

# REPORT

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## **Evaluation of the impact of COVID-19 on malaria Civil Society Organizations in Francophone High Burden High Impact Countries**



**2020**

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## **ACCRONYMS AND ABBREVIATIONS**

CHW	Community-health worker
COVID-19	Corona Virus Disease -2019
CS4ME	Civil Society for Malaria Elimination
MEDTR	Medical Training
HBHI	High Burden to High Impact
ISA	Impact Santé Afrique
LLIMN	Long-Lasting Impregnated Mosquito Net
NTIC	New Technologies of Information and Communication
ODK	Open Data Kit
CSO	Civil Society Organisation
TOR	Terms of Reference
IHV	In-home visits

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## **I. INTRODUCTION**

### **1.1. Background of the study**

The COVID-19 pandemic, which started in December 2019 in China, has spread very rapidly around the world, affecting the fight against other diseases such as Malaria, HIV, etc. As the world has seen the dizzying harmfulness and incidence of coronavirus, sometimes without any real solution, this has created a psychosis among people around the world and pushed leaders to develop rigorous response plans at national level. As a result, the focus of attention has remained on fighting the coronavirus in order to address the threat it poses to people's health. However, other equally deadly and dangerous diseases such as AIDS, malaria and others continue to devastate the country. Have civil society organizations that are an important link in the community-based disease response been impacted by the occurrence of COVID-19? Have they continued to provide community-based malaria services and care despite the COVID-19 context? This is the purpose of this survey that we conducted among CSOs in Francophone Africa

### **1.2. Objectives**

The objectives of this survey can be divided into (i) overall objectives and (ii) specific objectives.

#### **1.2.1. Overall objectives**

The overall objective of this study, from the perspective of the sponsor, was to conduct an online survey on the impact of COVID-19 on the malaria fight activities carried out by Civil Society Organizations (CSOs) in the French-speaking African region.

#### **1.2.2. Specific objectives**

The specific objectives of this study were as follows:

- assess the effects of COVID-19 on CSO malaria control activities;
- identify the problems encountered by CSOs in providing malaria control care and services during the time of COVID-19;
- Identify the steps taken by CSOs to continue to provide malaria control care and services in communities in the COVID-19 context;

- determine the contribution of CSOs in the fight against malaria in the context of COVID-19;
- identify lessons learned initiated by CSOs to continue to provide malaria control care and services despite the coronavirus threat.

### 1.2.3. Deliverables

The key deliverables of this study are as follows:

- A survey report on the effects of COVID-19 on the provision of malaria care and services by CSOs in Francophone Africa;
- A database in Excel format.

## **II. Methodology**

### **2.1 Approach Type and Research Variables**

To meet the objectives of this study, the research team used two main sources of information. First, a documentary review of the sub-regional CSOs involved in the fight against malaria.

Concurrently with this literature review, an online survey in the French-speaking African region was conducted to collect current and diverse data from representatives of the different CSOs targeted in the study. Overall, the information collected was about the organizational abilities of these CSOs, the services they offered in the fight against malaria before the outbreak of COVID-19, the changes that occurred during COVID-19 and the lessons learned in response to this pandemic.

#### **2.1.1. Documentary review**

The documentary review provided a preliminary idea of the information available concerning the research question. Specifically, it was precisely about : (i) conducting a primary identification of the stakeholders involved in the fight against malaria in Francophone Africa, activities related to this fight with details on the geographical location of these CSOs, their capacities in terms of personnel and others Volunteers, the scope of their activities, etc., and (ii) based on the knowledge already acquired, identify the potential services that the said CSOs provide in the context of malaria control during the

two periods, namely before and after the outbreak of COVID-19, with a view to refining and finalizing the data collection questionnaire.

The approach consisted of searching the internet and targeting all structures likely to have documentation on the said activities, etc., as well as involving key individuals who had already collaborated successfully with ISA in the past. From the preliminary identification based on the documentary review, it was decided to contact the targeted stakeholders.

### **2.1.2. Stakeholder survey**

After the identification phase, followed the online survey targeting all the stakeholders listed through the documentary review. This survey sought to collect the information required directly from the objectives of the study.

For online solutions, ISA is quite familiar with the ODK KoBoCollect application. This is the solution that has been chosen for data collection.

#### **1) Pre-testing the questionnaire**

After the objectives and targets of the survey were defined, a questionnaire was developed. This questionnaire was pre-tested in Cameroon with a few randomly selected CSOs to assess its functionality, the comprehension and coherence of the questions formulated, as well as the range of the response modalities. This pre-test also made it possible to evaluate the average response time to the full questionnaire, which was then specified in the introductory note to the online survey.

All the results from the pre-test have been considered to update the various data collection tools. In addition, the presentation of the online form as well as the functionality of all the options were adjusted following the feedback received from the CSOs that participated in the pre-test.

#### **2) Dissemination or information about the online survey**

In collaboration with ISA, a database has been set up. This database has listed 110 Civil Society Organizations (CSOs) from francophone Africa located in the Democratic Republic of Congo, Central African Republic, Cameroon, Niger, Mali. This database included all the necessary information such as: names of CSOs, names of representatives and telephone and email addresses.

Thus, an introductory message was developed describing the objectives and procedures for responding to the survey. The message was sent by ISA to these 110 CSOs via personalized e-mail with access to the online form through a hypertext link that each recipient was asked to click on to access it directly from their mobile screen or Android phone.

### 3) Follow-up of the answers to the questionnaire

In the introductory note to the online survey, the target response time was specified. While collecting the data, the Principal Investigator and the research team issued regular reminders on the timeline to those stakeholders who had not yet responded to the questionnaire.

The reminder to CSOs was done either by an audio call (once a week) or by sending individual SMS messages (twice a week) to encourage respondents to fill in the questionnaire. To facilitate this close follow-up, two WhatsApp groups were created: the first entitled "CSOs INVESTIGATED COVID-19 CAMEROON" included only CSOs from Cameroon and the second entitled "CSOs INVESTIGATED COVID-19" included CSOs from DRC, Niger, Burkina Faso, Mali and CAR. These platforms made it possible to provide personalized support to each CSO in the process of filling in the form correctly. This method was very stimulating as it allowed us to collect online the responses of more than 50 CSOs. The table below presents the number of CSOs to whom the questionnaire was distributed as well as the number of respondents by country.

**Table 1: Distribution of number of CSOs targeted and number of respondents by country**

COUNTRY	Number of targeted CSOs	Number of CSOs forms received
CAMEROUN	51	25
RDC	31	15
NIGER	12	08
BURKINA FASO	10	04
MALI	03	01
RCA	03	01
<b>TOTAL</b>	<b>110</b>	<b>54</b>

### III. RESULTS OF THE STUDY

The final stage of the survey was the processing and analysis of the data collected. As mentioned above, the data collected via the KoBoCollect online solution was received directly on the platform. Subsequently, the survey database was automatically generated in Excel and the data were pre-cleaned (cleared) using the tri-flat screens to highlight any inconsistencies, which were then corrected. Finally, the data were exported to SPSS for analysis. The main results of this analysis are as follows.

#### 3.1. Organizational capacity of CSOs

Au total, 54 OSC ont favorablement répondu à la demande d'informations en remplissant entièrement le questionnaire d'enquête. Au total, 57,7% et 42,3% OSC étaient issues respectivement de l'Afrique du Centre et de l'Ouest et de l'Afrique de l'Est et du Sud. With an average of 27 permanent staff per CSO, the least fortunate CSO has 4, while the wealthiest CSO has 450, both based in East and South Africa. The percentage of women among the permanent staff varies from 2% in the lowest to 100% in the highest, with an average of 45.4% women. The number of volunteers varies from 0 to 200, with an average of 23 volunteers per CSO.

Finally, among the respondents, the youngest CSO was born in 2019 in Central and West Africa, while the oldest CSO was born in 1964 in East and South Africa. Overall, 54% of CSOs were born after 2010.

#### 3.2. How malaria prevention and care works

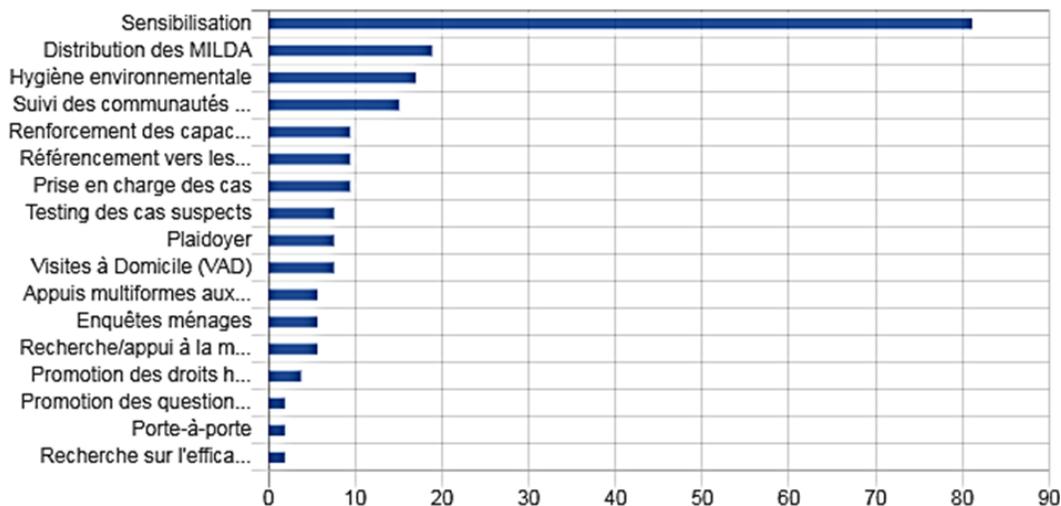
##### 3.2.1. Services provided

The various services identified were as follows: (1) Awareness (information, orientation, educational talks, focus group, counseling, film showings, theaters and forums, radio programs, etc. (2) Home visits; (3) multiform support to communities; (4) capacity building; (5) testing of suspicious cases; (6) referral to health facilities; (7) distribution of LLIMN; (8) advocacy; (9) care of cases; (10) door-to-door; (11) environmental hygiene (human investment, sanitation); (12) household surveys; (13) monitoring of communities in their

activities; (14) promotion of human rights; (15) Promotion of gender issues; (16) research on the efficiency of mosquito nets, insecticides, etc.; (17) research/support to the implementation of programs and projects. These various modalities are not exclusive, i.e., a CSO may offer several distinct services.

The results (Table 2) show that 81.13% of CSOs conduct sensitization, which can take different forms as specified above. After sensitization, the services most offered are the Distribution of LLINs, Environmental Hygiene and Monitoring of communities in their activities with respectively 18.87%, 16.98% and 15.09% of the CSOs concerned. The three least offered services are gender promotion, door-to-door visits and research on the effectiveness of mosquito nets, insecticides, etc., each with 1.89% of the CSOs concerned. In addition, home visits (HV) are provided by only 7.55% of CSOs.

**Graph 1. Allocation of CSO services in the fight against malaria prior to COVID-19**



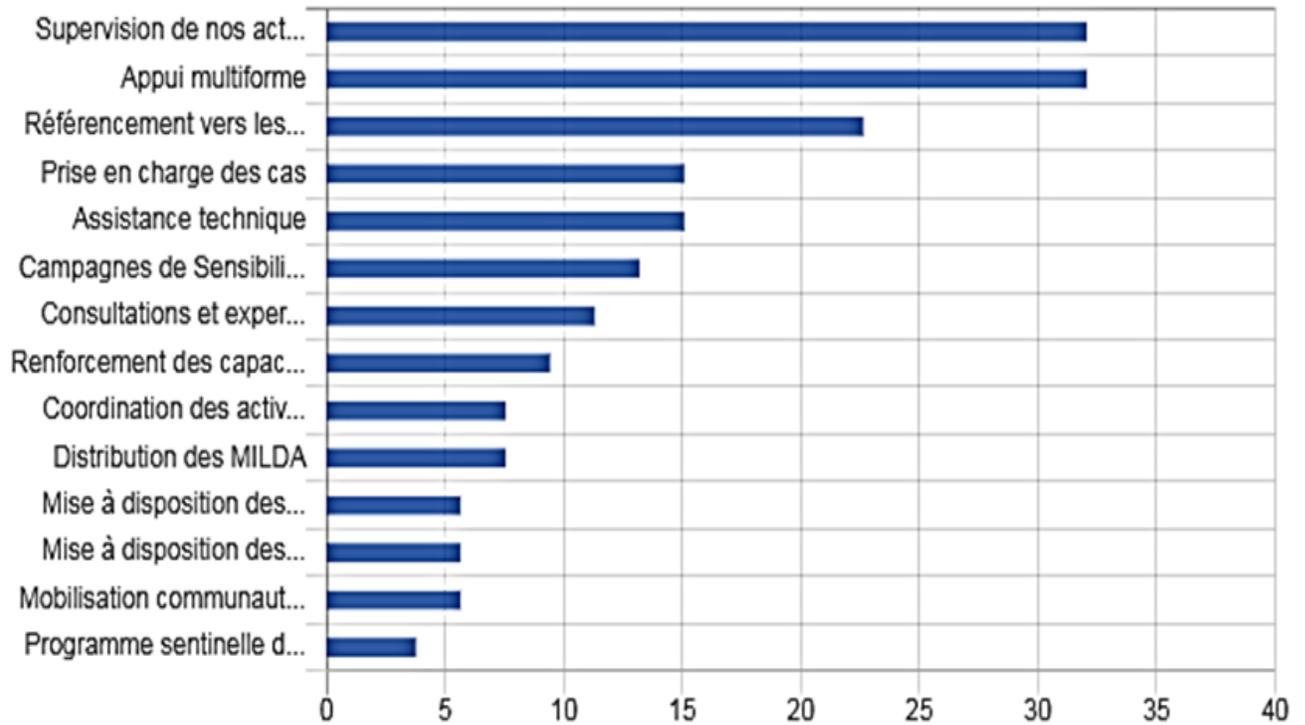
### 3.2.2. Cooperation with medical staff

About 90.57% of CSOs reported working with medical staff.

In addition, this cooperation is carried out in particular through: supervision of activities (32.08%), multiform support (32.08%), referral to health facilities (22.64%), taking care of cases (15.09%), technical assistance (15.09%), awareness campaigns (13.21%), consultations and various expertise (11.32%), capacity building (9.43%), coordination of activities (7.55%), distribution of LLINs (7.55%), availability of kits (5.66%), access to premises for

activities (5.66%), community mobilization (5.66%) and the watchdog sentinel program (3.77%).

**Graph 2. Allocation of collaborative activities between CSOs and staff**



### 3.2.3. Discontinued services

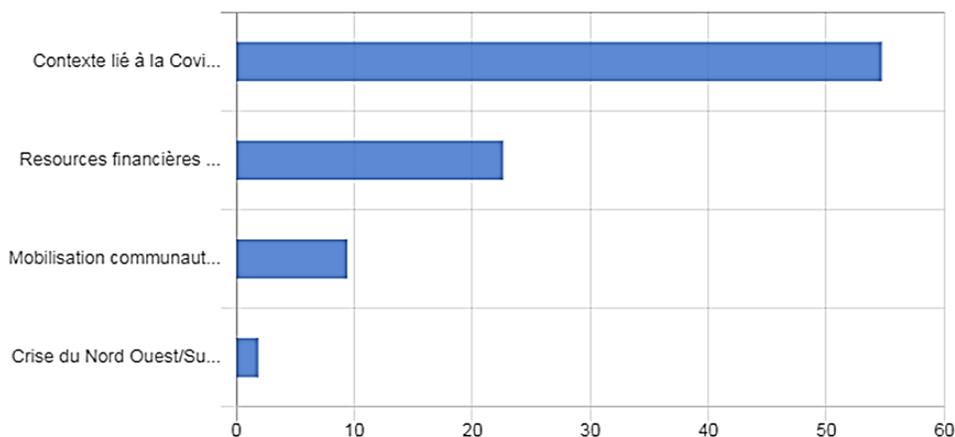
In addition, 71.7% stopped providing some of these services for several reasons, including COVID-19. Among these services were: counseling (47.17%), distribution of LLINs (15.09%) and HV (9.43%) (see Table 2).

Table 2: Breakdown of suspended services in the fight against malaria following COVID-19

Discontinued services	% of CSOs
Awareness	47.17
Distribution of LLINs	15.09
Home Visits (HVs)	9.43
Monitoring of communities in their activities	5.66
Management of cases	5.66
Capacity building	3.77
Testing of suspicious cases	3.77
Environmental Health	1.89
Multiform support to communities	1.89
Household surveys	1.89

The 4 reasons put forward by CSOs to justify the suspension of some of their services are the following: COVID-19 context (54.72%), Insufficient financial resources (22.64%), Impossible community mobilization (9.43%), Crisis in north-west/south-west Cameroon (1.89%).

Graph 3: Reasons for suspending the delivery of some CSO services



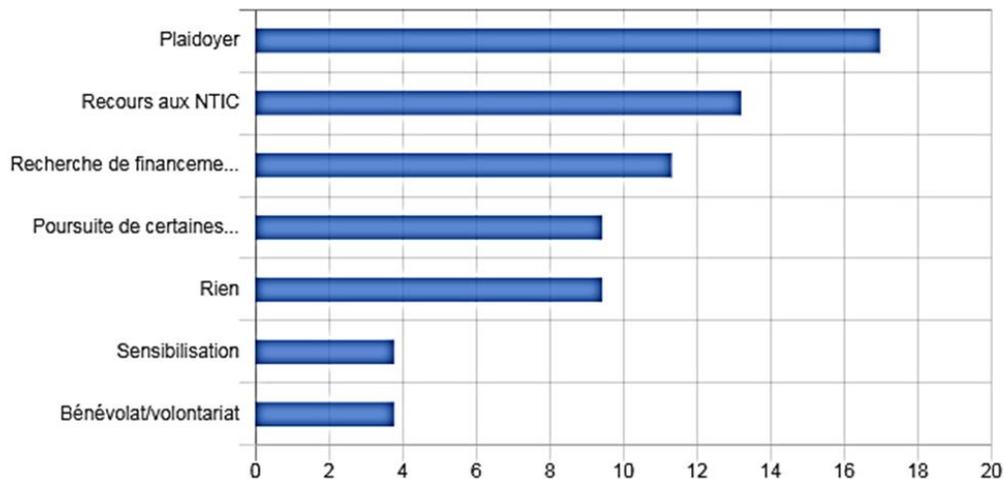
### 3.2.4. Recent issues in service delivery

The challenges encountered by CSOs in the delivery of services were the following: limited mobility and interaction due to the COVID-19 context (50.94%), lack of financial resources (39.62%), lack of material and/or human resources (28.3%) and insecurity (9.43%). In addition, 9.43% of CSOs stated that they had not experienced any difficulties.

### 3.2.5. Solutions found to address this

CSOs have sought to overcome the challenges outlined above through the use of : (i) advocacy (16.98%), (ii) NICTs (13.21%), (iii) seeking funding and/or partnerships (11.32%), (iv) pursuing certain activities while respecting the restrictive measures (9.43%), increasing awareness (3.77%) and (v) volunteering (3.77%). In addition, 9.43% of CSOs did nothing to overcome these difficulties.

**Graph 4. Breakdown of solutions found by CSOs to overcome recent problems in the service delivery against malaria**



### 3.2.6. Government and Donor Expectations

CSOs were asked what they expect from the actors (Government, Donors, etc.) in the fight against malaria in the communities. The responses are recorded in Table 3. In addition, 5.66% of CSOs indicated no expectations.

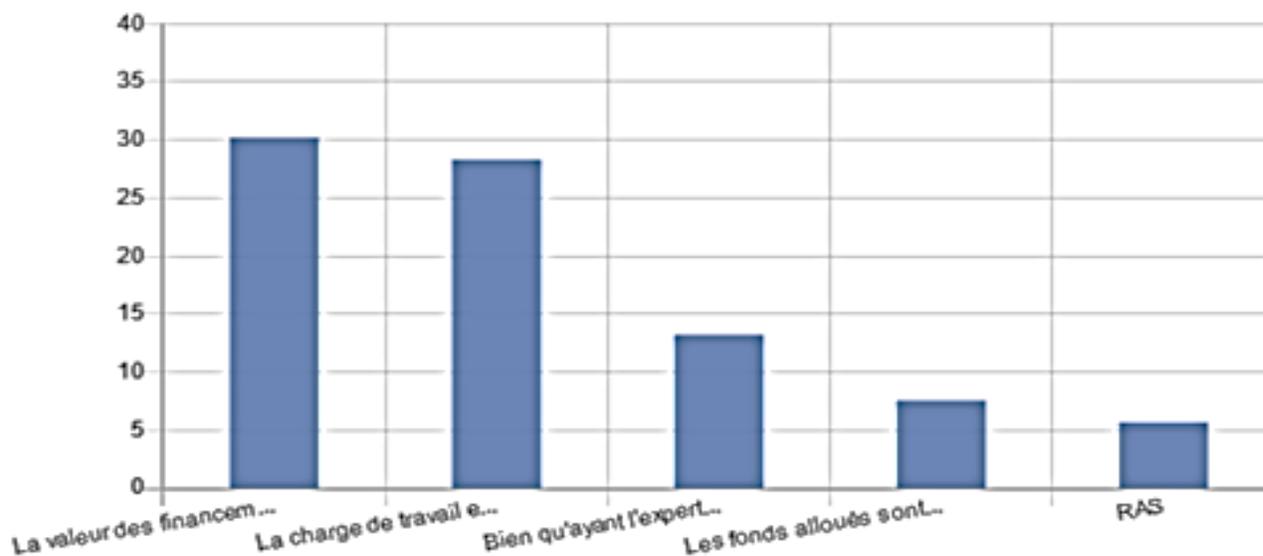
Table 3: Expectations of CSOs vis-à-vis stakeholders in the fight against malaria

Expectations	% d'OSC
Facilitate access to financing	54.72
Increase funding	52.83
Increase the availability to resource materials	43.4
Strengthen technical support	39.62
Improving the awareness system	35.85
Support to the modernization of business tools	22.64
Strengthen safety measures	5.66
Facilitate access to financing	54.72
Increase financing	52.83

### 3.2.7. Perception of CSOs on the funding of the fight against malaria activities

About 56.6% of CSOs believe that they receive insufficient funding for the service delivery in the fight against malaria. CSOs gave reasons why they feel this way. These reasons include: the value of funding is steadily decreasing (30.19%), while the workload is increasing (28.3%), the fact that although CSOs have the necessary expertise, they are not always seen as reliable partners (13.21%), and the fact that the funds allocated are often misused (7.55%). In addition, 5.66% of CSOs did not give a reason.

Graph 5: Breakdown of the reasons for under-financing in the fight against Malaria



### 3.3.1. Services provided

As a matter of fact, 86.79% of CSOs declared providing services in the fight against VIDOC-19.

These services were as follows: (i) sensitization on COVID-19 and preventive measures (77.36%), (ii) distribution of protection kits (18.87%), (iii) advocacy (11.32%), (iv) capacity building (3.77%).

**Graph 6. Allocation of services offered to fight COVID-19**



### 3.3.2. Challenges encountered in the delivery of these services

In the delivery of VIDOC-19 services, 71.7% of CSOs reported experiencing problems. These problems were as follows: (i) Lack of funding which resulted in the suspension of activities (32.08%), (ii) Distancing measures which interrupted the activities (28.3%), (iii) Teleworking which requires more logistical and financial resources (20.75%), (iv) Distance working which requires capacity building (15.09%) and, (v) False beliefs and misinformation which resulted in stigmatization by the communities (11.32%).

### 3.3.3. Possible options as to how to overcome these difficulties

To overcome the difficulties encountered, CSOs have applied the solutions presented in Table 4. In addition, 35.85% of CSOs did nothing.

Table 4. Breakdown of solutions found to overcome difficulties

Expectations	% d'OSC
Search for funding and/or partnerships	30.19
Advocacy	24.53
Awareness	13.21
Service/Volunteering	9.43
Self-funding	9.43
Use of new information and communication technologies (NICT)	9.43
Manufacture of reusable masks and/or hydro-alcoholic solutions	7.55
Discontinuation of operations	1.89

3.3.4. Potential activities that CSOs would like to carry out as part of the fight against COVID-19

Regarding the fight against COVID-19, we note that 83.02% of CSOs wished to carry out several activities. These include : (i) Distribution of masks and/or hydro-alcoholic solutions (50.94%); Implementation of the awareness component of the response plan at the community level (32.08%); Tracking and testing campaigns at the community level (28.3%); Advocacy for more funding (24.53%).

#### 3.4. Services offered to communities in the fight against malaria in COVID-19 context

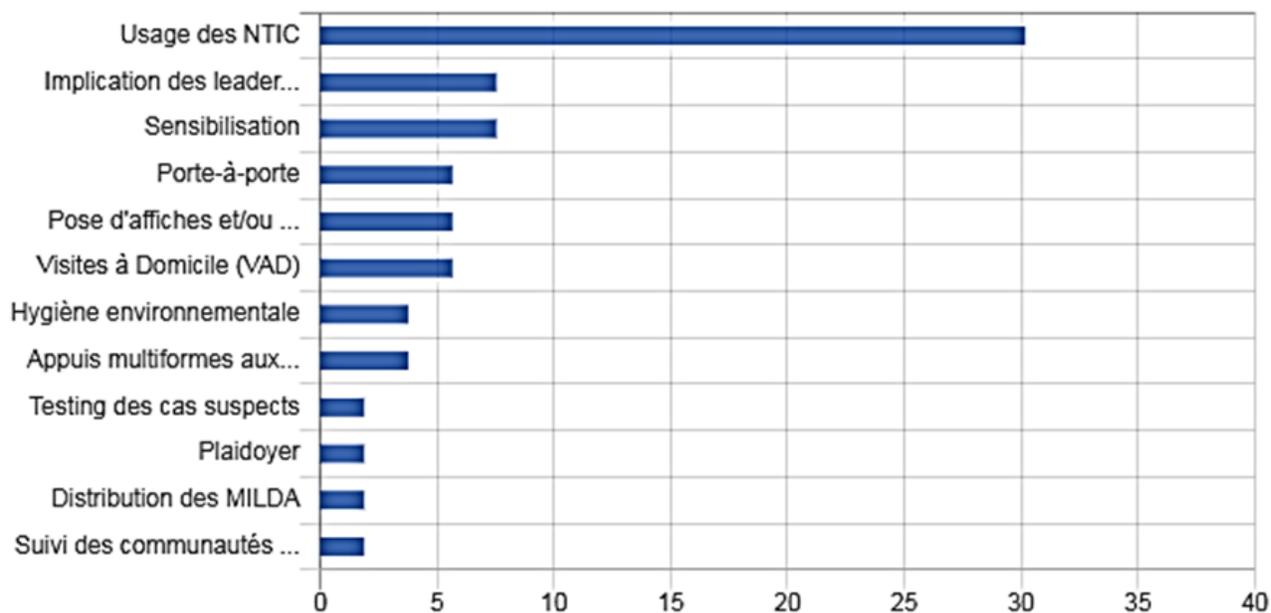
##### 3.4.1. Shift in approach to service delivery

Following the outbreak of COVID-19, about 50.94% of CSOs changed their approach in delivering their services in the fight against malaria. The services involved are recorded in Table 5 and illustrated in Figure 7 below.

Table 5. Dissemination of anti-malaria services in COVID-19 settings

Expectations	% d'OSC
Use of NICTs	30.19
Involvement of religious leaders	7.55
Awareness	7.55
Door-to-door	5.66
Posters and/or flyer distribution	5.66
Home Visits	5.66
Environmental hygiene	3.77
Multiform support to communities	3.77
Testing of suspicious cases	1.89
Advocacy	1.89
Distribution of LLINs	1.89

Graph 7. Service delivery for the fight against malaria in the context of COVID-19



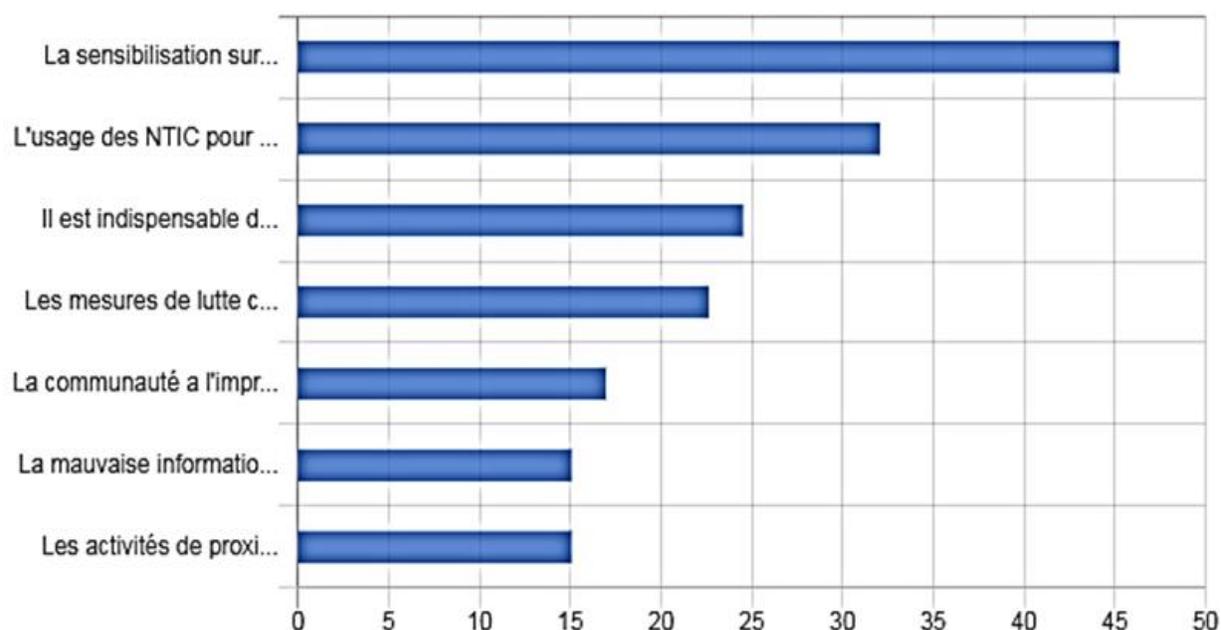
### 3.5. Lessons Learned from the Fight Against Malaria in the COVID-19 Context

Among the lessons learned by CSOs in the fight against malaria in the COVID-19 context, it is noteworthy that nearly half (45.28%) of the CSOs concluded that awareness should be increased in such a context. All the results are recorded in Table 6.

Table 6. Spreading Lessons Learned from the Fight Against Malaria in COVID-19 Context

Lessons learned	% d'OSC
Awareness of malaria needs to be increased more than ever in the context of COVID-19	45.28
The use of NICTs for activities has almost become essential	32.08
It is essential to adapt in order to be more resilient	24.53
COVID-19 actions are beneficial in the fight against malaria	22.64
The community feels culturally abusive in applying the protective measures.	16.98
Misinformation and false beliefs about COVID-19 make it difficult to implement community-based activities to respond to malaria	15.09
Community-based activities are more effective against malaria, but are very difficult or impossible to achieve in the context of COVID-19	15.09

Graph 8. Breakdown of Lessons Learned from the Fight Against Malaria in the context of COVID-19



#### IV. Results analysis

In the fight against malaria, before the outbreak of COVID-19, CSOs in Francophone Africa were more involved in outreach activities with targeted communities. These activities were concentrated around Sensitization (81.13%), involving several activities such as educational talks, group discussions, counseling, etc. These sensitization activities were accompanied by other activities such as testing, referral of cases to health facilities, Home Visits (HV),

distribution of LLINs, environmental hygiene, monitoring of communities in their activities, door-to-door visits, etc.

❖ Suspension/reduction of CSO activities

Two main reasons, namely the outbreak of COVID-19 for 54.72% of CSOs and subsequently the financial difficulties that this situation created for 22.64% of them, led to the termination of activities for 71.7% of CSOs either changed their approach by using NICTs, particularly social networks for nearly a third of the CSOs, or by continuing to test suspicious cases and to treat patients by complying with preventive measures (regular hand washing with soap and running water, wearing a mask, wearing gloves, using a hydro-alcoholic solution, social distancing, etc.) for 39.62% of CSOs, or by using the services of ASC for 11.32% of them, or even for several of these reasons at the same time.

❖ The shift in approach to service delivery

The impact of the outbreak of COVID-19 on the activities to fight malaria is all the more important because even after changing their approach to try to continue providing specific services, 15.09% of CSOs had to suspend their activities, either because of reduced mobility and interactions for 50.94% of them, or because of lack of financial resources for 39.62% of these structures, or because of lack of material and/or human resources for 28.3%, or for these different reasons combined.

❖ The focus on COVID-19

In the meantime, in order to adapt to the context of the fight against COVID-19, 86.79% of CSOs have started to offer COVID-19 related services, including awareness on the disease and preventive measures for 77.36% of these CSOs and the distribution of protection kits for 18.87% of them. These activities also faced the problem of financing for nearly a third of them.

❖ And what about the fight against malaria?

It therefore appears that the delivery of malarial services and care by CSOs is strongly correlated with the existence of external funding, to which is inevitably added a favorable context for field activities. As a result of the restrictions imposed by COVID-19 on mobility and direct interactions, the work of CSOs has virtually come to a halt. Due to a lack of funding for some and lack of capacity for others to continue to work remotely, CSOs are very fragile and

resilient in the face of unforeseen and unexpected situations, which reflects a lack of capacity to adapt and be inventive in order to continue serving their communities even in times of health crisis, as is the case for COVID-19. This suggests the need to strengthen CSOs in the area of crisis management; the search for exogenous solutions in order to continue to exist in spite of jolts and unforeseen events. They must inevitably be framed in the creation of income-generating activities and in national advocacy for the mobilization of domestic resources necessary for the sustainability of community-based fight against diseases.

## **V. CONCLUSIONS AND RECOMMENDATIONS**

This study aimed to assess the impact of COVID-19 in the fight against malaria by Civil Society Organizations (CSOs) in francophone HBHI countries. The methodology consisted of a documentary review that identified preliminary information, including the first targets to respond to the digital questionnaire using the KoBoCollect collection application. The questionnaires were sent by email and reminders were sent to ensure an acceptable response rate.

Results indicated that targeted CSOs experienced a significant shock following the outbreak of COVID-19, ranging from a change in the type of activity or approach in providing community-based malaria services to the suspension of all their activities. The use of social networks allowed some of them to continue outreach activities, although challenges such as lack of financial, equipment, and human resources, as well as the implementation of barrier measures, prevented the continuation of testing and treatment activities for many of them.

The recommendations that emerged from this study are as follows:

- ❖ CSOs need capacity building in the use of NICTs for awareness so that they can continue to reach as many people as possible, even in a context of confinement;
- ❖ CSOs must benefit from capacity building in Early Warning Systems, so that they can effectively detect, monitor, respond and control outbreaks for a better community response;
- ❖ CSOs need capacity building on fundraising techniques in order to increase their chances of accessing funding;

- ❖ CSOs need to be much more involved in the development of programs and strategies in the fight against malaria in order to integrate the community dimension of the fight against malaria.

## **VI. Appendices**

Questionnaire