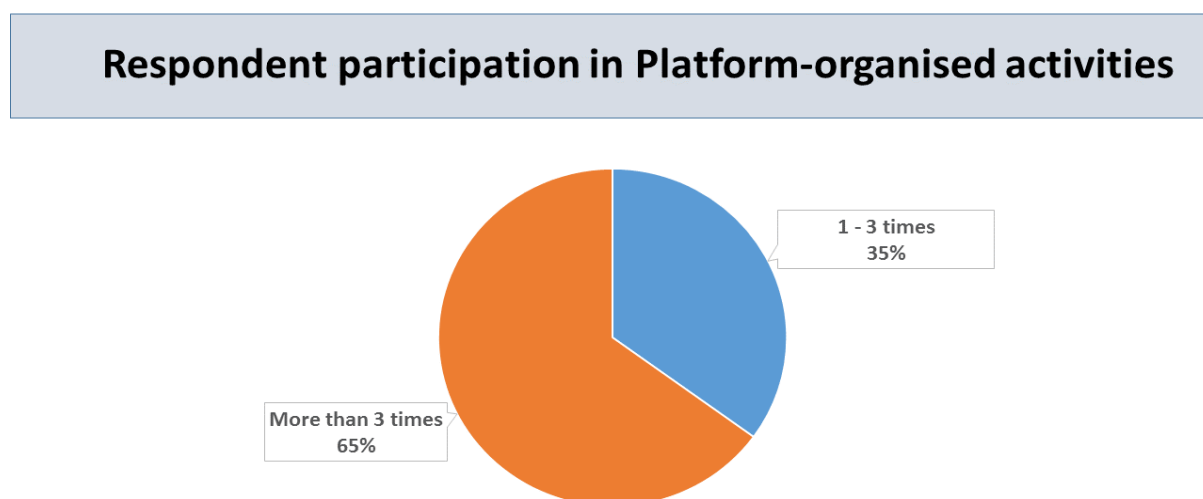

Figure 3: Participation in meetings, workshops or training organised by the Platform

Twenty-two respondents (65%) participated in meetings, workshops or training activities organised by the Platform at least three times, and 12 respondents (35%) attended 1 – 3 times. Most respondents were therefore reasonably familiar with the Platform and its activities (Figure 3).

Twenty-seven respondents (79%) participated in regional and country consultation meetings, 17 respondents participated in community engagement activities (50%), 16 in advocacy (47%), 14 in country field visits (41%), 13 in capacity building for CSOs (38%), 10 in network building activities (29%), 6 shared advocacy materials with the Platform's website, newsletters, and Facebook (18%), and 4 cited "Other", which referred to organisation's specific activities (e.g. governance, private sector engagement, and clinic-based services) (12%). These responses are presented in Figure 4.

Which CSO Platform activities have you been involved in?
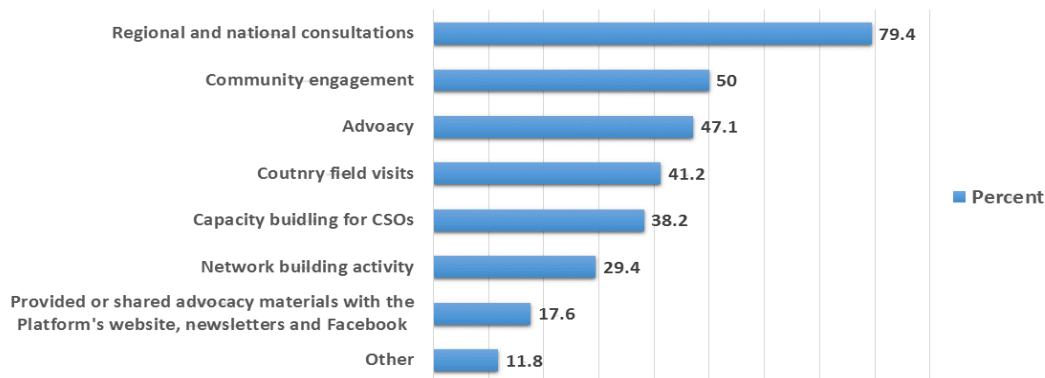
Figure 4: CSO Platform activities that respondents had been involved in

KII Respondent Profile

The evaluation team used non-probability, purposive multi-variation sampling to select the KII respondents. The multi-variation allowed the evaluation to include the perspectives of a variety of stakeholders. The evaluation team selected the key informants from various stakeholder groups who would have an in-depth knowledge of RAI and work of the Platform, however, representation from each category was not equal. The groups of stakeholders interviewed were:

1) NMCP/CCM Representatives (1 representative)
2) IMP/RSC Chair/RSC Secretariat Team/PR/Donors (9 representatives)
3) RAI RSC CSO Representative/Alternative Representative, and CSO Focal Points(7 representatives)
4) Malaria Civil Society Organizations who are RAI2E SRs (2 representatives).

The evaluation team developed the initial list of key informants in consultation with the Platform Secretariat. Nineteen respondents (14 males and 5 females) agreed to participate in KIIs either as face-to-face or online interviews (Skype, WhatsApp, or LINE). The lead evaluator conducted the interviews, and only the lead evaluator and her team were present during the interviews. Field notes were taken during the interview and have been kept confidential to ensure anonymity. The final KII respondents and distribution are shown in Figure 5.

Roles of the Key Informant Interview (KII) respondents with the Platform (%)
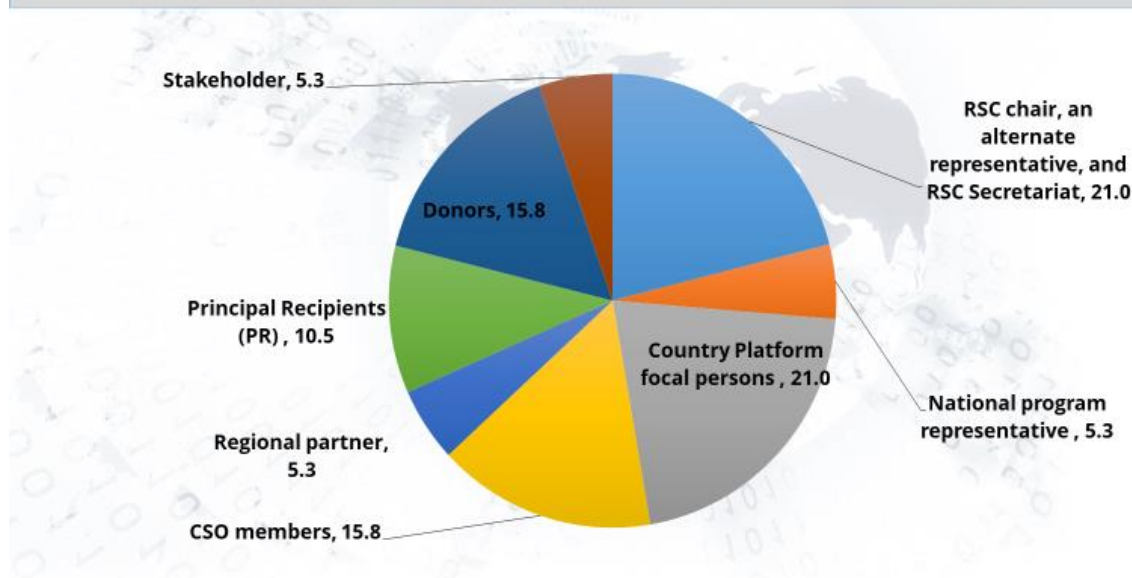
Figure 5: Roles of Key Informant Interview (KII) respondents

Findings

The findings are presented below, grouped by evaluation themes:

NMCP/ CCM Engagement Mechanism with CSOs

The Platform is an effective mechanism to achieve better engagement of CSOs with NMCPs through information sharing, coordination, and advocacy at the country and regional levels.

The online survey results found that the Platform is generally considered to be an effective mechanism **in facilitating coordination between CSOs/EHOs and NMCPs in malaria response.** Out of 34 respondents**,** the majority of them were neutral on this statement (14, 41%), and very few disagreed (2, 6%) and 1 strongly disagreed with the statement (Figure 6). Eleven respondents (32%) agreed with this statement and 6 respondents (18%) strongly agreed with this statement. From the survey, it can be inferred that the Platform **has reasonably achieved** its objective to facilitate malaria response in coordination with the CSO Partners and NMCP, although more needs to be done to coordinate with EHOs.

The Platform is effective in facilitating close coordination with CSOs/EHOs and NMCPs in malaria response.
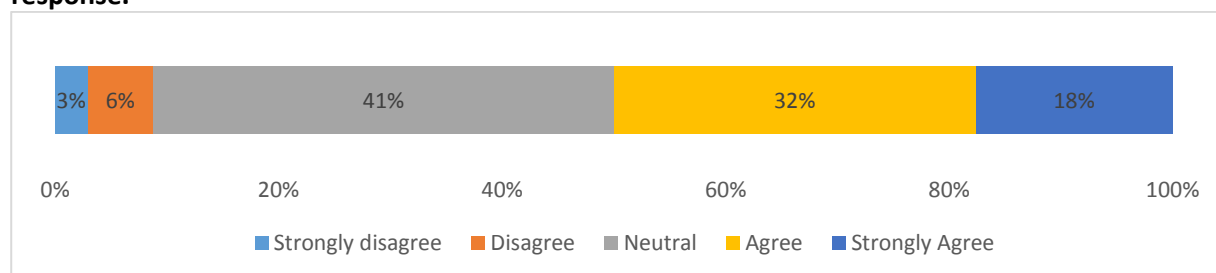
Figure 6: Effectiveness in facilitating close coordination with CSOs/EHOs and NMCPs in malaria response

Results of the key informant interviews also supported this finding identifying civil society's critical role in delivering services to remote and marginalised communities, complementing NMCP strategies to reach their malaria elimination goals. The Platform's role was recognised in terms of its support to the CSOs in facilitating national and regional dialogues, and providing strategic guidance.

> *"CSOs are the backbone of malaria work in our country."*
> *(NMCP Representative)*

However, the effectiveness of the Platform's work may be limited by reservations that some NMCPs have towards CSOs, and to some extent, the Platform itself in some countries. Better coordination and trust-building are still needed between NMCP and CSOs, particularly in countries where NMCPs do not allow CSOs to test and treat malaria. In Thailand and Vietnam, opportunities are missed due to the few channels available for CSOs to reach the NMCP and CCM representatives, and therefore to deliver malaria services.

> *"It is quite difficult to reach the NMCP because they have been busy with their schedules."*
> *(Country focal point)*

The evaluation team observed that NMCP representatives in some countries attended the consultation meetings and provided brief malaria updates from their countries. This demonstrates the improving relationship between NMCP and CSOs, which needs to be nurtured moving forward.

Platform Influence at the Regional and Country Levels
Regional Level

The Platform's role at the regional level is well recognised, especially in advocacy, information sharing, and coordination. This recognition was attributed mainly to the results of national and regional consultation meetings, in which the Platform – through its CSO Representatives – shared country updates on activities, data, lessons learned and best practices with the RSC, contributing to meaningful discussions.

However, the Platform needs to demonstrate a high level of transparency in representing communities and CSOs. This is important for sustaining stakeholder buy-in, and maintaining country support. Some KII respondents suggested that an area for improvement by the Platform is to ensure that malaria-affected communities are the key constituency represented, not individual organisations, and to ensure that representatives have no conflicts of interest – real or perceived. The Platform and its representatives must remain neutral, which it is not currently perceived to be the case by all stakeholders.

> *"They (the Platform) have not been able to be a broker between the different CSOs in each of the countries." (Donor representative)*

Country Level
There is growing recognition of the role that the Platform plays in supporting in-country activities by the NCMP and CSO Partners. However, in some countries, there are still negative perceptions of CSOs and the Platform due to the perceived competition for funding between NMCPs and CSOs, which could lead to a lack of willingness to coordinate.

> *"The government perceives the CSOs as their competitors, especially for funding and in some areas of work. This causes us difficulties in implementing our work."*
> *(Country focal point)*

Respondents' level of agreement varies on the statement regarding how the different Platform structures perform in **planning, coordinating, and implementing of key Platform's activities.** Five respondents (15%) strongly agreed that the country focal points are effective in their roles, followed by CSO representatives (3, 9%), the Secretariat (2, 6%) (Figure 7). In contrast, almost half of the respondents disagreed (11, 35%) and strongly disagreed (3, 9%) that the steering committee is effective in its roles. Survey respondents – particularly from Cambodia – expressed concerns about the effectiveness of the Secretariat, the focal points, and Steering Committee Members by giving the lowest score of 1.
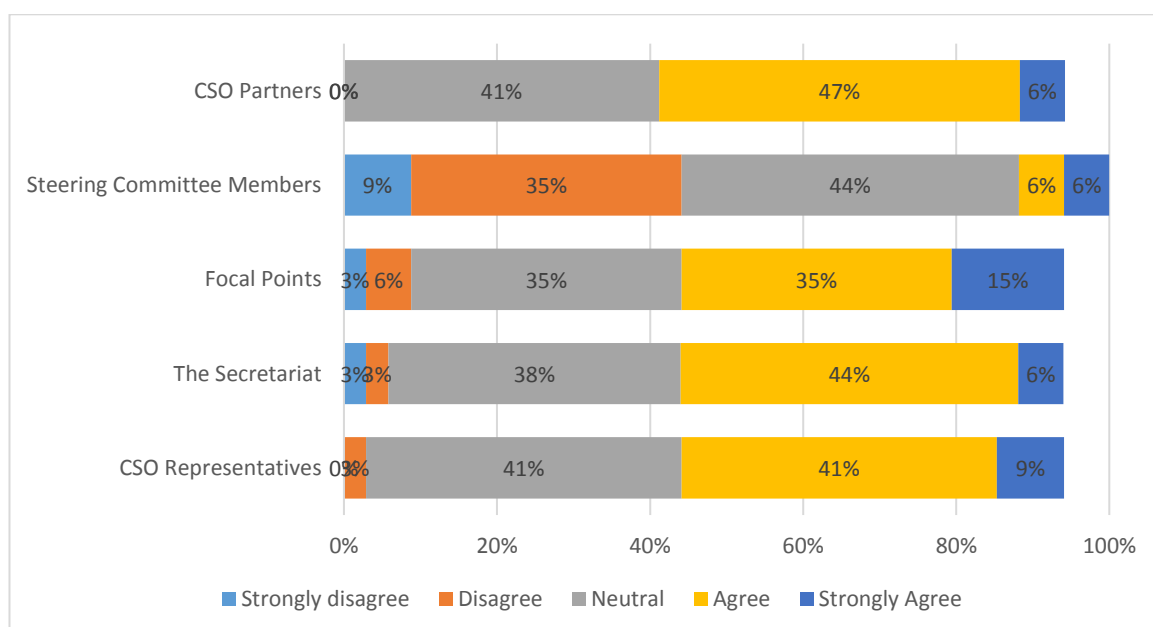
Figure 7: Main actors' effectiveness in planning, coordinating, and implementing key Platform activities

Steering committee members and the country focal points need to act as a country-level secretariat. They are responsible for in-country coordination and organising (e.g. meeting invitations and logistical arrangements) Platform-related national activities (advocacy, meetings), as the Bangkok-based Platform Secretariat can only provide remote support in planning and document preparation for national activities. This can be a challenge for steering committee members and country focal points, as they are full-time employees on their respective projects. KII results revealed that part of the challenge facing the focal points is that the actual time needed to achieve their Platform-related responsibilities was more than what was stipulated in their terms of reference (20% of their time).

> *"As we perform our respective responsibilities with our organisations, we do not have much time to focus on Platform activities."*
> *(Country focal point)*

The Platform's Effectiveness in Communication and Advocacy

The online survey supported the **effectiveness of the Platform in documenting good practices, challenges, and gaps, to support evidence-based advocacy at both country and regional levels.** There is consensus among respondents that the Platform is effective in this area with most agreeing with this

statement (strongly agreeing respondents: 5, 15%; and agreeing: 15, 47%). While nearly a third of respondents were neutral on this statement, very few disagreed (2, 6%) (Figure 8).
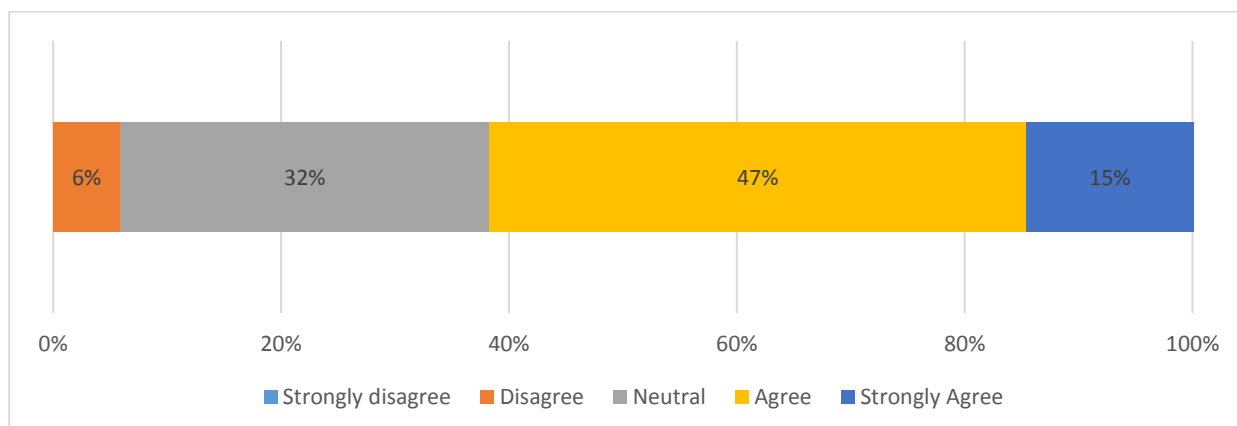
Figure 8: Effectiveness in documenting good practices, challenges, and gaps to support evidence-based advocacy at both country and regional levels

The effectiveness of the Platform's advocacy work is more noticeable at the regional (RSC) level, and opportunities exist to grow its effectiveness at the country level. The majority of respondents recognised the effectiveness of RSC CSO Representatives at representing civil society.

> *"I could not imagine if there is no Platform and how I could connect with the CSOs"*
> *(RAI RSC Secretariat)*

KII respondents acknowledged the advantage of having a CSO Representative on the RAI RSC who has an independent profile. There is a perception that not being employed by any programme funded by the Global Fund in the region gives one of the CSO Representatives more freedom to express opinions and views on behalf of malaria-affected communities, compared to the other RSC CSO Representative who is a representative of a RAI-funded implementing organisation in Myanmar. It is seen by stakeholders to be critically important to have RAI RSC CSO Representatives with no conflicts of interest in order to advocate more effectively at the RSC. Some respondents expressed their concern that the current independent CSO Representative's term will soon come to an end, and recommended that the Platform should strive to maintain an independent profile for at least one of the two RAI RSC CSO Representatives to preserve the effectiveness of their advocacy.

> *"We admire a lot of the work of the CSO Platform, especially the independent, neutral RAI RSC CSO Representative, who can represent community voice and advocate effectively. We are concerned when he leaves and what it will mean for the Platform."*
> *(Several country focal points, and donor representatives)*

Aware of this concern, the RAI RSC CSO Representative has been providing coaching to the Platform Secretariat, RAI RSC CSO alternate representatives, and Platform Steering Committee members for some time to prepare Platform leadership moving forward. As recommended by the RAI RSC CSO Representative, senior staff of the Platform may be able to continue his leadership or find his replacement for the next round of funding. This person has been an active contributor to Platform activities, and he is well-recognised by various international organizations, and will be difficult to replace.

> *"In preparation, I have mentored several people within the Platform to continue the work of the Platform." (RAI RSC CSO Representative)*

Effectiveness of consultations

Regional Level

Regional CSO consultation meetings provide unique opportunities for different actors in the region to connect, collaborate, and share. Regional meetings are considered useful to enable CSOs to raise their concerns, define implementation challenges, promote peer learning, and create a platform for multiple stakeholders to hear community voices and find solutions to their needs. These meetings also serve as a key link between CSOs and the RSC.

> *"The regional consultation is helpful to provide updates on the malaria situation and work in each country." (A donor representative)*

Country Level

Country CSO consultation meetings are effective mechanisms for national-level dialogues and help link with regional consultation meetings, and subsequently to the RSC. These meetings were perceived as helpful for the CSOs to engage in country dialogue in order to prepare themselves to contribute to regional dialogues. Some respondents also addressed the need to balance CSOs' need to have a safe-space to openly discuss their implementation challenges, while using this opportunity to engage with their NMCP through these meetings.

> *"The country consultation meetings helped us prepare and present strategically to the government for improvement and update them on our CSO's work."*
> *(Several country focal points)*

The challenge has been for the Steering Committee members who are typically given a short time to prepare for the meetings. Their key functions of setting the agenda for the national consultation meeting and facilitating an inclusive dialogue can sometimes be an overwhelming task, although also essential to the success of these meetings. This was also noted by the evaluation team, who observed national consultation meetings in Lao PDR, Myanmar, and Thailand.

Platform and CSO engagement with malaria-affected communities

This section assessed the Platform's ability to engage with affected communities. The representativeness of the Platform, either at the national or regional level, relies heavily on this capability, and also provides credibility to the Platform in demonstrating that it reflects community needs, and to a lesser extent, to promote the interests of its member organisations. From the online survey, the majority of the respondents agreed (13, 41%) or strongly agreed (8, 24%) **that the Platform is able to engage with the CSOs in collecting the voices of malaria-affected communities, to ensure that they are heard in RAI funded programmes.** In contrast, in **developing strong community resilience and systems through engagement with malaria volunteers,** although a fundamental role of the Platform at the country level, survey respondents were more neutral on this statement (Figure 9). Here, however, it is important to differentiate between the role of the CSO Platform itself, and that of the CSOs who are directly serving the communities. The CSOs function as a bridge between malaria-affected communities and the various decision- or policy-making bodies, while the Platform complements that function by ensuring coordination within and across countries, and between different stakeholders, with

an emphasis on regional-level coordination. Overall, these findings highlight the need for the Platform to focus more on the country level for solution-oriented advocacy in the future.
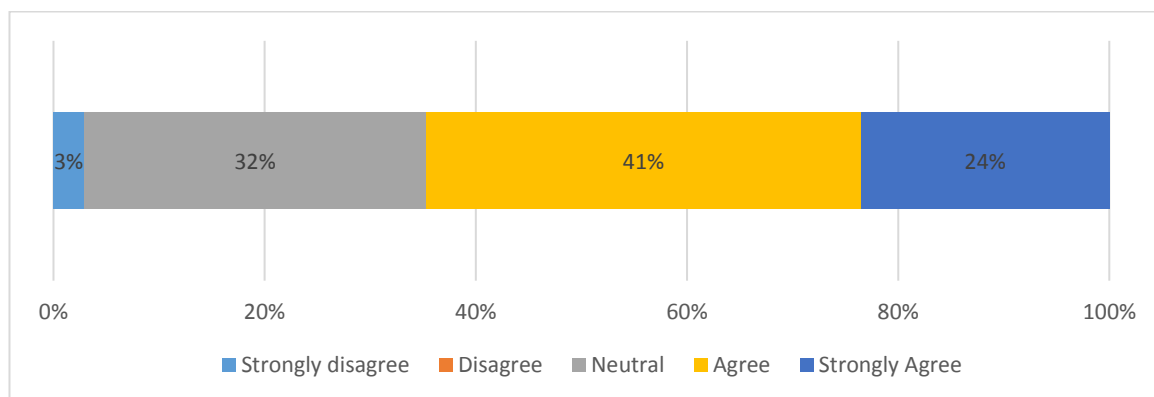
Figure 9: Effectiveness in engaging CSOs in collecting communities' voices
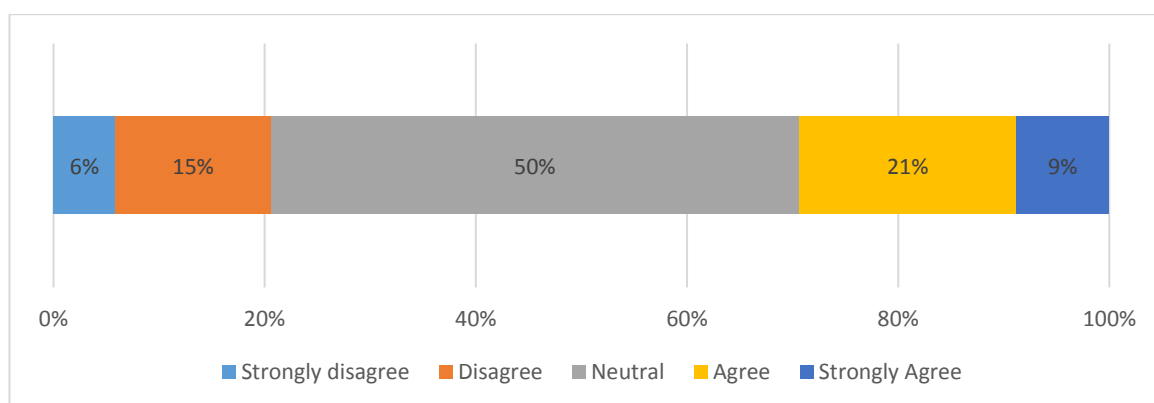
Figure 10: Effectiveness in developing strong community systems through engaging malaria volunteers

The KII results also confirmed that **the country CSOs are well-positioned to reach out to communities and complement government health systems' efforts. If CSOs can gain community trust, they can expand service delivery.** The local CSOs were able to reach and represent remote and marginalised populations, using their expertise in communication and advocacy strategies. However, the high turnover rates among CSO staff emerged as an issue, not only resulting in lost institutional memory, but the need to continually build relationships, and train new staff on key areas, such as health education, advocacy, and communication. Another area for improvement in engaging malaria-affected communities is to pay greater attention to gender issues, particularly by recruiting more female community volunteers to mobilise communities to participate in malaria elimination behaviours and activities.

> *"We need to focus more on the gender balance by having females assist community mobilisation for malaria elimination activities in the community."*
> *(A country focal point)*

Effectiveness of the CSO training

The CSO Platform provided capacity development and mentorship training, covering three topics pertinent to CSO's works on advocacy, data management, and behaviour change communication (BCC). In 2019, the training curriculum was developed in consultation with CSO members through a training needs assessment, followed by prioritising the training topics, and finally in developing the training agenda. Effort was made to avoid duplication of routine training activities happening in

countries. The Platform engaged experts from academia (e.g. University of California San Francisco), implementers (e.g. Population Services International), and advocacy groups (e.g. Asia Pacific Leaders' Malaria Alliance [APLMA] and APCASO) to volunteer their combination of skills to tailor training to the learning needs of the CSOs. Drawing on diverse skill sets from experts in this way would be more difficult to organise at the country level, and it was therefore considered an activity best implemented at the regional level, despite the language challenge it posed. There is demand from participating CSOs for the Platform to organise similar events in the future, but with specific improvements to be made. The KII participants noted that the training was more effective in advocacy and BCC, with these sessions proving very useful in enabling CSOs to apply advocacy and BCC principles in their current work.

> *"The training courses were helpful for us to apply the knowledge into our work, especially on BCC, to communicate with our beneficiaries in the communities."*
> *(A county focal point)*

The online survey results showed that the Platform has been effective **in identifying the capacity needs of CSOs and organising relevant capacity building initiatives for CSO Partners**. Half of the survey respondents agreed with the statement, one third were neutral on this statement, and 15% disagreed, (Figure 11), suggesting room for improvement.
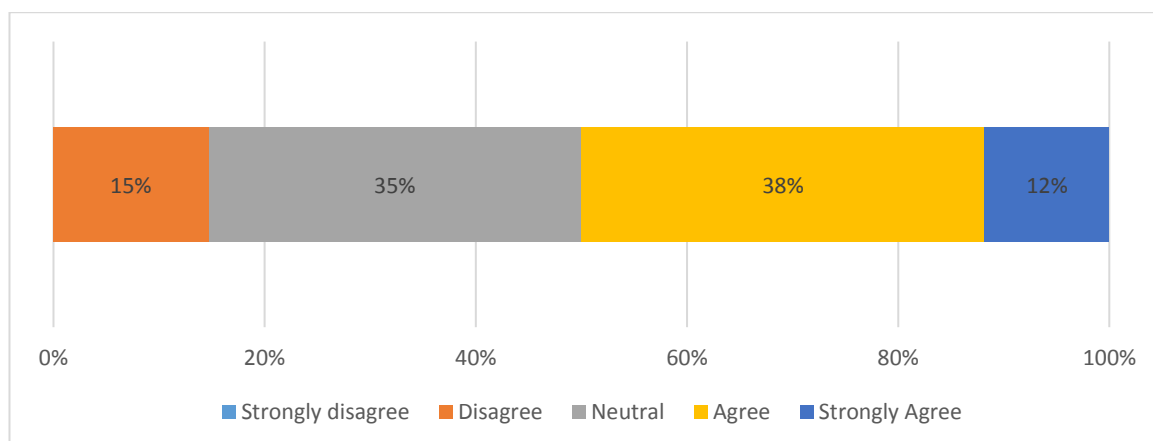
Figure 11: Effectiveness in identifying capacity needs for the CSOs and organising relevant capacity building initiatives for the CSO Partners

KII respondents reported that the language barrier discouraged some participants from attending training events, which are conducted in English. Others could not participate due to prior responsibilities in their organisations. It was also decided not to run a data management course both due to limited time, and because it wasn't needed in all countries. There is a need for continued coaching and mentoring in addition to formal training workshops.

> *"Sometimes, we were not able to attend the training courses due to commitments to our office work."*
> *(A county focal point)*

Effectiveness of cross-learning and field visits
CSO cross-country field visits are considered useful in collecting evidence for advocacy, sharing experiences on implementing best practices, and facilitating peer-learning among CSOs.
Regarding **the effectiveness of the Platform in facilitating peer-learning among the CSO Partners through this activity,** half of the survey respondents expressed agreement (11, 32%) and strong

agreement (5, 18%) while 14 respondents were neutral and two respondents disagreed (Figure 12). Reasons for disagreement on this statement were further explored in the KIIs.
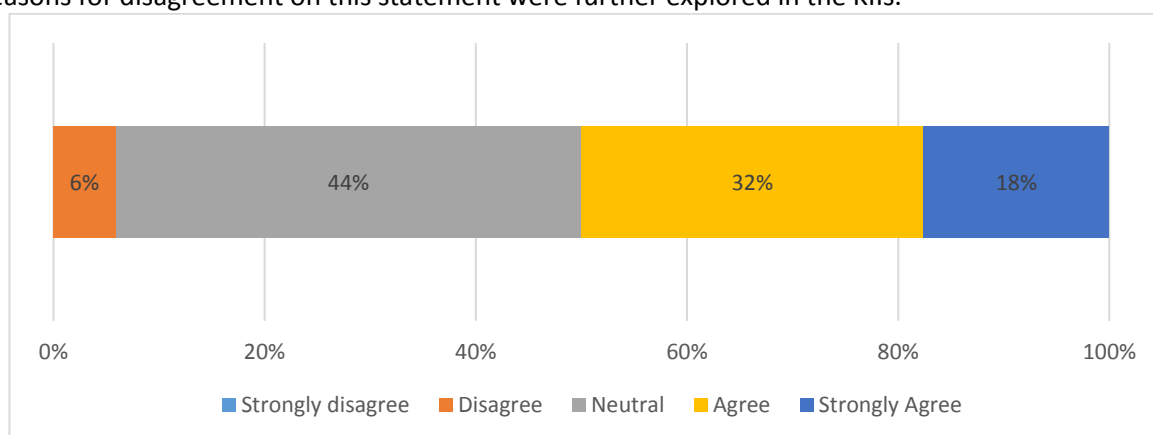

| 6% | 44% | 32% | 18% |

■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Figure 12: Effectiveness in facilitating peer-learning among the CSO Partners

The country site visits offer an opportunity for peer-learning among CSO Partners, by observing best practices in different countries, and having the opportunity to discuss how projects were designed and challenges addressed. The KIIs revealed that some lessons learned from Myanmar were being applied to programmes in Lao PDR. However, the effectiveness of this activity can be limited by:

• Practices that are successful in one country may not work in other countries;
• The visits being complicated and expensive to organise;
• Not having enough time for reflection and absorbing learning during the visits.

There is limited sharing of learnings by the person who participated in these visits upon return to their respective country and CSO. Cascading learning and experience effectively from the cross-country visits has remained a challenge.

> *The country visits allowed us to understand best practices. What we learned can be applied to our country context at some levels."*
> *(Several country focal points)*

The site visits also serve another important purpose related to the RAI RSC CSO Representatives being able to hold CSOs accountable. The core function of the CSO Representatives is to promote a high level of transparency and accountability to ensure they are credible in their representation at the RSC. Site visits therefore give the Representatives the opportunity to observe activities at the grassroot level, engage with malaria-affected communities, and speak directly with the CSOs and NMCP working with these communities. From the visits, the CSO Representative should be able to determine whether RAI investments have been spent wisely, whether the programmes are achieving their objectives and contributing to malaria elimination goals, and identify what needs to be changed. This oversight role affords the Representatives with a bigger picture perspective, and they will be able to better advise the RSC who might be best positioned to carry out certain activities, e.g. CSOs are more likely to be better suited than the government to provide malaria services to mobile and migrant populations or those engaged in illegal activities. The site visits therefore enable the RAI CSO Representatives to hold multiple layers of the system accountable.

From the review of project documents, the evaluators noted some specific examples of the usefulness of cross-learning visits. For instance, Thailand learned how assisted referral can be properly done during their site visit to Community Malaria Action Team (CMAT) of the Centre of Supporting Community Development Initiatives (SCDI), a Vietnam-based NGO, and applied this knowledge in their programme.

An approach to reach out to migrant workers with tailored services provided at their workplace in Myanmar was applied in Vietnam. As Vietnam CSOs participated in RAI2E for the first time, they benefitted from site visits in Lao PDR and Cambodia to understand border issues and implementation strategies. Similarly, Lao PDR CSO partners learned how Myanmar overcame implementation challenges in providing integrated disease services, which proved useful when working with the national program to develop an integrated health package.

Effectiveness of Communication Services

Email, the Platform's Facebook page[2], and website[3] are the most effective communication channels used by the Platform to communicate and share information. Communication and information sharing are a key role of the Secretariat, including updating the Facebook page and website. Most survey respondents (67%) agreed that the Platform's Facebook is the most effective communication channel, followed by the website and newsletter (Figure 13).
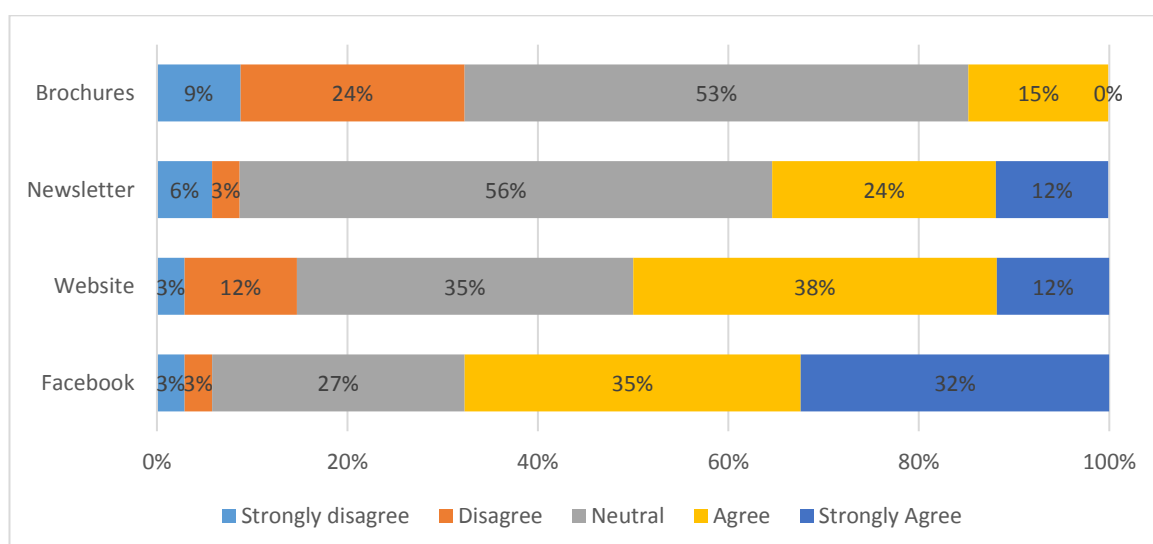
Figure 13: Effectiveness of different communication channels used by the Platform

Some KII respondents reported that they appreciate the Platform sending regular newsletters to relevant organisations, however most (53%) survey respondents were neutral about the newsletter, and only 36% see it as effective. This suggests that different channels may be appropriate for different stakeholders.

> *"They (the Platform) have been good at communication because they do send newsletters."*
> *(A donor representative)*

Multiple KIIs suggested that the Secretariat needs to improve the way information is shared. It was suggested that country focal points and steering committee members should complement the Secretariat's work in their respective countries by designating focal points to contribute regular Facebook posts, including field activity updates, and technical information about malaria.

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[2] Malariacsoplatformgms
[3] https://www.malariafreemekong.org/

> *"Facebook is useful to get updates on the Platform activities, but it should have information about country activity implementation in the field."*
> *(Various types of respondents)*

In addition to the communication strategies used by the Platform, online survey respondents provided additional suggestions for the Platform to improve communication effectiveness:
- Personal communication (phone communication with focal points)
- Face-to-face communication
- Social media messaging apps (e.g. Viber, LINE, WhatsApp)
- More frequent meetings or workshops with the country CSO Platform and community representatives
- Media engagement/press releases.

Challenges in malaria elimination in the GMS and added value of the Platform or CSOs

The KII responses revealed key challenges facing malaria elimination in the GMS such as drug resistance in some areas, especially in border regions, access to health services in border areas and hard-to-reach communities, and national regulations limiting CSOs' ability to deliver services. CSOs can access the most at-risk and hardest-to-reach groups, such as mobile, migrant, and ethnic populations, however they are only permitted to provide or support malaria and treatment services in some countries (i.e. Myanmar, Lao PDR, and Cambodia).

> *"CSO Partners have skills in community approaches and engagements. They can assist in addressing the challenges of malaria elimination."*
> *(A CSO Partner)*

Some KII respondents attributed the decrease in malaria cases to the work of village health volunteers in hard to reach areas in some countries.

> *"Some countries have malaria village health workers that could cause malaria cases to go down."*
> *(A regional CSO Partner)*

However, some KII respondents mentioned that the Platform has limited technical expertise in malaria, which should be improved by including at least one technical expert to work closely with the Platform.

> *"The technical capacity of the platform is very limited."*
> *(A donor representative)*

CSO Platform Governance Mechanisms and Community Advocacy

While the CSO Platform has a malaria- and RAI-specific mandate, there is potential for the Platform to broaden its mandate and therefore its impact.
The online survey results indicate **the effectiveness of the current governance mechanism to oversee the Platform's activities**, with 29 respondents (85%) agreeing that the current governance mechanism is effective. Five respondents (15%) believe it needs improvement, and some survey respondents recommended the Platform to:
- Promote more opportunities for equal participation by national CSO Partners from all countries

- Increase stakeholder understanding of the Platform's governance and functions.

> *"The roles and scope of work of the country steering committee members are not quite clear even though they have TORs already."*
> *(A country focal point)*

> *"There might be a need for some fine-tuning of the terms of reference of the Platform and maybe some of its Governance structures."*
> *(A donor representative)*

The KII results suggested that the Platform should be more inclusive in working with non-GF partners who have similar interests. There is a missed opportunity for the Platform to engage CSOs that are not recipients of a GF grant, as they share the objective of malaria elimination, or related areas such as advocating for universal health coverage. The Platform could therefore help coordinate and represent all CSOs working on these issues, which would give the Platform more data, perspectives and experiences to draw on, a louder voice, and greater influence with other donors and stakeholders. It would also allow the Platform to have an overview of *all* malaria initiatives in the countries and region, which will help it better identify priorities and gaps – which would also be useful information to share with the RSC.

Some survey and KII respondents suggested that Platform's governance should be more transparent, particularly in how it operates at the RSC when it comes to conflicts of interest. This reinforces the need to have at least one of two CSO Representatives to the RSC having an independent profile, i.e. not a recipient or implementer of RAI funds.

> *"The functioning of the RSC and conflict of interest is one of the major concerns."*
> *(A donor representative)*

Similarly, country representatives, i.e. Steering Committee members, should be focused on the interests of the entire civil society constituency of the country, and not the specific interests of the individual organisation which they represent. There should also be a balanced representation among the GMS countries at the regional level.

Conclusion

From the results of observations, quantitative and qualitative information gathered, it can be inferred that the Platform is an effective mechanism to engage and represent communities and civil society in malaria elimination in the GMS. This general conclusion is consistent with the findings from the previous evaluation, however, also consistent with the previous evaluation is that there are opportunities for strengthening its effectiveness at executing some key functions. While the low response rate of the quantitative survey may have resulted in some bias, the qualitative multi-stakeholder interviews helped to balance this by providing different opinions and insights from key stakeholders' groups. The Platform was recognised as a necessary mechanism in improving the effectiveness of RAI investment in the GMS, mainly by facilitating: (a) collective messaging and advocacy among diverse CSOs, (b) coordination between CSOs and NMCPs, and (c) communication and information sharing within and between countries. The Platform is also viewed as a technical resource that creates opportunities for dialogue and training, which has been useful to malaria elimination initiatives implemented at the community level. Similarly, the Platform's governance mechanisms are largely considered effective, however improvements can be made to boost engagement, ensure transparency, and manage conflicts of

interest. All these roles are considered important, and stakeholders would like to see the Platform continue, and continually improve.

Key challenges for the Platform to address are to:
- build acceptance and recognition of CSOs and the CSO Platform by NMCPs in some countries, by developing perception and relationship based on cooperation, rather than competition;
- ensure consistency in the representation and neutrality of the Platform across all five countries;
- ensure regular meetings and interaction between the Platform and the government (NMCPs);
- ensure that the new RAI RSC CSO Representatives have an independent, neutral profile;
- address the language barrier in training activities and other events to promote participation of a wider group of CSO representatives, greater interaction during events, and stronger retention and implementation of key messages after the event;
- improve the sharing of key learnings from field visits, so that their benefits are more widely experienced beyond the direct participants;
- encourage more sharing and contributing from country CSO Partners to the Platform's communication channels about their activities, lessons, and successes;
- ensure that the Steering Committee is equally representative of all five countries, particularly when some countries face difficulties electing and maintaining a full structure, and to ensure that each country has an equal number of votes in the Platform's full Steering Committee.

Recommendations

The evaluation's recommendations are presented as activities, noting the proposed actor to take responsibility for each action. Each recommendation has been classified as either High or Medium priority. High priority recommendations should be implemented in the current grant or during the early phase of RAI3E. Medium priority recommendations are more forward-looking aspirations that may be achieved beyond the scope of the current GF grant.

A. Recommendations pertinent to CSO Platform activities

No	Recommendations	Priority	Owner
1	Sustain and further improve the coordination between NMCPs, CCMs and the CSO Platform. *Suggestion*: Platform to appoint an independent, credible liaison officer to engage with the NMCP to explore coordination strategies appropriate to each country context	High	CSO Platform Secretariat and country focal points
2	Maintain the Platform's core focus and sustain the following activities: Regional and country consultations Field visits Communication, coordination and information sharing Capacity building/strengthening Fostering evidence-based advocacy *Suggestion*:	High	CSO Platform Secretariat

No	Recommendations	Priority	Owner
	Rethink regional consultation format, roles and responsibilities of Platform Secretariat and Steering Committee members in agenda-setting; The Secretariat needs to more directly guide the strategic linkages between country-level consultations to regional consultations, and ultimately to the RAI RSC meeting Emphasise peer learning, and critical self-review of the effectiveness of activities.		
3	The Platform should document the best practices identified during field visits and review the structure of the visits to promote more learning. *Suggestion:* The Platform facilitate peer learning during the site visits, and monitor the application of lessons learned from the site visits to cascade the knowledge of the participants to other partners.	High	CSO Platform Secretariat
4	The Platform should continue focusing on RAI, but also extend its mandate beyond Global Fund projects for advocacy and partnership. *Suggestion***:** Some of the solutions needed in RAI may exist outside of the RAI structure. The Platform should seek new partnerships with non-GF malaria, and non-malaria CSOs at country, regional, and global levels with shared interests, with the objective of improving malaria elimination effectiveness.	Medium	CSO Platform Secretariat
5	The Platform should continue identifying and addressing CSO capacity-building needs and avoid duplicating in-country routine training activities. *Suggestion***:** All RAI implementing CSOs should be engaged in identifying capacity building needs.	Medium	CSO Platform Secretariat and Steering Committees
6	The Platform should improve its linkages and engagement with media. *Suggestion:* Invite the media to participate in relevant meetings to share human interest stories to promote public interest in malaria elimination.	Medium	CSO Platform Secretariat

B. Recommendations pertinent to CSO Platform actors

No	Recommendations	Priority	Owner/ Responsible Organizations
1	For the new **RAI RSC CSO Representatives,** the Platform should maintain the profile of the current independent RAI RSC CSO representative. *Suggestions***:** Have at least one independent CSO Representative from a non-GF implementing organisation to minimise real or perceived conflict of interest in dialogue at the GF RAI RSC. Take into account gender balance when identifying the new CSO RSC Representatives.	High	CSO Platform Secretariat
2	The Platform should create enabling conditions for the country focal points/steering committee members to be able to fulfil their roles and responsibilities, and fully contribute to the Platform's activities. *Suggestions***:** Upon election of the next CSO focal point/steering committee members, their Platform-related responsibilities should be reflected in the appointees' job description, indicating the support of the representative's supervisor and organisation. Consider offering financial compensation to the CSO focal points/Steering Committee members.	High	CSO Platform Secretariat

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Annex A: Quantitative Online Survey Questionnaire
FOR
REGIONAL MALARIA CSO PLATFORM IN THE GREAT MEKONG SUBREGION (GMS) EVALUATION
Introduction

SUPA71 Co., Ltd is commissioned by ARC to conduct an evaluation study for the Regional Malaria CSO Platform in the Greater Mekong Sub-region (GMS) which is a network of more than 50 Civil Society Organizations (CSO) and community representatives from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR, and Vietnam. The Platform serves as the CSO consultation mechanism for the RAI and RAI2E RSC CSO representatives.

As one of the partners or have a relevant role with the Platform, we would like to request your cooperation to answer the questions below. You will not spend more than 30 minutes to complete this survey. SUPA71 Co., Ltd, would like to ensure that it will strictly keep your information confidential, and we will only analyze and present the evaluation results per country or regional level without identifying your identifications.

Should you have any concerns or questions, please feel free to contact SUPA71 Co., Ltd at ksuwannarong@supa71.com or telephone number +66 2 932 9822.

Thank you so much and sincerely,

Kanokwan (Pook) Suwannarong, Ph.D.
Director, SUPA71 Co., Ltd
6/10 Sukhonthasawat Road, Ladprao, Bangkok, 10230 THAILAND
Website: www.supa71.com
Twitter: infosupa71, Facebook: https://www.facebook.com/infosupa71

QUESTIONNAIRE

SECTION 1: PROFILE OF THE RESPONDENT

Question No.	Question	Answer choices	Notes
	Name of your organization	_____[TEXT]	
	Position	Dropdown list Executive level (Country Director/Country Focal Point) Managerial level (Central) Senior Officer/Coordinator level (Central) Field Implementation Staff (Field level)	
	How long have you been with this organization?	_____months_____ years [NUMBER]	To understand their experiences of working in their organization and involvement with the malaria CSO platform.
	How many meetings/workshops or training activities organized by the CSO platform had you participated in the past?	Drop Down list More than 3 times 1-3 times Never	

SECTION 2: OPINION TOWARD THE MALARIA CSO PLATFORM IMPLEMENTATION

Question No.	Question	Answer choices	Notes
	What activities that you have/ had involved with the malaria CSO platform? [Able to answer more than one]	Advocacy Providing or sharing advocacy materials with Platform's website, newsletter, and Facebook Community engagement activity Regional and National consultations Network building activity Country field visits Capacity building for CSOs Other, please specify_____	
	The CSO Platform is effective in engaging with CSOs in collecting communities voice in RAI funding	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	The CSO platform is effective in facilitating peer-learning among the CSOs partners.	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	The CSO platform is effective in facilitating close coordination with CSOs/EHOs and NMCPs in malaria response.	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	The CSO platform is effective in documenting good practices, challenges and gaps to support evidence-backed advocacy at both country and regional levels.	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	The CSO platform is effective in identifying capacity needs for the CSOs and organizing relevant capacity building initiatives for the CSO Partners.	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	The CSO Platform is effective in developing strong community systems through engagement with malaria volunteers (VMW/VHW/MMW/MMV/CHV).	[Scale 1 to 5, NUMBER]	1 is the least, and 5 is the most
	As per your opinion, how effective was the communication strategy employed by the malaria CSO platform?	Facebook Website Newsletter Brochures	[Scale 1 to 5, NUMBER] 1 is the least and 5 is the

Question No.	Question	Answer choices	Notes
		Others for suggestion _____	most **for each**
	Do you know which organizations/individuals are representing you at the CSO platform (CSO Steering Committee Members)	Yes No, please specify the reason	
	Do you think the current governance mechanism to oversight platform's activity was effective or not	Yes No, please specify the reason	
	How effective was the given main actors in planning, coordinating and implementing of key Platform's activity?	CSO Representatives: _____ The Secretariat: _____ Focal Points: _____ Steering Committee Member: _____ Partners: _____	[Scale 1 to 5, NUMBER] 1 is the least, and 5 is the most
	What missing opportunities for the CSO platform that the Platform should take into consideration in next funding round.	_____[TEXT]	
	Is the Platform still relevant to the next funding round?	Yes No, please specify reason_____	

Annex B: Qualitative Discussion Guides

EVALUATION OF MALARIA CSO PLATFORM,
GREAT MEKONG SUB-REGON (GMS)

Background

The Regional Malaria CSO Platform in the Greater Mekong Sub-region (GMS) is a network of more than 50 Civil Society Organizations (CSO) and community representatives from the Global Fund RAI implementing countries: Myanmar, Thailand, Cambodia, Lao PDR, and Vietnam. The Platform serves as the CSO consultation mechanism for the RAI and RAI2E RSC CSO representatives.

The Regional Malaria CSO platform plays a key role in advocacy, communication, and community engagement. For example, the CSO Platform facilitates meetings, consultations, and site visits. It also connects CSOs for technical assistance and helps them in developing capacity in malaria grant implementation. The Platform provides a shared space to all CSOs from the GMS that are either working on malaria or with malaria vulnerable and affected communities through other development programs (e.g., for education, human rights, and other health services).

In addition to the roles mentioned previously, the Regional Malaria CSO Platform is essential in the documentation and sharing of best practices, challenges, and lessons learned in CSO engagement. Improved coordination between CSOs and government programs is important for planning and collaborative work. Through direct communication with community-run organizations and networks. the Platform helps CSOs to understand the different pathways to access services and avoiding unnecessary legal and policy barriers, discrimination, and stigma
The current objectives of the Malaria CSO Platform include:

- To provide an enabling environment for civil society actors to advocate for and deliver adequate services to affected communities currently beyond the reach of mainstream services.
- To ensure a strong 'last-mile' response in national and regional elimination programs, thus safeguarding the Global Fund return on investment.
- To improve the coordination of CSO actors at all levels and link them with the networks in the GMS region. This includes NGOs, Ethnic Health Organizations, and National Programs.
- To improve the technical capacity of CSO actors, when they sit outside of national governments (peer support and formal training).
- To ensure a strong program focus on strengthened community systems through engagement with malaria volunteers (VMW/VHW/MMW/MMV/CHV).
- To bring the unique insight of CSO organizations to malaria elimination efforts, thereby providing a voice to affected communities.
- To Envision the forward-looking role of CSOs within the Health security agenda.

The Regional Malaria CSO Platform leverages existing CSO networks in each RAI2E implementing country through three main structures: The Project Advisory Team, the Steering Committee, and the broader CSO community. These mechanisms also work closely with the RAI2E Regional Steering Committee (RSC) to ensure CSOs remain engaged in all decision-making levels (country, regional, and global). The Project Advisory Team consists of one CSO focal person from each country, which facilitates the country-level

coordination and information sharing to the Regional CSO Platform. Their role is also to provide guidance and oversight to the Platform Secretariat.

The Steering Committee is the main decision-making body of the Platform. It consists of 3 CSO members from each RAI2E country. They are elected by each national network, who collaborate on technical aspects of malaria elimination activities and coordinate regional work that meets the needs of each country and affected community. The broader CSO community is consulted and engaged in all regional activities and through the national networks. Their role is to share the voice of communities and to learn from the experiences and evidence gathered by others to improve the efficacy of malaria elimination activities.

Evaluation Objectives
- Improve the results and sustainability by assessing the outcome of the Platform in relation to its objectives and activities as set out in the work plan and recommend ways of improving the delivery model in the future.
- Assess how effectively the Platform has addressed the challenges and bottlenecks encountered in malaria elimination via examination of the Platform's rationale, relevance to direct and indirect beneficiary needs, and potential for scale-up.
- Verify whether the activities were implemented effectively and efficiently to deliver the expected and agreed results and to identify opportunities for cost-saving measures, ensuring the Platform is accountable to communities, stakeholders, and the Global Fund.

1. **Could you explain the mechanism of how NMCP engages with malaria CSOs in delivering services to the communities in your country?**

   PROBE:
   - *What are the contributions from CSOs to the national program? Ask for contributions that can be quantified (e.g. % to total confirmed malaria cases treated) as well what can be qualified (e.g. CSOs covering the areas where government services cannot reach)*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

2. In your opinion, to what extent has there been influenced by the CSO platform at **the country level?**

   PROBE:
   - *Can you share your experiences in which the in-country CSO platform represented communities' voice at national-level discussions?*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

3. In your opinion, to what extent has there been influenced by the CSO platform at **the regional level?**

   PROBE:
   - *Opinions regarding CSO Representation at RAI RSC and whether they are effective in promoting communities' need in RSC level discussions and decisions?*
   - *What do you think the picture will look like In a scenario where there is no effective CSO representation in the RSC?*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

4. In what way does the **NMCP/CCM engage with the CSO platform**?

   PROBE:
   - *If yes, can you recall any specific methods?*
   - *If not, what do you recommend that the CSO Platform does differently?*

5. **In your opinion, how effective are the communication and advocacy strategies employed by the Malaria CSO Platform?**
   PROBE:
   - *Opinions regarding the Platform communication (Facebook, Newsletter, presentations at RSC meeting) and Advocacy activities.*
   - *Any suggestions for improvement?*

6. **What are the current challenges in achieving malaria elimination in the Greater Mekong Subregion, and what added value does the CSO Platform provide in addressing those challenges?**
   PROBE:
   - *Opinions regarding the additional roles that the CSO platform can potentially have to address these challenges.*
   - *Any suggestions for improvement?*

DISCUSSION GUIDE for IMP/RSC Chair/RSC Secretariat Team/PR/Donors

1. **In your role, could you briefly tell me about how you engage with Malaria CSOs to ensure community voices are taken into account in the resource allocation and policy decisions of RAI?**

   PROBE:
   - *What are the contributions from CSOs to the national program? Ask for contributions that can be quantified (e.g., % to total confirmed malaria cases treated) as well what can be qualified (e.g., CSOs covering the areas where government services cannot reach)*
   - *The Regional CSO platform serves as a CSO constituency in RAI. What suggestions do you have for the Platform to improve its in-country and regional-level coordination?*
   - *Can you share one or two significant changes in RAI since the CSO Platform was put in place?*
   - *Can you give some country-specific examples where the CSO platform was effective in promoting community voices?*

2. In your opinion, to what extent has there been influenced by the CSO platform at **the country level?**

   PROBE:
   - *Can you share your experiences in which the in-country CSO platform represented communities' voices at national-level discussions?*
   - *What areas of improvement do you see? (coordination, performance, capacity)*

3. In your opinion, to what extent has there been influenced by the CSO platform at **the regional level?**

   PROBE:
   - *Opinions regarding CSO Representation at RAI RSC and whether they are effective in promoting communities' need in RSC level discussions and decisions?*
   - *What do you think the picture will look like in a scenario where there is no effective CSO representation in the RSC?*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

4. In what way does the **NMCP/CCM engage with the CSO platform**?

   PROBE:
   - *If yes, can you recall any specific methods?*
   - *If not, what do you recommend the CSO Platform to do differently?*

5. **In your opinion, how effective are the communication and advocacy strategies employed by the Malaria CSO Platform?**

   PROBE:
   - *Do you have any opinions regarding the Platform communication (Facebook, Newsletter, presentations at RSC meeting) and Advocacy activities?*
   - *What areas of improvement do you see?*

6. **What are the <u>current challenges in achieving malaria elimination</u> in the Greater Mekong Subregion, and what is the added value does the CSO Platform provide to address those challenges?**

    PROBE:
- *Can you think of any additional roles that the CSO platform could potentially have to address these challenges?*
- *What areas of improvement do you see?*

DISCUSSION GUIDE for RAI RSC CSO Representatives/Alternative Representatives, CSO Focal Points, and the Platform Secretariat

1. **In your role, could you briefly tell me about how you engage with Malaria CSOs and malaria-affected communities to ensure community voices are heard in resource allocation and policy decisions in** *[name the country]***?**

   PROBE
   - *What complementary roles do CSOs play with other stakeholders?*
   - What are some challenges that you face while relaying messages or coordinating input within your country?
   - *What challenges do you face in coordination with NMCP? What can be improved?*
   - *As a regional body, do you think the CSO platform can improve coordination at both the country and regional levels? Are there country-specific examples to highlight your answer?*
   - *The purpose of CCMs is to improve community representation. However, these communities are only represented by one or two people who may or may not have an interest/focus on malaria. How can the needs of malaria-affected communities be well represented at the CCM level?*

2. In your opinion, to what extent has there been influenced by the CSO platform at **the regional level?**

   PROBE:
   - *Can you share your experiences in which the in-country CSO platform represented communities' voices at national-level discussions?*
   - *What areas of improvement do you see? (coordination, performance, capacity)*
   - *Do you think CSOs can influence country-level resource allocation and policy decisions? Which countries are the best examples of CSOs effectively engaging and influencing the improvement of services to communities?*
   - *Do you think CSOs have participation in country decision-making processes and are there any challenges regarding this? What are your suggestions for improvement?*
   - *Can you give an example to highlight good practices from certain countries?*

3. In your opinion, to what extent has there been influenced by the CSO platform at **the regional level?**

   PROBE:
   - *Opinions regarding CSO Representation at RAI RSC and whether they are effective in promoting communities' need in RSC level discussions and decisions?*
   - *What do you think the picture will look like in a scenario where there is no effective CSO representation in the RSC?*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

4. **Your opinions regarding the effectiveness of current CSO Platform activities and future perspectives of those activities?**

   PROBE:

- *CSO Training*: The CSO platform conducts need-based training for CSO Partners. In 2019, they conducted advocacy, data utilization, and BCC training for CSO Partners.
   o Do you think this makes the CSO more effective?
   o The CSO platform organizes regional-level training; this serves a unique purpose. It facilitates cross-country sharing and learning. How can the CSO platform maximize the effectiveness and usefulness of such regional level training?

- *Regional Consultations*: The CSO Platform usually organizes Regional CSO consultations to convene CSOs before RSC meetings. These are regional meetings that seek CSO input on certain issues depending on the grant cycle.
   o Do you think these meetings are a useful way to achieve a more coordinated approach by CSOs?
   o Meetings have high opportunity costs. Taking this into account, how can these meetings be improved?

- *Country Consultations:* The CSO Platform organizes national consultation meetings, through in-country CSO steering committees. These consultation meetings are designed to facilitate deep-dive country-level discussions around RAI implementation.
   o Do you think these meetings are useful to get a more coordinated approach by CSOs?
   o Meetings have high opportunity costs. Taking this into account, how can these meetings be improved?

- *Country Site Visits:* The CSO Platform organizes cross-country site visits to facilitate cross-sharing and learning among CSOs in different countries.
   o Do you think these meetings are useful for cross-partner learning?
   o What is missing and how can these meetings be improved?

- *Communications:* The CSO Platform produces regular newsletters on its social media platform (Facebook) and its website. The aim of this is to expose CSOs to a wider audience.
   o Do you think these communication strategies are useful in promoting community voices, disseminating information, and sharing good practices?
   o What different communication strategies should the CSO platform use?

5. **Do you face any challenges or barriers in participating in the governance mechanism (PAT or Steering Committee)? If so, how can the governance mechanism be improved?**

   PROBE:
- Do you think the current structure has adequate mechanisms to overcome the conflict of interest and uphold accountability?
- What part of the mechanism do you think should be improved in order to be more effective?
- Regarding the CSO platform, do you think ARC is effective when hosting the Secretariat team to implement the Platform's activities? What are the things that you think should be continually improved?
- CSO representatives need to be recognized and more involved in country discussions and decision-making processes. What mechanism do you think will allow this representation in effective, transparent, and accountable ways?
- Do you think the current CSO platform's structure and the election of representatives have due process, fairness and minimal conflict of interest?

- *How is decision making within the Platform with different layers of actors taking place? Are there any redundancies? Do you have any suggestions that would make the decision-making process more transparent, efficient, and hold people more accountable to each other?*
- *PAT has a unique role in advising the Platform. It also plays a role in formulating key messages, solutions, and strategies. Do you think the PAT has been effective in completing these roles over the past 2 years?*
- *Do you think there are enough mechanisms for CSO Partners, Reps, and the Secretariat team to hold each other accountable? What is missing? Can you give specific examples and what are the solutions?*
- *What priority changes do you think the CSO Platform needs to revamp its structure, effectiveness and accountability standards?*

6. **What are the <u>current challenges in achieving malaria elimination</u> in the Greater Mekong Subregion? What added value does the CSO Platform contribute when addressing these challenges?**

    PROBE:
- *Can you think of any additional roles that the CSO platform could potentially have to address these challenges?*
- *Do you have any suggestions for improvement?*

DISCUSSION GUIDE for CSO Partners

1. **Working with the CSO platform to promote the need the malaria-affected communities in the implementation of RAI2E grant**

   PROBE:
   - *Do you think you have a good knowledge of what the Regional CSO Platform is and what they do? Are you the focal or the steering committee member in your country? Do they know how to engage? Do they know what supports or roles the Platform has?*
   - *In this grant arrangement, what specific engagement do you have with the CSO platform in terms of advocacy, coordination, and sharing and learning?*
   - *What challenges do you face in coordination with NMCP? What can be improved?*
   - *As a regional body, do you think the CSO platform can improve coordination at both country and regional levels? Are there country-specific examples to highlight your answer?*
   - *The purpose of CCMs is to improve community representation. However, these communities are only represented by one or two people who may or may not have an interest/focus on malaria. How can the needs of malaria-affected communities be well represented at the CCM level?*

2. In your opinion, to what extent has there been influenced by the CSO platform at **the country level?**

   PROBE:
   - *Can you share your experiences in which the in-country CSO platform represented communities' voices at national-level discussions?*
   - *What areas of improvement do you see? (coordination, performance, capacity)*

3. In your opinion, to what extent has there been influenced by the CSO platform at **the regional level?**

   PROBE:
   - *Opinions regarding CSO Representation at RAI RSC and whether they are effective in promoting communities' need in RSC level discussions and decisions?*
   - *What do you think the picture will look like in a scenario where there is no effective CSO representation in the RSC?*
   - *What areas of improvement do you see? (coordination, performance, capacity?)*

4. **Your opinions regarding the effectiveness of current CSO Platform activities and future perspectives of those activities?**

   PROBE:
   - ***CSO Training****: The CSO platform conducts need-based training for CSO Partners. In 2019, they conducted advocacy, data utilization, and BCC training for CSO Partners.*
   - *Do you think these training sessions are useful to make CSO more effective?*
   - *The CSO platform organizes regional-level training; this serves a unique purpose. It facilitates cross-country sharing and learning. How can the CSO platform maximize the effectiveness and usefulness of such regional level training?*

- **Regional Consultations**: *The CSO Platform usually organizes Regional CSO consultations to convene CSOs before RSC meetings. These are regional meetings that seek CSO input on certain issues depending on the grant cycle.*
  o *Do you think these meetings are a useful way to achieve a more coordinated approach by CSOs?*
  o *Meetings have high opportunity costs. Taking this into account, how can these meetings be improved?*
- **Country Consultations:** *The CSO Platform organizes national consultation meetings, through in-country CSO steering committees. These consultation meetings are designed to facilitate deep-dive country-level discussions around RAI implementation.*
  o *Do you think these meetings are useful to get a more coordinated approach by CSOs?*
  o *Meetings have high opportunity costs. Taking this into account, how can these meetings be improved?*
- **Country Site Visits:** *The CSO Platform organizes cross-country site visits to facilitate cross-sharing and learning among CSOs in different countries.*
  o *Do you think these meetings are useful for cross-partner learning?*
  o *What is missing, and how can these meetings be improved?*

- **Communications:** *The CSO Platform produces regular newsletters on its social media platform (Facebook) and its website. The aim of this is to give expose CSOs to a wider audience.*
  o *Do you think these communication strategies are useful in promoting community voices, disseminating information, and sharing good practices?*
  o *What different communication strategies should CSO platform use?*

5. **Do you face any challenges or barriers in participating in the governance mechanism (PAT or Steering Committee)? If so, how can the governance mechanism be improved?**

   PROBE:
- *Do you think the current structure has adequate mechanisms to overcome the conflict of interest and uphold accountability?*
- *What part of the mechanism do you think should be improved in order to be more effective?*
- *Your CSO representatives need to be more recognized and involved in-country discussions and decision-making processes. What mechanism do you think will allow this representation in effective, transparent, and accountable ways?*
- *Do you think the current CSO platform structure election of representatives has due process, fairness and minimal conflict of interest?*
- *How is decision making within the Platform with different layers of actors taking place? Are there any redundancies? Do you have any suggestions that would make the decision-making process more transparent, efficient, and hold people more accountable to each other?*
- *PAT has a unique role in advising the Platform. It also plays a role in formulating key messages, solutions, and strategies. Do you think the PAT has been effective in completing these roles over the past 2 years?*
- *Do you think there are enough mechanisms for CSO Partners, Reps, and the Secretariat team to hold each other accountable? What is largely missing? Can you give specific examples and what are the solutions?*
- *What is the priority change do you think the CSO Platform needs to revamp its structure, effectiveness and accountability standards?*

7. **What are the <u>current challenges in achieving malaria elimination</u> in the Greater Mekong Subregion? What added value does the CSO Platform contribute when addressing these challenges?**

PROBE:
- *Can you think of any additional roles that the CSO platform could potentially have to address these challenges?*
- *Do you have any suggestions for improvement?*

Annex C: The Regional Malaria CSO Platform Steering Committees

The Regional Malaria CSO Platform Steering Committees consists of –

Cambodia:
- Partners for Development (PfD) as a focal organization
- Malaria Consortium (MC)
- Catholic Relief Service Office (CRS)

Lao PDR:
- Lao Positive Health Association (LaoPHA) as a focal organization
- Population Education and Development Association (PEDA)
- Health Poverty Association (HPA), Lao PDR

Myanmar:
- Population Service International (PSI) as a focal organization
- University Research Co., LLC (URC)
- Save the Children (SCI), Myanmar

Thailand:
- Raks Thai Foundation (RTF) as a focal organization
- World Vision Foundation of Thailand (WVF)
- Young Muslim Association of Thailand (YMAT)

Vietnam:
- Center for Supporting Community Development Initiatives (SCD), as a focal organization
- Center for Health Consultation and Community Development (CHD)
- Vacant

Annex D: Lists of the Online Survey Respondent Organizations

Organizations	No. of responses (N=34)
American Refugee Committee (ARC)	1
Burnet Institute	1
Catholic Relief Services (CRS)	1
Center for Health Consultation and Community Development (CHD)	2
Health Poverty Action (HPA)	4
International Organization for Migration (IOM)	2
Karen Department of Health and Welfare (KDHW)	1
Malaria Consortium Asia (MC)	1
Malteser International (MI)	1
Medical Action Myanmar (MAM)	2
Myanmar Council of Churches (MCC)	2
Myanmar Medical Association (MMA)	1
Population Services International (PSI)	6
Raks Thai Foundation (RTF)	2
Save the Children (SCI)	3
Shoklo Malaria Research Unit (SMRU)	1
University Research Co., LLC	1
Vietnam Public Health Association	1
World Vision Foundation of Thailand (WVI)	1

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