

COMMUNITY VOICES • MALARIA FUNDING PRIORITIES

Funding priorities for communities and civil society most affected by malaria

Questionnaire analysis report | 7 May 2026

Lenny L. Ekawati, D.Phil
OUCRU Indonesia



Why we did this survey?

1 Malaria remains a major challenge



- Malaria remains an important public health challenge in Indonesia, particularly in areas with persistent transmission and high disease burden.
- Effective malaria control requires biomedical interventions alongside attention to geographic access, social conditions, economic realities, and local cultural context influencing prevention, diagnosis, and treatment.

2 The role of communities and civil society



- Communities and civil society organisations play a strategic role because they are closely connected to the people most affected by malaria.
- These include women, children, Indigenous communities, migrant and mobile populations, persons with disabilities, and residents of remote or hard-to-reach areas.
- Their perspectives are important for understanding whether malaria programmes are accessible, acceptable, inclusive, and responsive to local needs.

3 Why this survey matters



- Funding priorities for malaria should combine epidemiological and programme indicators with community experiences of exposure, delayed diagnosis, treatment access, service quality, participation, and financial sustainability.
- This is especially important as malaria programmes prepare for the transition from Global Fund support towards stronger domestic financing.
- This questionnaire analysis was conducted to identify funding priorities to inform programme planning, service integration, GEDSI-responsive approaches, and sustainable funding transition.



This online survey gathered input from communities and civil society to support a malaria response that is closer to communities, more inclusive, and better aligned with the realities of affected populations.

METHOD

What we did...

Survey mode

Google Forms

Online questionnaire distributed to respondents across Indonesia.



Questionnaire Objective

Identify priorities, challenges, and solutions to strengthen malaria programmes that are effective, inclusive, integrated, and sustainable.



Respondents

Health cadres, health workers, programme managers, stakeholders, and community representatives.

6 KEY ASPECTS IN THE QUESTIONNAIRE

Summary of the main topics and key points asked to respondents

1 VECTOR CONTROL



- Larviciding
- Community-based mosquito larval source management
- Mass distribution and use of LLINs
- Use of bed nets for pregnant women
- Indoor residual spraying (IRS)
- Repellent / mosquito bite prevention

2 CASE MANAGEMENT



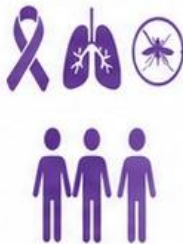
- Malaria screening among pregnant women and children under five
- Malaria testing at health facilities (Pustu/Puskesmas/hospitals)
- Active malaria case finding by malaria cadres
- Malaria testing among specific populations
- Mass drug administration - (MOMAL/MDA) in low-endemic areas
- Mass blood screening

3 GF MALARIA IMPLEMENTATION



- Stock-outs of medicines and RDTs
- Quantity/distribution of LLINs
- Logistics and programme data
- Friendly, high-quality care for all
- Diagnosis and surveillance
- Programme coordination and partnerships

4 HIV, TB, AND MALARIA INTEGRATION



- Multiprogramme cadres
- Integrated screening/testing (HIV, TB, malaria)
- Household visits and active case finding
- Health education / IEC
- Referral and treatment follow-up
- One-stop primary care services

5 ACCESS FOR VULNERABLE GROUPS



- Expanded service coverage
- Transport access / mobile services
- Improving quality of friendly care
- Disability-friendly and gender-sensitive services
- Strengthening cadres / community-based services
- Education tailored to local culture and language
- Availability of medicines, diagnosis, and referrals
- Engagement of vulnerable groups





6 FUNDING TRANSITION



- Policy advocacy and local government commitment
- Domestic financing (APBN/APBD/DAK/BOK)
- Sustainable transition planning and budgeting
- Health system strengthening and financial management
- Partnerships and alternative funding sources
- Local ownership and strengthening of cadres/communities

How we analysed the data

Quantitative analysis

-  Export responses from Google Forms
-  Organise variables and categories in Excel
-  Clean unclear entries and align response labels
-  Prepare frequency tables for each domain



Descriptive analysis

- Frequency = number of respondents selecting each option
- Percentage = frequency / total respondents × 100



Purpose: to show which activities were most frequently prioritised, rather than to test statistical associations.

Qualitative analysis

Open-ended responses were analysed to explain the meaning behind numerical priorities and to capture contextual barriers, expected outcomes and implementation concerns.

1



Read responses

Repeated reading to understand key ideas and wording.

2



Develop codes

Identify repeated concepts, explanations and recommendations.

3



Build themes

Group similar codes into broader analytic themes.

4



Interpret meaning

Explain why priorities matter for equity, access and programme sustainability.



Final report synthesis

Quantitative findings identified the most selected priorities; qualitative themes explained the rationale, expected outcomes, structural barriers and GEDSI implications.



Output: tables, thematic narratives and an integrated interpretation across all questionnaire domains.

Who responded to the questionnaire?

Survey Overview

Key highlights from our respondents



127

Respondents in total



59%

Female respondents



84%

from outside Java

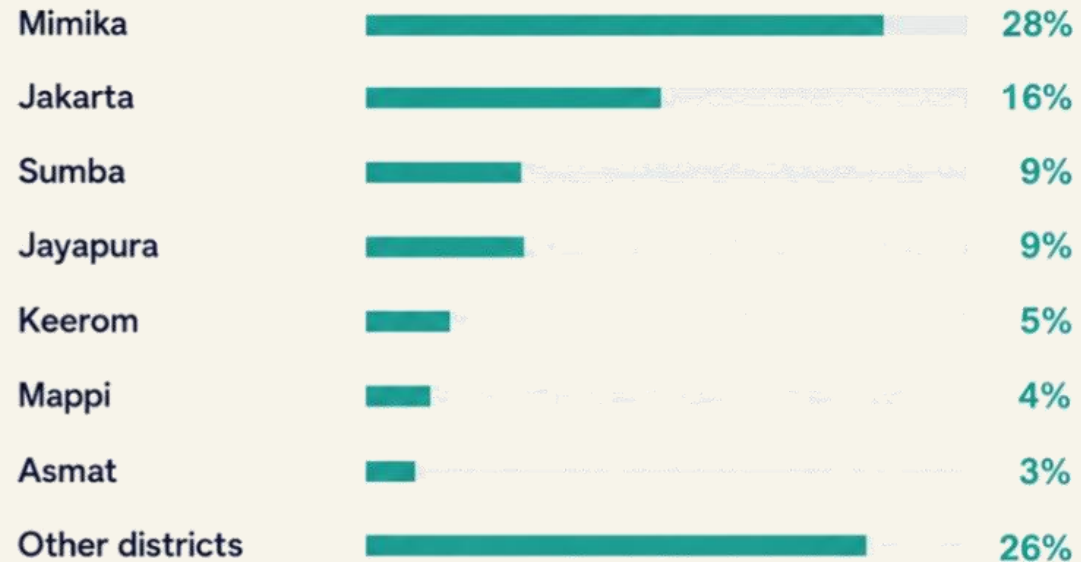


28

districts/cities represented

- Respondents were geographically broad, but strongly shaped by malaria-endemic and high-burden areas outside Java.
- This matters because funding priorities reflect lived experience of distance, uneven service capacity and community-level exposure.







Largest respondent locations (% of respondents)



Priority activities for vector control

Priority activities selected by respondents (n = 127)

Table 1. Priority activities in the vector control programme

Community-based mosquito larval source management		70% (89)
Larviciding		52% (66)
Mass distribution and use of LLINs		46% (58)
Indoor residual spraying with insecticide		38% (48)
Use of LLINs among pregnant women		36% (46)
Mosquito repellent		28% (35)

Top 3 priorities: rationale and expected outcomes

1 Community-based mosquito larval source management

70%

Why prioritised

Respondents emphasised that vector control works best when communities are actively involved in larval source management, environmental cleanliness, and behaviour change. This approach also builds awareness, prevention habits, and long-term community ownership.

Expected outcome

Greater community participation, healthier behaviours, fewer breeding sites, stronger local capacity to prevent malaria transmission, and more sustainable vector control.

2 Larviciding

52%

Why prioritised

Larviciding and larval habitat management were valued because they act early, stopping mosquitoes at the larval stage before they become adult malaria vectors.

Expected outcome

Reduced larval populations, lower adult mosquito density, lower malaria transmission, better results in areas with many breeding sites, and faster contribution to case reduction.

3 Mass distribution and use of LLINs

46%

Why prioritised

LLINs were prioritised because they reduce contact between people and Anopheles mosquitoes, helping interrupt malaria transmission. Respondents also linked them with lower malaria burden and fewer severe outcomes.

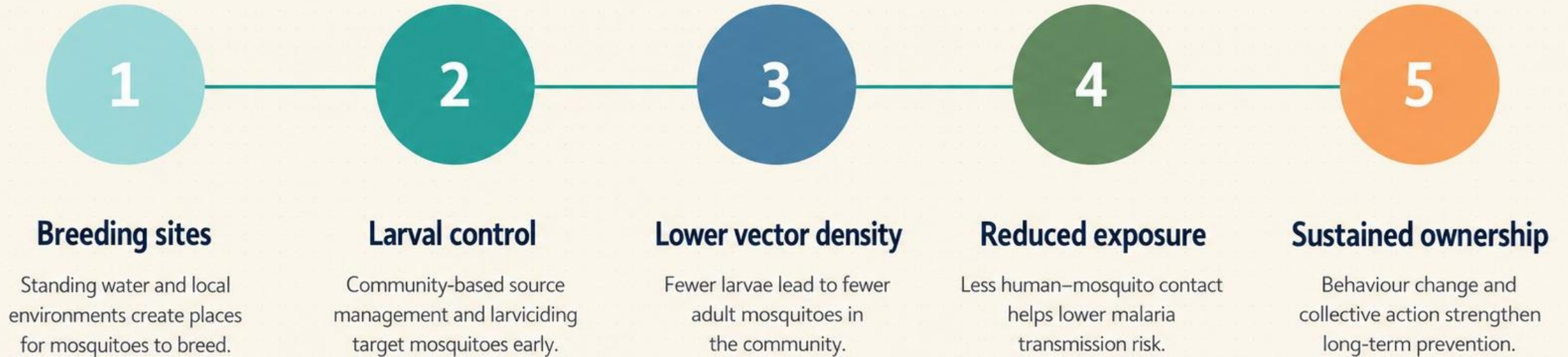
Expected outcome

Lower exposure to mosquito bites, broad protection through mass distribution, fewer malaria cases, and stronger support for malaria elimination in high-endemic areas.



Key message: respondents most strongly prioritised community-based larval source management, larviciding, and mass distribution and use of LLINs, highlighting a preference for prevention through community action, early vector control, and broad personal protection.

From mosquito habitats to community ownership









Key reading of responses: vector control was valued because it links malaria prevention with environmental care, community action, and sustained preventive behaviour.

CASE MANAGEMENT

Priority activities for malaria case management

Priority activities selected by respondents (n = 127)

Table 3. Priority activities in the case management programme

1	Active malaria case finding by malaria cadres		72% (92)
2	Screening among pregnant women and children under five		45% (57)
3	Mass malaria testing		41% (52)
4	Malaria testing among migrant and mobile populations		41% (52)
5	Malaria testing at health facilities		39% (50)
6	Mass drug administration for malaria		12% (15)



Key message: respondents prioritised active community-based case detection, protection of vulnerable groups, and rapid large-scale testing to improve early diagnosis and reduce malaria transmission.

Top 3 priorities: rationale and expected outcomes

1 Active malaria case finding by malaria cadres 72%

Why prioritised



Many cases remain undetected because people, especially in remote areas with geographic barriers, do not reach health facilities. Cadres were prioritised because they can strengthen early detection, screening, monitoring, and health education at community level.

Expected outcome



Identify cases missed by facilities, reach asymptomatic or mild cases earlier, accelerate referral and treatment, reduce local transmission, increase community engagement, and extend programme reach to households.

2 Screening among pregnant women and children under five 45%



Pregnant women and children under five are highly vulnerable to malaria and its complications, including anaemia, higher morbidity and mortality, and adverse effects on pregnancy and child development. Targeted screening is needed because cases in these groups may otherwise go undetected.



Improve early detection in vulnerable groups, reduce severe malaria and pregnancy-related complications, accelerate treatment, reduce morbidity and mortality, and expand service coverage for pregnant women and young children.

3 Mass malaria testing 41%



Passive case detection alone misses many infections. Mass testing helps identify malaria burden and hotspots more quickly, especially in focus areas where rapid, targeted responses are needed.



Identify positive cases at scale in a short time, detect asymptomatic infections, map malaria burden more accurately, provide prompt treatment, reduce transmission in targeted areas, and support rapid programme response.

A more protective model of case detection

Passive model



People seek care only after recognising symptoms, finding transport, reaching a facility, and receiving a malaria test.

Risk

Delayed diagnosis, missed mild or asymptomatic infections, and continued local transmission—especially in remote areas.



Active protective model



Cadres and health teams bring screening, education, referral, and follow-up closer to households and high-risk groups.

Benefit

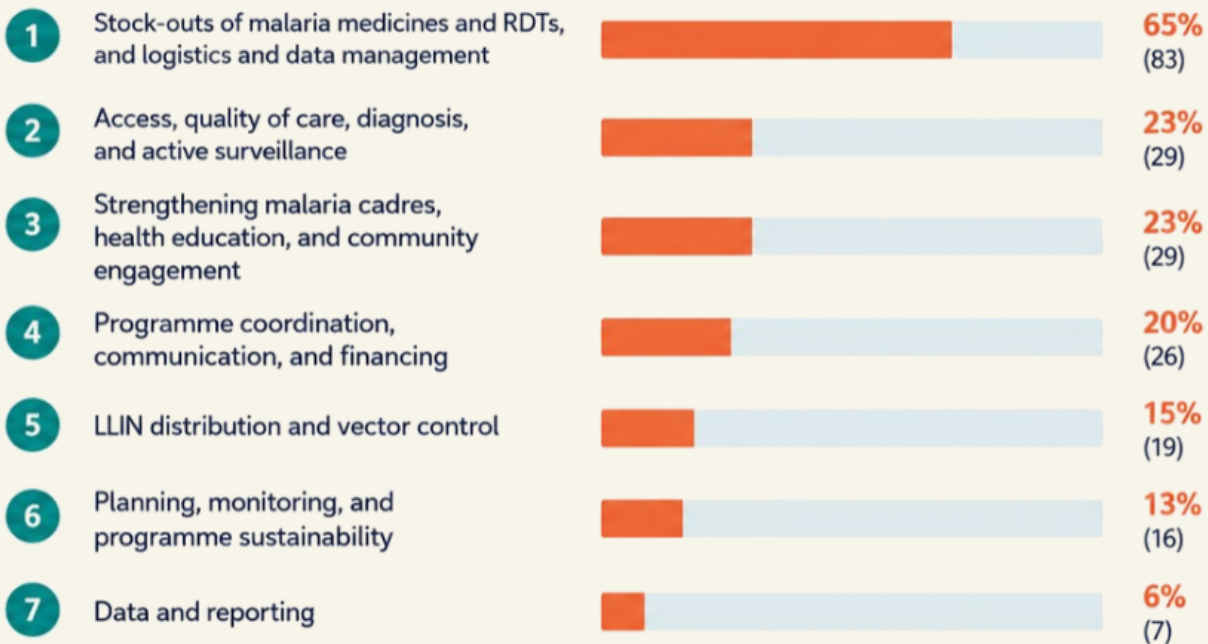
Earlier detection, faster treatment, stronger community engagement, and better interruption of malaria transmission.

Key reading of responses: respondents prioritised a shift from facility-dependent case detection towards community-based, proactive, and protective malaria services.

Where Global Fund malaria implementation needs strengthening

Priority areas for improvement in Global Fund malaria implementation

Respondents' suggestions (n = 127)



Main bottleneck

The most frequently suggested area for improvement was stock-outs of malaria medicines and RDTs, together with logistics and data management. This indicates that supply chain performance, the availability of essential commodities, and reliable logistics data remain critical for timely malaria diagnosis and treatment.



Secondary priorities

Access, quality of care, diagnosis, and active surveillance, as well as strengthening malaria cadres, health education, and community engagement, were each reported by 23% of respondents. This highlights the need to strengthen both facility-based services and community-based approaches.



System implication

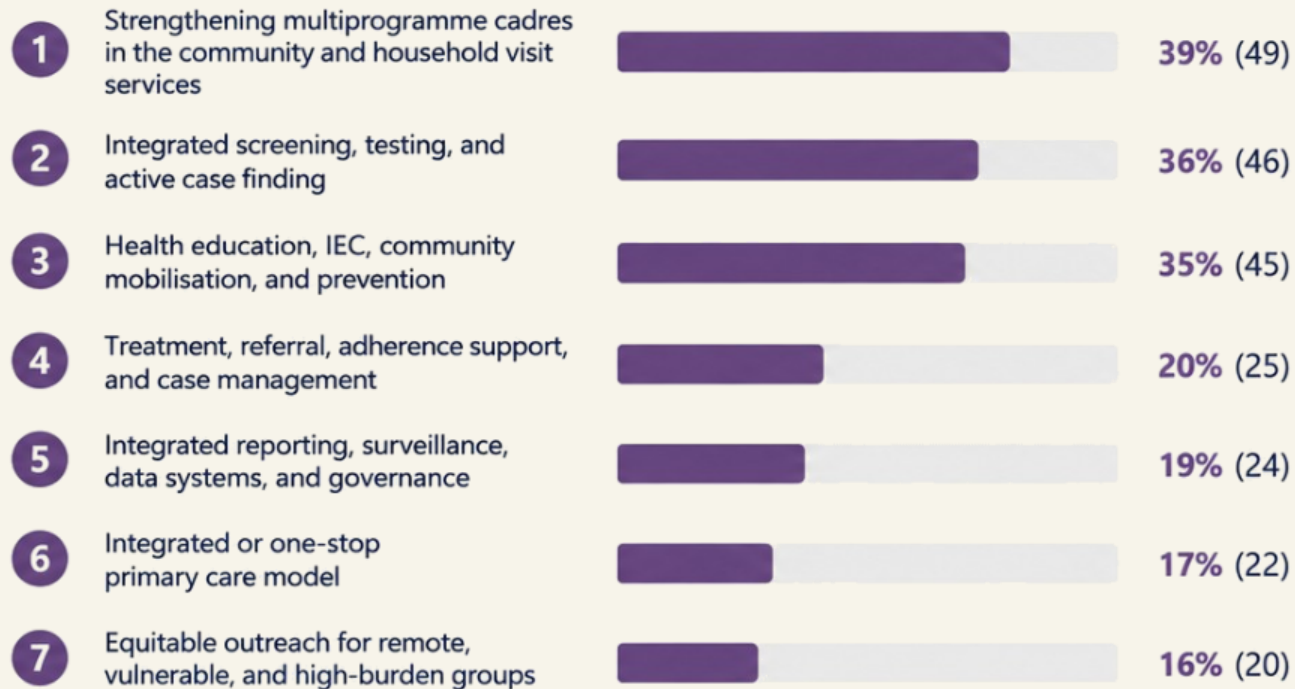
Priorities related to coordination, communication, financing, LLIN distribution, vector control, planning, monitoring, sustainability, data, and reporting point to broader gaps in programme governance and the need for more integrated implementation.



Key message: respondents emphasised that stronger supply chains, reliable diagnostics and medicines, better service quality, and improved programme governance are all essential for more effective malaria implementation.

Priorities for integrating HIV, TB and malaria services

Priority integration activities selected by respondents (n = 127)



Why cadres are central

Respondents viewed multiprogramme cadres as a practical link between communities and health services. Through household visits, cadres can support health education, early symptom recognition, referral, and follow-up across HIV, TB, and malaria.



Why integration matters

Integrated screening and testing were prioritised because communities often face more than one health problem, while services remain fragmented. Combining screening, active case finding, and prevention can make services more accessible, efficient, and responsive.



Design principle

Integration should reduce fragmentation for patients, while remaining feasible for frontline workers. Clear referral pathways, supportive supervision, manageable workloads, and coordinated data and governance systems are therefore essential.



Key message: respondents prioritised community-based integration through cadres, combined screening and case finding, and health education as the main pathways for bringing HIV, TB, and malaria services closer to communities.

Improving malaria access for vulnerable groups

Priority factors selected by respondents (n = 127)



Equity lens

Respondents emphasised that malaria access is shaped by overlapping barriers, including distance, transport, cost, language, disability, gender, Indigenous identity, and uneven service quality.



Service implication

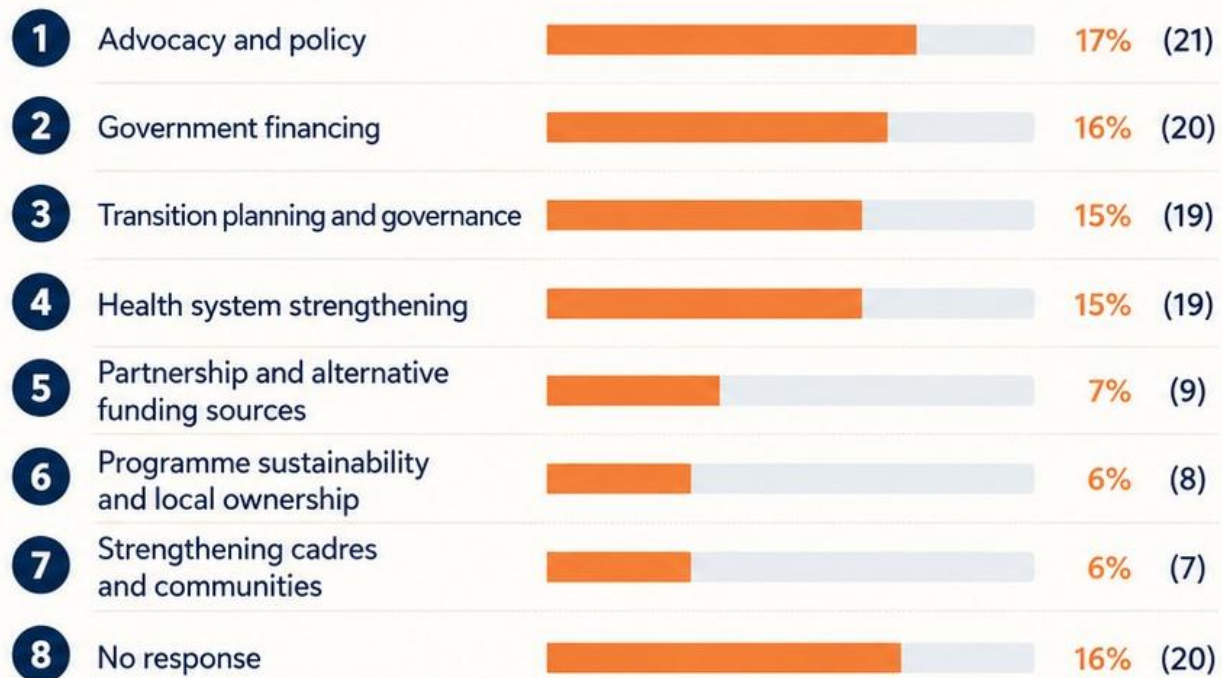
GEDSI-responsive malaria services should combine expanded access, stronger community-based delivery, reliable medicines and referral systems, inclusive care quality, and communication that is sensitive to local social and cultural contexts.



Key message: respondents prioritised bringing services closer to remote and vulnerable groups, strengthening cadres and community-based services, and improving inclusive communication, care quality, and service readiness.

Preparing the transition from Global Fund to domestic financing

Priority activities selected by respondents (n = 127)



Transition readiness

Respondents emphasised advocacy, regulation, and integration into government budgets. Transition support should be linked to APBN, APBD, DAK, BOK, village funds, and Otsus, with commitment from district leadership and local parliaments.



System priorities

Planning, governance, and health system strengthening were also prioritised. Respondents highlighted the need for a phased roadmap and stronger data systems, logistics, laboratories, reporting, and service capacity.



Risk to manage

Limited local fiscal capacity and uneven financing across regions may weaken sustainability. Heavy donor dependence and insufficient domestic financing could affect cadres, logistics, surveillance, diagnosis, case finding, and community-based services.



Key message: an effective funding transition should be phased, planned, regulation-based, and embedded in local government systems so essential malaria activities continue as Global Fund support is reduced.

Seven priority funding areas identified by communities and civil society

- PREVENT TRANSMISSION AT SOURCE

 - 1 Community-based larval source management
 - 2 Larviciding and vector habitat management
- FIND CASES EARLY & PROTECT

 - 3 Active case finding by cadres
 - 4 Screening among pregnant women and children under five
- SYSTEM READINESS & FINANCING

 - 5 Supply chains, logistics, data management, and sustainable financing
- SERVICE INTEGRATION

 - 6 Integrated HIV, TB, and malaria services
- EQUITY & INCLUSION

 - 7 Inclusive access for vulnerable groups and remote areas



What holds the agenda together?

The seven priorities point to a connected strategy: preventing transmission at source, finding cases earlier, protecting vulnerable groups, strengthening logistics and financing, integrating services, and bringing care closer to communities. Treating these as separate activities risks fragmentation.



Strategic direction

Communities and civil society expect malaria programmes to be closer to communities, more active in case finding, stronger as a system, more integrated across services, and fairer for vulnerable groups. Community engagement must be matched by medicines, diagnostics, referral, data, and sustainable domestic financing.



Key message: A stronger malaria response should combine vector control, active case detection, logistics and financing readiness, service integration, and GEDSI-responsive access as one coherent programme agenda.

Recommended actions for programme planning

1. Fund community-based vector control

Support larval source management, larviciding, local habitat control, and practical protection adapted to where people live and work.

2. Strengthen active case finding and protection of vulnerable groups

Equip cadres to detect cases early, expand screening for pregnant women and children under five, and bring follow-up closer to households.

3. Secure medicines, diagnostics, logistics, and data

Prioritise reliable RDT and medicine availability, logistics forecasting, stock monitoring, reporting, and service readiness.

4. Make service integration practical and patient-centred

Use multiprogramme cadres, integrated screening, clear referral pathways, and coordinated follow-up across HIV, TB, and malaria.

5. Build a phased, equity-based domestic financing transition

Embed malaria priorities in local planning and budgets, protect services in high-burden and remote areas, and maintain community-based delivery during the Global Fund transition.

Planning implication: Programme planning should connect prevention, early detection, system readiness, integration, and equitable financing as one coherent malaria response.

Closing message

Communities and civil society expect malaria programmes that are closer to communities, more active in finding cases, stronger as a system, more integrated, and fairer for vulnerable groups.

By combining vector control, case management, service integration, logistics strengthening, domestic financing, and a GEDSI-responsive approach, malaria programmes can better respond to community needs and support sustainable malaria elimination.

Thank you