

CSO platform response from 5 RAI2E implementing countries to the RAI RSC on reinvestment of the RAI2E grant.

21 May 2019

On behalf of the RAI2E implementing CSOs from Myanmar, Cambodia, Laos, Vietnam, and Thailand, the Malaria CSO platform endorses the proposed reinvestments of RAI2E. However, in the spirit of partnership and collaboration and the desire to strengthen RAI2E management and oversight, the platform would like to highlight two critical concerns.

First, with the exception of Myanmar, the saving reinvestment process was generally not conducted in an open and transparent manner at the country level. CSOs were not directly engaged in the process in a transparent and accountable manner at all stages of the process. While many organizations were consulted, this was generally very late in the process when most decisions had already been finalized. In reality, there was little opportunity for CSOs to express views or request changes.

Second, the savings have not been equally distributed between CSO and government entities. The RSC instructions to countries was very clear: savings should be reinvested toward increasing service access in hot spots, which are often located in remote geographic areas with underserved communities. CSOs are well placed to serve such populations, and the CSO Platform feels that this priority was not adequately reflected in the RAI2E reinvestment plan, again with the notable exception of Myanmar.

The CSO Platform would like to recognize the reinvestment preparation process used in Myanmar, which was open and transparent. The Myanmar National Malaria Control Program, Malaria Technical Strategy Group (which includes all CSOs working in malaria in the country), and the PR engaged and consulted CSOs prior to finalizing the reinvestment plan. This should be recognized by the RSC as best practice and should be recommended as a good process to the other Mekong countries in the RAI2E grant to more effectively harness the potential of CSOs in malaria elimination and response activities.

Country-specific comments and concerns

Cambodia – The reinvestment planning process was not open and transparent in Cambodia. CSOs were engaged at the beginning of discussion, but their inputs were not heard or addressed during the process. Concerns remain about how the budget is presented. It should be well understood by the RSC and the GF that the funds allocated to CSO under “New Activity requests (CNM, PSI, Care, CRS) \$676,639” are not funds for CSOs. This is money that CSO disburse back to PHD, OD, HC, and CNM teams. CSOs are merely being used as a conduit for funding the government structures.

The reprioritization of resources does not meet the crucial implementation challenge which is significant underinvestment in field staff to support the PHD, OD, and HC. From the outset, CSOs expressed concern that the project is under resourced in this area. Through the process of implementation, the severity of these gaps has become much more apparent. This was an opportune moment to rectify this and put more staff in the field level and embedded with the CSO as they are already actively engaged with Provincial Health staff. Investing in human resources for WHO will not help overcome the gaps and needs at the field level.

Lao PDR – The process in Laos was neither open nor transparent. The reinvestment plan was drafted and CSOs were engaged at the very last stage just to ask whether proposed activities and budget were acceptable or not. Knowing that comments would not be considered, CSO decided not to comment on saving investment plan.

Myanmar - Myanmar CSOs were engaged in saving investment preparation from the very beginning of the process. CSOs were given the opportunity to submit their priority list for saving reinvestment and the process in Myanmar was open and transparent for CSOs.

Thailand - The reinvestment process in Thailand was not conducted in a sufficiently transparent or participatory way. There was no opportunity for meaningful engagement of CSOs until after the national program finalized the first draft of the reinvestment plan. The national program prepared a full reinvestment plan, including CSO savings, before consulting all implementing partners. A nominal figure from the reinvestment plan (approximately 10-15%) was made available to CSOs for which CSOs were asked to submit a proposal to the national program.

Saving was not equally distributed between CSO and government. Similar to other GMS countries, there was no clear prioritization of migrant and mobile populations or other hard to reach communities.

Vietnam - Vietnam CSOs finalized its saving investment plan in last year (2018) working with UNOPS-PR (as CSOs are directly reporting to UNOPS). It should be noted that Vietnam CSOs were not engaged in the saving-investment process for the national program saving.