

CONDUCT A COMMUNITY DIAGNOSIS FOR MALARIA INTERVENTIONS

A practical guide
for civil society organizations
designed by civil society

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Product by :

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Community diagnosis guide for Malaria interventions

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Foreword by the Executive Director of Impact Santé Afrique (ISA) /CS4ME Secretariat

The effectiveness of community action in the fight against malaria depends on the involvement of the population at all levels of action and decision making. This action is essential in determining the priority needs of communities affected by malaria. To achieve this, the action of civil society organizations (CSOs) is essential in identifying these priority needs through a community diagnosis for malaria control interventions. It is therefore necessary that they be sufficiently equipped to achieve these objectives, hence the production of a training guide on how to conduct a community diagnosis for malaria control interventions.

This training guide is intended for stakeholders from civil society organizations working in the health sector. It highlights the needs of populations, particularly the most vulnerable. This tool presents the basic concepts of community diagnosis for malaria control interventions. It is a practical guide that will enable civil society organizations to effectively conduct a community diagnosis in order to identify the priority needs of vulnerable populations in communities affected by malaria.

This guide will facilitate the implementation by civil society stakeholders of stable, high-impact and sustainable actions within the communities they are called to serve. We offer this flexible diagnostic tool that can be used by different actors and adapted to different situations. Through this guide, we reiterate our commitment to support and promote community action for an effective and efficient response to malaria.

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List of abbreviations and acronyms

CBO	Community-based Organization
CSM	Chemoprevention of Seasonal Malaria
CSO	Civil Society Organization
IPT	Intermittent Preventive Treatment
ISA	Impact Santé Afrique
LLINs	Long Lasting Insecticidal Nets
NGO	Non-governmental organization
WHO	World Health Organization

Introduction



Malaria remains a major public health problem worldwide. The World Health Organization (WHO) estimates that 409,000 people have died of malaria in 2019. The vast majority (94%) of these people is located on the African continent¹. They are the most vulnerable people, especially children and pregnant

women, who pay the heaviest price for this disease. In fact, 67% of malaria deaths are children under the age of 5. Yet malaria is a preventable and curable disease. No one should die from malaria because today there are effective ways to prevent and manage this disease. It is therefore important that all populations and communities have equitable access to malaria control services regardless of their country, area of residence, culture, social status, level of education, or gender. Hence the need to reduce barriers to access to malaria services for vulnerable communities. This requires the effective and concrete participation of the community in setting priorities, making decisions and developing, implementing and monitoring planning strategies to fight malaria. Setting priorities and making decisions for a community necessarily involves a collective identification of the problems and potentialities of the community, i.e., a community diagnosis¹.

Community diagnosis, due to the effective participation of the community, is a fundamental tool in health promotion. Its use before the implementation of an action in a community allows to acquire a sufficiently fine knowledge of the problems. Civil society organizations must therefore use it to define, direct and/or reorient their interventions in communities for greater impact.

Community diagnosis gives voice to those affected by a need and makes them actors in diagnosis so that they themselves become drivers of change and their integration

To do so, they must first master the community diagnosis, its objectives, its targets, its approach... hence the conception and publication of this guide.

Thus, if you are an organization/actor of civil society, you implement health actions for the fight against malaria and this, in a community approach, you want to conduct

¹ World Health Organization (WHO), Report 2020 On Malaria Worldwide, 30 November 2020

² Jacques Morel, 2007. The community approach to health: one of the intervention strategies on socio-economic determinants. Combined Health - April 2007 - No.40, pp 75-77.

a diagnosis, this tool is intended for you. Indeed, to effectively conduct a community diagnosis for malaria control interventions, this tool will serve as:

- **As a guide, by allowing you to navigate through well-defined steps.**
- **An interactive method that allows you to identify, collect and analyze their needs in consultation with the target communities.**
- **A design support, because it offers a method that allows you to create and implement a relevant diagnosis adapted to your expectations.**

Goals and targets set out in this guide

This guide targets community stakeholders (members of civil society organizations, community leaders, etc.) who are involved in malaria control and want to gain an in-depth understanding of the needs of high-risk groups in order to initiate or re-focus their interventions within a specific community. Examples of high-risk groups include: the poorest populations, internally displaced persons, refugees, prisoners, pygmies, nomads, etc., and especially women and children.

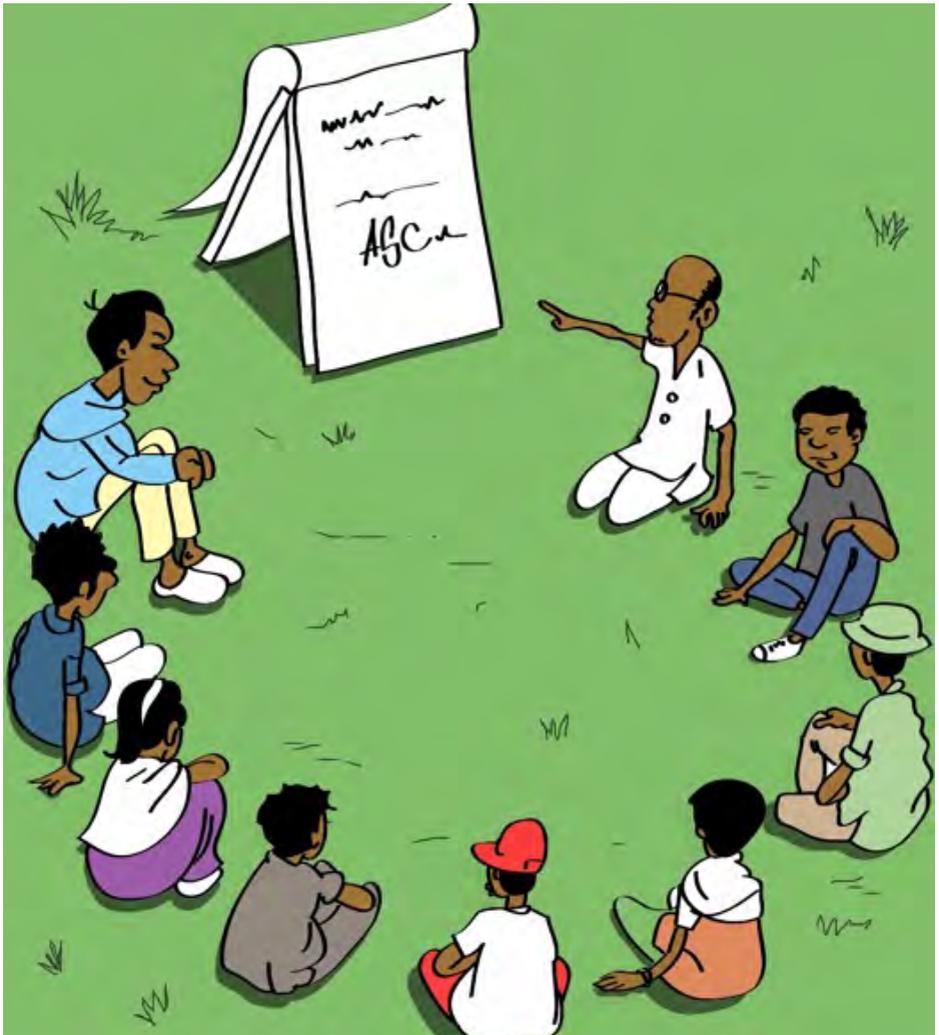
It will thus enable these actors to:

- Organize meetings for consultations with their target communities (the most vulnerable).
- Identify in a concerted manner the priorities of the communities while considering the specificities of the different groups within the population.
- propose solutions to the problems of vulnerable communities related to malaria.

This tool is made available to community stakeholders who conduct diagnosis in vulnerable communities to identify their priority needs in the fight against malaria. It offers practical elements for conducting and facilitating community diagnostic sessions for malaria control interventions. It is structured in two main parts: Community diagnosis for malaria control interventions and the practice of community diagnosis.

Chapter 1

Community diagnosis for malaria interventions



Introduction

This chapter provides the user of this tool with the theoretical elements necessary to understand the community diagnosis. Therefore, it offers:

- a general definition of community diagnosis
- the community actors involved
- their interests in malaria control interventions;
- the elements that constitute it.

1.1. Definition

The community is a group of people who have a common sense of belonging (residents, professionals, elected officials, institutions). Referring to this definition, speaking of community therefore refers to belonging to a geographical space, to a social and/or professional body with common interests or concerned by a common situation/problem.

A few examples

- **Teachers are a community because they all belong to the same socio-professional body, one can have in that same community, teachers from a specific region who also constitute a community because of belonging to a geographical area (the region).**
- **People affected by malaria are a community because they share a common problem (they suffer the burden of malaria).**

Diagnosis is the identification of the nature of a situation, an illness, a challenge, etc., through the interpretation external sign, according to this definition, both to detect an illness, a difficulty... Thus, the diagnosis examines and interprets information that is provided (participation) and or that is observed. Also, the identification of a difficulty in this framework is done by a specific group of actors from the information they receive from others. Information is provided by one or more other targeted groups that constitute the community or communities within the population.

NB: Beyond the information provided by the communities, observations could also allow the actors who are facilitators to identify problems or needs that have not been reported by members of the community concerned.

3. Guide pratique d'auto-évaluation des effets de votre démarche communautaire en santé, Institut Renaudot
4. Dictionnaire Larousse

The Community Diagnostic (which we discuss in this guide) is therefore a local approach to identifying the health problems of a community involving its active and effective participation at all stages. It is theoretically implemented by a group of professionals and the population **It is conducted prior to the action, implementation or modification of health activities** in a given community, in order to gain an in-depth knowledge of the community's concerns⁵. Based on the principles of research-action (process of moving from organized reflection to practice⁶), the community diagnosis proposes a response, in terms of a collective social work, on the impact of malaria in the population and in various contexts.

Conditions for success of a community diagnosis

- *Analysis of individual and community needs;*
- *Community involvement;*
- *Attitude of respect and listening.*

NB: The stakeholders who implement the community diagnosis are facilitators since they are responsible for leading the process from the identification of needs (or problems) to the formulation of solutions. They do not make the decisions that commit the communities.

Note 

Community diagnosis for malaria interventions is based on the effective participation of the community concerned (vulnerable populations). It should enable people in the target groups to move from the status of passive beneficiaries of interventions to the status of real actors in the fight against malaria within their communities. It will also allow civil society stakeholders, based on the identification of needs, to initiate or direct appropriate assistance to the community and to have a significant and sustainable impact, but also to make them real stakeholders at all stages of the process.

5 Bantuelle M., Morel J. and Dargent D., 2000. Community diagnosis, community health and health promotion. and. P. Trefois

6 Catroux M., 2002. Introduction to action research: modalities of a theoretical approach centred on practice. In Research and pedagogical practices in specialty languages, Vol. XXI (3), pp8-20.

I.2. The value of community diagnosis for malaria interventions

Community diagnosis is an essential process for identifying health needs with the involvement of the communities concerned, who become both object and subject. It allows us to understand the health situation of a population at a given time, considering the specificities and environmental, social, and cultural factors. In order to develop this diagnosis, the community must be involved at all stages, from the design to the realization, as well as the restitution. Finally, the community diagnosis allows the community itself to find appropriate solutions.

It allows to :

- *Initiate the action*
- *Inform the action*
- *Plan the evaluation*
- *Interview the community*



I.3. Elements of community diagnosis for malaria interventions

The community diagnosis is based on the following four elements:

- Needs and problems.
- Identification of resources.
- Determinants of health.
- Cultural values and representations.

1.3.1. Needs and problems

The primary objective of the diagnosis is to describe and analyze the health situation in a given community. For this reason, it will focus first on determining the extent of the problems and needs of the community concerned. It is important to be able to distinguish the problem from the need. **A problem is a state of health considered deficient by the individual**, by the physician or by the community. The need, on the other hand, is an estimate of the gap with respect to the norm. The greater the gap from the norm, the greater the health need. The need can also be defined as the gap between an experienced situation and a desired situation⁷. Thus, these two notions are not necessarily linked. It should be noted that some needs may arise in a situation where there are no problems. They are considered as unexpressed needs and are also to be taken into consideration in the assessments.

NB: Several types of needs can be identified within a community. We can thus have needs in terms of information (transmission and prevention of disease, the texts that govern the management...), infrastructure (hospital, medical equipment...), structuring (organization and structuring communities to address malaria-related issues), capacity building on specific themes (advocacy, mobilization of resources...).

1.3.2. Identification of resources

The identification of resources determines the gap (or adequacy) between the services offered and the needs met, and thus defines the extent to which identified needs can be met with or without additional resources.

These resources can be:

- Professional and material (capacities, institutions, hospitals ...);
- Human (mutual aid associations...);
- Financial (budget for an investment).

1.3.3. Determinants of health

The determinants of health refer to all the elements that influence the state of health of the population, without necessarily being direct causes of problems or diseases. Health is not necessarily the absence of disease, but a state of physical, social and mental well-being as defined by the World Health Organization (WHO)⁸.

Based on these considerations, the determinants of health can be divided into three groups of factors:

- Environmental factors (biological, physical, chemical, ergonomic)
- Psychological and social behavioral factors (individual health⁹ behaviors and abilities)
- Health and wellness maintenance and restoration services (health services, physical environment)

7 In Pineault (R) and Daveluy (C), Health Planning - Concepts, Methods, Strategies, News Editions, page 74.

8 World Health Organization (1946). Official acts of the World Health Organization (No.2). Geneva: WHO.

9 Government of Quebec, 2010. Conceptual framework of health and its determinants: the result of a common reflection. Health and Social Services Quebec.

1.3.1. Cultural values and representations:

The community diagnosis is a tool for establishing (or re-establishing) communication and dialogue between actors. Involving the actors (inhabitants, professionals and institutions) in the process of reflection and action means that it is possible to confront points of view and opinions (sometimes very divergent) within the community, the territory of study.

In the same environment, these values can differ significantly according to age, gender, the standard of living of individuals, the social position of actors and cultural values (ethnic, religious and social affiliation) of the individual.

I.4. Community diagnosis stakeholders for malaria interventions

There are three types of stakeholders who can intervene in community diagnosis:

- Health professionals (external or local).
- Representatives of institutions (political, technical or financial partners).
- Civil society stakeholders (CSOs, CBOs, NGOs, etc.).
- Community members (men, women, youth, traditional communicators, etc.).

Chapter 2

Community-based diagnosis practice for malaria interventions



Introduction

The community diagnosis for malaria interventions is a five-step process that can be grouped into three main phases illustrated in the figure below.

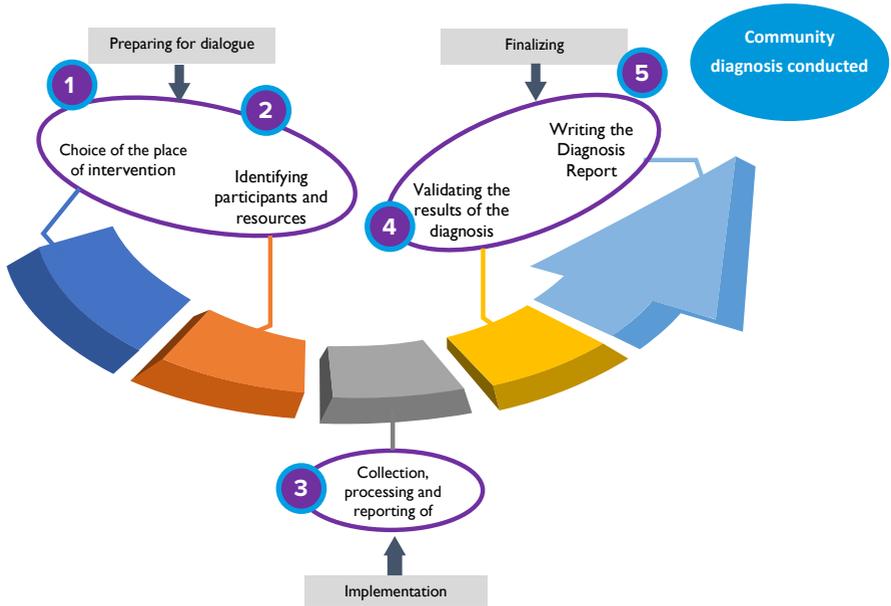


Figure 1. 5-step representation of community diagnosis

Carried out by a team of facilitators, the community diagnosis aims at establishing a detailed state of the population's needs to initiate or orient interventions and curb the impact of malaria within the communities. This is a process whose particularity is the involvement of the people and communities concerned, who are solicited to bring their point of view and actively participate in the identification of their needs and propose solutions according to their resources in the fight against malaria.

The primary quality of a diagnosis is to stimulate an exchange and a confrontation of the points of view of the intervention territory. It must create local dynamic and enable partnerships to be formed

The methodology proposed here is to collect and analyze information from the spaces of consultation that facilitate the effective involvement of the inhabitants and living forces in a targeted community.

II.1. The choice of place of intervention

The practice of community diagnosis requires a better knowledge of the intervention site and the target community, in addition to data collection and analysis techniques. Indeed, the choice of intervention sites involved are not necessarily sites in the sense of geographical and/or administrative delimitation. **Most often, they are places where identified social groups are located.** This is why, in practice, the facilitator will make field trips, locate the place, identify it and analyze it. A first contact during the field visit will allow the facilitator to assess the location and make a decision.

Example.

The facilitators from a CSO proposes to carry out a community diagnosis in a neighborhood that stretches over 5,000 m² within a large metropolis. These facilitators will make a first field trip that will allow them to identify six major cultural social groups living in this neighborhood with each of the different community practices. After analysis, they will decide to perform their community diagnosis in three of the six groups identified. Following this example, their place of intervention is of course this district, but precisely the living points of the three social groups selected.

Tip 1: To select the place of intervention Make a field visit

- Have a community member accompany you, preferably a person of good reputation;
- Identify community leaders (neighborhood chiefs, block, religious leaders) and or opinion leaders
- Introduce yourself, your organization, what you want to do, the value of what you want to do (their/community's value)
- Ask them brief, specific questions
- Avoid taking more time, unless it comes from them
- Don't make promises, but tell them that you will reconnect with them
- Thank them and leave immediately.



II. 2. Identifying participants and resources

It is the preparation of the community diagnosis itself. Participants will be identified in four (4) points summarized in the table below.

Stages	Activities	Results
Item 1. Identifying the groups most vulnerable to malaria	Bring together 2 to 3 representatives from different groups, up to 12 participants. Exchanges with them will provide a number of information on the groups most vulnerable to malaria and the most influential people	Groups are described (age, type of members, frequency of meeting) and their level of connectivity and influence is analyzed. The number of women and men should be included in this description for the consideration of gender relations
Item 2. Characterize each of these groups and identify the most influential people within these groups.	Mapping the different groups most vulnerable to malaria and while showing off their different characteristics. Taking gender into account in this activity	Several maps distinguish the institutional and social characteristics of the different groups. A list of socially influential women and men is drawn up
Item 3. Ensure that the resources available are sufficient to carry out the activity	Identify the resources (human, material and financial) available for the activity	A list of available resources
Item 4. Validate selected groups and individuals based on identified resources	Facilitators visit influential groups and individuals to validate the characteristics that have been communicated to them and select the number of groups by referring to available resources. At this stage it is important to obtain the consent of the selected individuals.	Final selection of the groups and influential people who will participate in your activity.

Note

It is important to take into consideration groups that are more vulnerable and have a high morbidity and/or mortality rate from malaria, that are in high-risk areas and that have specific needs in terms of health care. These groups include women, pregnant women, children under five, refugees, internally displaced persons, nomads, the disabled, the very poor, prisoners, etc.

II.3. Collecting, processing, and presenting prior information on the community



The collection of information in the context of Community diagnosis is based on the principle that every community carries within it, on the one hand, self-development capabilities that can be facilitated and, on the other hand, the capacity to reappropriate resources and its skills that can be strengthened». Bringing the fight against malaria back to malaria, it can be said that the community carries within itself the capacity to cope with the disease and to develop its own resilience capacities. In this case, the facilitator's job is to guide the community in a relationship to help them find those skills and skills on their own. For this, the collection of information, the processing and presentation of information about the community are prerequisites to observe. These three activities can be done through semi-direct individual interviews, focus groups and observations.

In this section, we propose grids that can guide exchanges and allow facilitators to identify needs and recommendations that will

be used to identify potential intervention plans. The grids below allow:

- Collecting information on prevention;
- management (diagnosis and treatment of malaria) of vulnerable groups (pregnant women and children under five, refugees, internally displaced persons, nomads, the disabled, very poor populations, prisoners, etc.);
- Communication for behavioral change
- taking into account the rights of communities in the fight against malaria (free treatment for children under 5, free of charge from LLINs for the population);
- triangulation of the information collected to identify the expressed and unexpressed needs of the target communities.

10. Plan d'action en faveur des populations-clés, 2014-2017

11. In Burquel (C), Lambrechts (Y), Thomas (N) and Van Tichelen (B), Community Diagnosis, Tool for a Mental Health Promotion Experience, The French Community Commission Health Papers, No. 7, 1998, page 7.

II.3.1. Collecting information

a. Disease prevention

This section **examines the challenges or opportunities that may exist in the community regarding disease prevention.** To do this, the following steps need to be implemented.

Step 1. The facilitators, by subjecting the members of the different households to these grids, will try to describe the situation regarding:

- The accessibility of the affected community to the ways and means of preventing the disease. The ways and means of prevention include impregnated mosquito nets, sanitary measures consisting of environmental hygiene (elimination of stagnant water) and, if they exist, other means used to prevent mosquito bites.
- The use of practical malaria prevention methods (Long-Acting Impregnated Nets (LLINs), Intermittent Preventive Treatment (IPT) for pregnant women, chemoprevention of seasonal malaria (CSM) (used in Sahelian zones such as the northern part of Cameroon), etc.
- The proper use of long-lasting impregnated mosquito nets in households.

Step 2. Facilitators will analyze the results in the context of the community's perception of prevention of mosquito bites, especially any perceived link, or lack thereof, between mosquitoes and malaria.

Step 3. Finally, draw conclusions by highlighting the prevention needs that arise from the challenges identified in the community input (see **Appendix 1** for identification of disease prevention needs based on a questionnaire).

Suggested questions for community interviews.

What actions do you usually take to prevent malaria in your household _____

What difficulties do you face in accessing malaria prevention resources in your household? _____

What are the difficulties you face in accessing malaria diagnosis?

What are the challenges you face in accessing malaria treatment?

What prevention methods do you know?

b. Support for specific groups

• Prevention and treatment of malaria for pregnant women

This grid is used to assess malaria prevention and control practices among pregnant women in the community. It will allow the facilitators to analyze the results in the context of the community's perception of the prevention and management of malaria for pregnant women. It highlights any perceived link, or lack of connection between behavior and incidence of the disease in the community (see **Appendix 2** on identifying needs regarding the management of pregnant women based on a questionnaire).



Suggested questions for community interviews.

Can you write down the signs that allow community members to suspect malaria in pregnant women? _____

How long do you notice these signs before considering a treatment need?

What do you do after you see these signs? _____

Do you perform antenatal consultations (ANC)? _____

If so, did you receive LLINs free of charge at the ANC? _____

If No, why don't you do ANC? _____

Do you use the impregnated mosquito net to prevent malaria and protect your pregnancy? _____

Do you take the ITP from the 4th month of pregnancy?

If not, why?

Is there difficulties in your community (distance from health centers, rain, means of travel, languages, etc.) that prevent pregnant women from going to a health center?

What do you suggest to better prevent and manage malaria cases, especially for pregnant women? _____

• Prevention and management of malaria for children under five years old.

This section describes what is done when the child becomes ill. The first action that is taken, whether at home or elsewhere (see **Appendix 3** for the identification of the needs of the care of the child under 5 years old based on a questionnaire).



Suggested questions for community interviews

Do all members of the household sleep under the mosquito net impregnated at night? _____

If no, why? _____

Do you participate in seasonal malaria prevention chemo campaigns? _____

If no, why? _____

Can you write down the signs that allow community members to suspect malaria in children under the age of five

How long do you notice these signs before considering a treatment need?

What do you do after you see these signs? _____

Is there difficulties in your community (distance from health centres, rain, means of travel, languages, etc.) that prevent children under the age of five from going to a health centre? _____

What do you suggest to better prevent and manage malaria cases, especially for children under five? _____

c. Proximity to health services and health care

This section seeks to describe geographic accessibility to health facilities. The aim is to identify the difficulties that communities might have in getting to the hospital and to see how they value the services offered. To do this, facilitators might look at the number of hospitals or health centers closest to their homes, the distance to these facilities, and the quality of services offered. The facilitators will also look at the costs of these services, which may be a constraint to communities' access to health care and services.

Finally, the facilitators will discuss the related difficulties that might prevent them from traveling to the nearest hospitals and/or health centers. The facilitators will then analyze the results in the context of the community's perception of accessibility to hospitals or health centers, especially any perceived link, or lack of link, that may exist between these problems and recurrence of illness.

Finally, draw conclusions by highlighting the accessibility needs that arise from the difficulties that emerge from the communities' inputs (See **Appendix 4** for the identification of needs for geographical accessibility based on a questionnaire).

The infographic details the official costs for malaria treatment in Cameroon, categorized by target group and treatment type. It includes a table of costs and detailed lists of medicines and supplies for severe malaria treatment.

Target	Diagnostic	Treatment for uncomplicated malaria	Treatment for severe malaria	Treatment content (severe malaria)
	Rapid Diagnostic Test (RDT)	ACTs	Artesunate & Injectable Artemether	
Children under 5 years	FREE 0 CFA F	FREE 0 CFA F	FREE 0 CFA F	<ul style="list-style-type: none"> Six (6) ampoules of 60mg injectable Artesunate or six (6) ampoules of 60mg injectable artemether One (1) paracetamol based antipyretic One (1) malaria Rapid Diagnostic Test Six (6) 10ml syringes One (1) bag of 250ml of 5% dextrose solution One (1) bag of 250ml of ringer lactate solution One (1) infusion set Three (3) 24g intravenous catheters or three (3) 24g butterfly needles
Pregnant Women	250 CFA F	Always severe malaria	4,000 CFA F	<ul style="list-style-type: none"> Twelve (12) ampoules of 60mg injectable Artesunate or six (6) ampoules of 60mg injectable artemether One (1) paracetamol based antipyretic One-malaria Rapid Diagnostic Test Six (6) 10ml syringes One (1) bag of 500ml of 5% dextrose solution One (1) bag of 500ml of ringer lactate solution One (1) infusion set Three (3) intravenous catheters or three (3) butterfly needles
More than 5 years (excluding pregnant women)	250 CFA F	250 CFA F	8,000 CFA F	<ul style="list-style-type: none"> Twelve (12) ampoules of 60mg injectable Artesunate or six (6) ampoules of 60mg injectable artemether One (1) paracetamol based antipyretic One (1) malaria Rapid Diagnostic Test Six (6) 10ml syringes One (1) bag of 500ml of 5% dextrose solution One (1) bag of 500ml of ringer lactate solution One (1) infusion set Three (3) intravenous catheters or three (3) butterfly needles

Let's go to the health centres for treatment

Logos: World Health Organization, UNICEF, malaria, PLAN, ExxonMobil

Protocol for the simple and severe malaria treatment - Case of Cameroon

Suggested questions for community interviews

Is there a hospital and/or health center nearby or within your community?

Do you have trouble going to a hospital and/or a health center near you? _____

What difficulties do you have in getting to a hospital and/or health center closest to your community? _____

What solutions would you propose to improve your attendance at health facilities?

Are you satisfied with the services provided by the health workers? _____

Are the services free or paid? _____

If they are not free, are they affordable for you? _____

d. Communication for malaria behavior change

This grid is used to assess the scope and impact of malaria communications in the community. The purpose is to obtain information on the ability of certain messages to reach the community and on the most effective ways to deliver them. This will enable the messages to be formulated and delivered through appropriate channels in the community.

The facilitators will then analyze the results in the context of the community's perception of awareness messages and delivery channels, especially any link, or disconnect, between these messages and malaria prevention.

Finally, come to conclusions by highlighting the communication needs that arise from the challenges that emerge from the community inputs (see **Appendix 5** to identify information needs based on a questionnaire).

Suggested questions for community interviews

How do you get information on malaria in your community?

What information do you receive about malaria in your community?

Do you need other information you don't have about malaria?

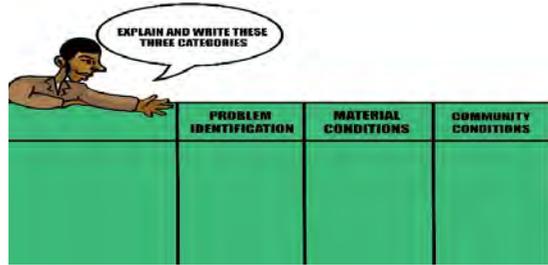
Does the information you received give you a better understanding of malaria?

If no, why? _____

II.3.2. Information processing and prioritization of the needs with the community

a. Processing information

The first step in processing the information is to inventory the needs that have been identified. Second, better develop these needs to ensure the understanding of all participants. Finally, determine the level of importance of each need before prioritizing them. The table below could be used to process information.



Community-based malaria prevention

	Level 1. People find it difficult to implement preventive measures	Level 2. People control prevention measures, but do not live with them	Level 3. People sometimes apply preventive measures	Level 4. People are still implementing preventive measures
Need 1. ...				
Need 2. ...				
Need 3. ...				

Additional notes justifying the selected level

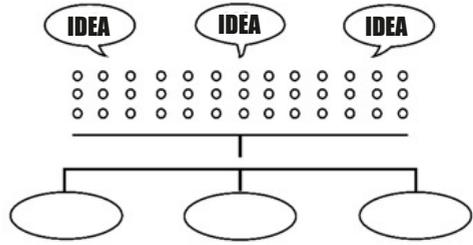
Brief conclusion and remarks and other observations made during the administration of the grid.

It is important at this level to elaborate on the problems identified using a number of criteria: frequency, impact, urgency ... Bearing in mind that these criteria are indicative, others can be adjusted to fit the local context (**Appendix 7**).

b. Prioritizing identified needs

In the context of community diagnosis, the prioritization of needs is the classification based on the impact/importance of these needs in the community. It organizes the needs of the community for a solution and guides decision-making on the allocation of resources. Prioritization is a real challenge because of the number of

problems our populations face, sometimes divergent interests within the same community and the sometimes-limited resources available. To deal with this, three alternatives¹² are proposed in this guide. These can be modified and adapted to specific contexts. This is the priority by weighted voting, prioritization by multiple voting and prioritization by a small group (see **Appendix 6** for the identification of needs from a questionnaire).



Prioritization methods

Prioritization by weighted vote

Each person has a number of points to assign as to the number of needs to be ranked. It will therefore distribute its points according to what it considers to be a priority. The final prioritization will be based on the maximum points awarded to a need. For example, if each person has five votes, they can divide them between five different options (needs) or focus them on one or two options.

Prioritization by multiple voting

This is a multi-round vote. In the first round, each participant votes for problems that he considers a priority. Problems that receive the maximum points are again subject to another round of voting. The voting rounds will continue until they obtain a ranking.

Prioritization by a small group

The aim here is to identify all the needs, develop them according to different interests and then prioritize them. To move to prioritization, the identified needs are grouped according to interests. The different groups of needs obtained at this time are categorized by consensus among community members.

NB. When a community is involved in setting its priorities, it feels that it is leading the improvement of its own reality, that it is responsible of the process and that it is independent.

12 Sánchez-Ledesma E., Pérez A., Vázquez N., García-Subirats I., Fernández A., Novoa A.M. et Daban F., 2018. Community prioritization in the Barcelona Salut als Barris program. Health Gazette, 32, 187-192.

II. 4. Validating the results of the diagnosis

Validation of the diagnostic results can be done during a forum with the whole community, during meetings or during general assemblies. Facilitators will decide depending on the resources available to their organization and after consultation with the community. It is important to validate results that are consistent with the needs of the community, thus the importance of involving them in the process.

a. Identify the problems and establish the level of importance and impact within the community.

Problems identified	Level of importance				Impact level			
	Level 1	Level 2	Level 3	Level 4	Level 1	Level 2	Level 3	Level 4
On prevention								
Problem 1								
Problem 2								
Problem 3								
Support for specific groups								
Problem 1								
Problem 2								
Problem 3								
Implementing public policies								
Problem 1								
Problem 2								
Problem 3								
Community interventions								
Problem 1								
Problem 2								
Problem 3								

- **Level 1.** The problem is individual
- **Level 2.** The problem affects a few respondents
- **Level 3.** The problem affects a large proportion of respondents
- **Level 4.** The problem affects the entire community

Little tip 2. Fill the grid

- Facilitators can reproduce this grid on a board and invite participants to come by each time to place a stick (✓) on the relevant boxes.
- Ask each participant to justify his or her choice as they place their stick.



b. Proceed with the triangulation

Triangulation is the process of comparing the results of several data sources (Pope and Mays, 1995¹³ ; Bloor and Wood, 2006¹⁴). In our case, it involves comparing the problems identified and classified according to their importance and impact on the community.

Proposed triangulation grid for prioritization

	Importance 1	Importance 2	Importance 3	Importance 4
Impact 1	*	*	**	***
Impact 2	*	**	**	***
Impact 3	**	**	***	****
Impact 4	**	***	****	****

Exchanges will help to consolidate priorities with the resources available to the community itself or the civil society organization that supports it. Solutions must also be considered because of this triangulation. This can be done based on several criteria: feasibility, relevance, acceptability, resources, etc. These criteria are indicative, and others can be adapted to the local context (**Appendix 8**).

II.5. Preparation of a report on the completed diagnosis

At the end, the facilitators produce a report that the organization will also share with the communities. The report outlines the steps followed throughout the process, the contributions of the various participants, the needs identified, and their prioritization. The report will not only make recommendations for the improvement of future processes but will also include the solutions proposed by the communities during the discussions.



13. Pope C. et Mays N., 1995. Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *BMJ*, 311(6996), pp. 42-45.

14. Bloor M. et Wood F. (2006), *Keywords in qualitative methods. A vocabulary of research concepts*, Thousand Oaks, Sage.

Community Diagnostic Report Template

Explanatory title (the title must announce the action that is described).

Location and date

Objectives (give the overall and specific objectives of the session)

Topics covered (give all the topics covered with a goal).

Participants (briefly describe type, number of attendees and any special features. Please attach a dated attendance list as well)

Methodology (Briefly describe all the steps that were carried out from preparation to prioritization of needs)

The results achieved

Conclusion and recommendations

NB. It is not useful to make long reports. A report should be precise and concise. The results can then be synthesized and used for advocacy purposes.

Conclusion

The community diagnosis is based on the participation of stakeholders, the exchange of points of view and the quest for common solutions to health problems. In this guide, we have discussed each of the steps to follow in the implementation of a community diagnosis for malaria control interventions. These steps include selecting the intervention site, identifying participants and resources, collecting, processing, and presenting preliminary information on the community, validating the results of the diagnosis, and preparing a report on the diagnosis conducted.

The community diagnosis is the foundation of community health interventions in general and the fight against malaria. Indeed, the community diagnosis offers civil society actors and communities a space for interaction where needs are identified and proposals for solutions developed with the active involvement of the population at the grassroots.

This guide is intended to be a basic tool for community diagnosis in malaria control interventions. It is flexible and can be adapted to meet the user's expected objectives. It is appropriate for civil society actors to use it for targeted, high-impact interventions in the communities they serve.

Appendixes

Appendix 1. Preventing disease through the use of impregnated mosquito nets

State of the nets	Yes	No	Don't know	Observations
Do you actually have mosquito nets in your household?				Identify difficulty or ease of use (exchange with the household)
If so, you have received it free of charge from health authorities/hospital				
If so, you bought it yourself				
Is the net used systematically?				
When did you get your net?				
Did you buy it or acquire it for free?				
Has this net ever been impregnated with insecticide?				
If you don't have an impregnated mosquito net, why?				Clearing the trouble
If you don't have an impregnated mosquito net, what other way do you use to protect yourself from mosquito bites?				

Consolidated household information is used to make assessments below.

Level 1. No use of the net _____

Level 2. Not at all effective use of the net _____

Level 3. Fairly effective use of the net _____

Level 4. Effective use of net _____

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 2. Preventing the disease through sanitary measures

State of the nets	Yes	Not	Don't know	Observations
Do you have puddles or standing water around your home				Identify difficulty or ease of use (exchange with the household)
If so, do you systematically dry them?				
If so, you only dry them sometimes?				
If so, you don't dry them out				
You systematically clean the area around your home				
You clean the area around your home a few times				
Spraying interior walls to control mosquitoes in your home				
If so, you did it yourself				
A state agent came to do it.				
You have never seen or attended a session of gardening of the interior walls to fight against mosquitoes				
What other means do you use to keep mosquitoes away from your home?				

Consolidated household information is used to make assessments below.

Level 1. No use of sanitary measures

Level 2. Not at all effective use of health measures

Level 3. Fairly effective use of health measures

Level 4. Effective use of health measures

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 3. Care for pregnant women

	Yes	No	Don't know	Observations
Do women in your community do prenatal consultations when they become pregnant?				
These consultations take place in a recognized health training				
These consultations take place in the small private clinics in the neighborhood				
These consultations are done at matrons in the neighborhood				
Pregnant women take preventive treatment during pregnancy				
Pregnant women routinely use a recognized health training in case of signs or symptoms of malaria				
If not, they are followed by matrons in the neighborhood				
If so, what are the signs or symptoms that make it possible to suspect malaria in pregnant women in the community (allow members of the community to list them)				
What are the reasons why pregnant women do not go systematically to a recognized health training? _____				
Do you think that the current health context, marked by COVID-19, can justify the fact that pregnant women do not systematically leave for a recognized health training? (Justify)				

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 4. Care for children under five

	Yes	No	Don't know	Observations
Describe the signs that allow community members to suspect malaria in children under five years of age				
fever				
Weight loss				
Vomiting				
Lack of appetite				
Convulsions				
Other signs and symptoms (specify)				
Time to observe these signs before considering a need for treatment				
A few hours				
One day				
A few days (from 2 days)				
What you do directly after observing these signs (Proposal)				
You ask a third party who is not a health care worker for advice				
We go straight to a health training				
We buy the medicine and give it to him				
We prepare decoctions and give him				
We're going to see a traditional practitioner / matron				
It is transported directly to the nearest health center				

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 5. Difficulties in accessing the nearest health training

	Yes	No	Don't know	Observations
Health training is close to the place of residence				The aim is to identify possible difficulties related to the geographical accessibility of health facilities
Health training is not far from the place of residence (less than 5 km)				
Health training is far from the place of residence (more than 5 km)				
It's easy to get to health training				
It's a little difficult to get to health training				
It's very difficult to get to health training				
When we go to the hospital, the service makes us want to come back				The aim is to identify any difficulties associated with the provision of services
When we go to the hospital, hard enough the service requested				
When we go to the hospital, the service does not give the desire to return				
Malaria care costs are very high				The aim is to identify any difficulties associated with the payment of care and services
Malaria care costs are falling lower and lower				
Malaria care costs are within everyone's reach (everyone can pay without getting poorer)				

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 6. Malaria Information Needs

	Yes	No	Don't know	Observations
You saw or heard messages about malaria				
In your community				
In health training				
Instead of your work				
By a health worker				
By members of a CSO				
By Television				
By radio or print media				
Internet or any other means				
Have you seen or heard about malaria				
Prevention by use of impregnated nets				
Prevention through health measures (environmental sanitation)				
Intra-home spraying				
Legal provisions governing/regulating the management of malaria				
Signs or symptoms of malaria				
The most vulnerable groups				

Additional notes justifying the selected level

Brief conclusion and also remarks and other observations made during the administration of the grid

Appendix 7. Problem Analysis Grid

The objective of this grid is to develop the problems identified using a certain number of criteria: frequency, impact, urgency, etc. Keeping in mind that these criteria are indicative, others can be adapted according to the local context.

Identified problems	Frequency	Impact on the community	Urgency
P1. ...			
P2. ...			
P3. ...			
P4. ...			

Appendix 8. Solution Prioritization Grid

Action	Feasibility	Relevance	Acceptability	Available Resources
P1. ...				
P2. ...				
P3. ...				
P4. ...				

«The community diagnosis offers civil society actors and communities a space for interaction where needs are identified and proposals for solutions developed with the active involvement of the communities.»

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