



TRAINING MODULE

OF CIVIL SOCIETY ORGANIZATIONS / COMMUNITY BASED ORGANIZATIONS

**FOR A BETTER PREVENTION OF MALARIA AT THE
COMMUNITY LEVEL IN THE CONTEX OF COVID-19**

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Foreword by the Executive Director of “Impact Santé Afrique” (ISA)

This training module is intended to help Civil Society Organizations (CSOs) and Community Based Organizations (CBOs) working in the health domain. It provides essential information on malaria and COVID-19. It is a practical guide to be used for malaria prevention in the context of COVID-19.

We invite all Civil Society Organizations and Community Based Organizations to take ownership of it and disseminate it widely throughout the different networks.

This handbook was developed in collaboration with the Ministry of Public Health of Cameroon and other partners, including Civil Society Organizations.

The use of this tool will permit the stakeholders of the Civil Society Organizations and Community Based Organizations to:

- Recognize the signs of malaria;
- Identify COVID-19 symptoms;
- Differentiate between these diseases that share several symptoms such as fever;
- Describe protective measures against COVID-19;
- Disseminate protective measures against COVID-19 in the community;
- Explain how to prevent malaria in the context of COVID-19;
- Know what to do in case of suspicion of malaria in COVID-19 context;
- Implement Civil Society actions to prevent malaria in the context of COVID-19.

Olivia Ngou

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Acknowledgements

We would like to thank the following individuals who contributed to the development of this training module:

- Dr ETOUNDI MBALLA Georges Alain
- Dr FANNE MAHAMAT
- Dr Dorothy ACHU
- Dr EKOYOL EKOBE Germaine
- Dr TCHINDE TOUSSI Fabrice
- Dr NOUDJI Simon
- Dr SOTAKWO KENGNE Gisèle Solange
- Dr MOLUH Seidou
- Dr KAREMA Corine
- Dr NGANDEU Gabrielle
- Mme MEGEH NGOBE Irène
- Mme. ISSOLA Andrée Gaëlle
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- Mme NGADJUI DJUITCHOKO Sylvie
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- Mme ETONDE Catherine
- Mme NDACHIGAM Pasma
- Mme BALOCK NZEN Alliance
- Mr. DJEUKOUA MBIADJEU Florent Panny
- Mme NYINDI Rachel
- Mme NSIMA NSIMA Nicaise
- Mr. SACK Paul Emmanuel
- Mr. NDONGO BIHINA Jean Bosco
- Mme NGOU Olivia
- Mme IDE Zeinabou
- Mme DIBOUE Carine
- Mme M'POUMA Paola
- Mme LELE Trifene
- Mme NGOUFACK Brenda
- Mme NGAH Esther Nathalie
- Mr. BEMADOUM Fidèle.

This work was made possible thanks to collaboration from the African Non-Governmental Organization “Impact Santé Afrique” (ISA) and “Fondation de France”.

List of abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
CBO:	Community Based Organization
CHW:	Community Health Worker
COVID-19:	Corona Virus Disease-2019
CSM:	Chemoprevention of Seasonal Malaria
CS4ME:	Civil Society for Malaria Elimination
CSO:	Civil Society Organization
HIV:	Human Immunodeficiency Virus
ICMCL:	Integrated Case Management at the Community Level
IDRC:	International Development Research Centre
IPT:	Intermittent Preventive Treatment
IPTI:	Intermittent Preventive Treatment for Infants
IPTP:	Intermittent Preventive Treatment during Pregnancy
IRES:	Intra-domiciliary Residual Effect Spraying
LLIN:	Long Lasting Insecticide Impregnated Mosquito Net
MOH:	Ministry of Public Health
NGO:	Non-Governmental Organization
NIS:	National Institute of Statistics
NMCP:	National Malaria Control Program
PCR:	Polymerase Chain Reaction
RDT:	Rapid Diagnostic Test
WHO:	World Health Organization

Message from the director of diseases, epidemics and pandemics control, covid-19 incident manager

the ministry of public health of cameroon

The emergence and rapid spread of COVID-19 worldwide is having adverse effects on the health of populations and health systems. In this context, the fight against HIV, Tuberculosis and Malaria must be intensified in order to sustain the progress achieved.

Between 2000 and 2015, the massive scale-up of malaria control interventions, including the use of long-lasting insecticidal nets (LLINs) and the rapid and effective diagnosis and treatment of community and clinical malaria cases, led to a reduction of 50% in cases and malaria deaths in sub-Saharan Africa. However, our concern is that the fight against COVID-19 could undermine the efforts to combat malaria, leading to an upsurge of the disease and undermining the progress made to date. **As part of the response to the COVID-19 pandemic, it is essential to ensure that efforts to control other endemic diseases, including those with symptoms similar to those of COVID-19 such as malaria, are intensified.**

In Cameroon, for example, malaria represents:

- **28%** of hospital consultations;
- **2,628,191** confirmed cases;
- **4,510** deaths (18.3%) reported in health facilities;
- **26%** of absences from work;
- **40%** of household health expenditures.

To address this scourge, the Ministry of Public Health envisages several strategic interventions, including prevention with the use of LLINs, integrated case management at the community level (ICMCL), social mobilization, in which civil society has a key role to play. In the context of COVID 19, it is essential to build the capacity of civil society for a greater impact of interventions in the field. It is in this perspective that this CSO/ CBO training module has been written and validated by the Ministry of Public Health.



Le Directeur de la Lutte Contre la Maladie,
les Epidémies et les Pandémies,
Gestionnaire de l'Incident de la Pandémie
du Covid-19

Dr Georges Alain ETOUNDI MBALLA

1- IDRC, 2020

2- Annual Report 2019 NMCP, 2020

3- NIS, 2012

I General information on malaria

1. Definition and status of malaria

Malaria is a disease caused by a **Plasmodium** type parasite and transmitted through a bite of the female mosquito of the genus **Anopheles**. Globally, there were 229 million cases of malaria in 2019 compared to 228 million in 2018 (WHO, 2020). Cameroon is among the 10 African countries with the highest malaria prevalence. Here, the trend in the number of cases and deaths is increasing as shown in the table below (NMCP, 2020).



Mosquito responsible for malaria among human beings (Getty Images, 2019)

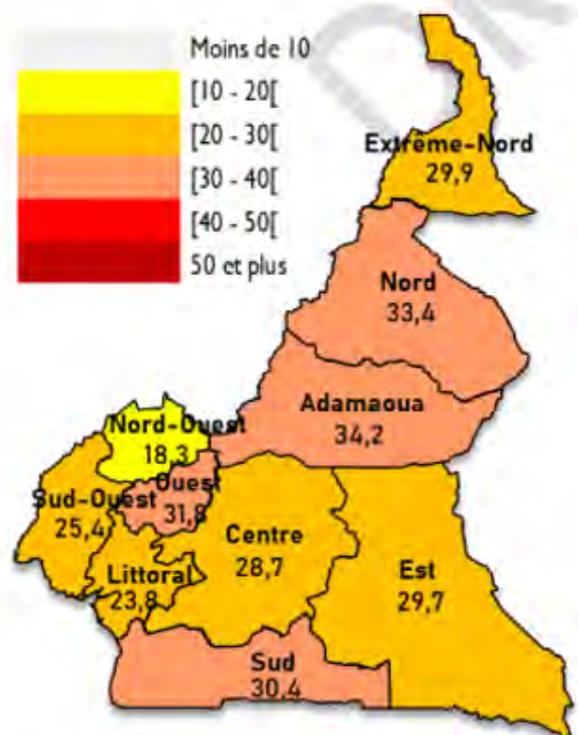
Status of malaria in Cameroon in 2018 and 2019	
25.8% of reasons to consult in 2018	28% of reasons to consult in 2019
2 139 482 confirmed cases	2 628 191 confirmed cases
3 263 deaths reported in healthcare facilities	4,510 deaths reported in health care facilities

In 2019, in Cameroon, an unequal distribution of malaria was observed at the regional level in terms of proportional morbidity. Proportional morbidity represents the number of confirmed cases of malaria in relation to the number of recorded consultations for all diseases. The figure opposite shows the geographical distribution of proportional morbidity to malaria.

The regions of the South, West, North and Adamaoua are those most affected by the disease, with proportions ranging from 30.4% to 34.2%.

Children under 5 years of age (25.8%) and pregnant women (19.6%) remain the groups most at risk of malaria in 2019 in Cameroon (NMCP, 2020). This is same for people suffering from chronic diseases such as HIV/AIDS and tuberculosis.

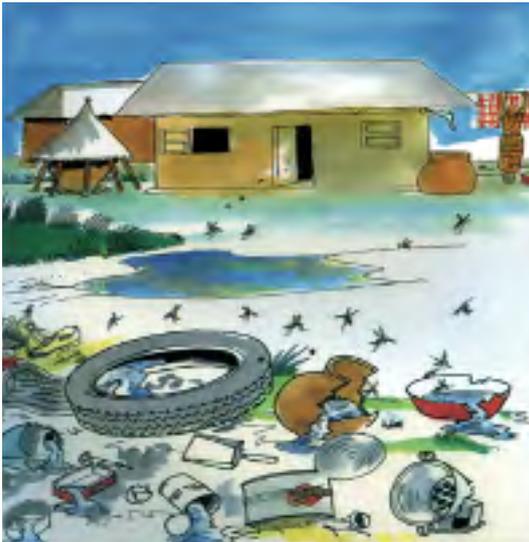
Morbidity proportionnelle du paludisme (%)



Source: Annual report 2019 NMCP (2020)

2. How is malaria transmitted?

- Malaria is contracted through the bite of an infectious female mosquito known as the anopheles. It is the agent of this disease.
- Only anopheles' mosquitoes can transmit malaria and they must have been previously infected through a blood meal taken from an infected person.
- They multiply mostly in stagnant waters, temporary sunny puddles or relatively permanent water puddles such as rice paddies.
- Mosquitoes that transmit malaria most often bite in the evening, during the night and early morning, usually between 11 p.m. and 4 a.m., and do so silently.
- Female anopheles bite individuals carrying the plasmodium parasite, responsible for malaria, and transmits it to healthy individuals.



Source: Community Health Worker Training Manual; Community-Based Management of Malaria in the Context of COVID-19 (MOH, 2020)

3. How to recognize symptoms of malaria?

Malaria has signs like several other diseases such as typhoid fever and pneumonia. These main signs and symptoms are listed below. (MOH, 2020; WHO, 2018; 2020).

Malaria	Typhoid Fever	Pneumonia
<ul style="list-style-type: none"> • Fever (temperature above 38.5°C, or warm body feeling) / history of fever the previous week • Shivers (tremors) • Headaches • Curvatures/stiffness (whole body hurts) • Pain in the joints • Abdominal pain experienced by children • Digestive disorders (loss of appetite, diarrhea, nausea, vomiting). 	<ul style="list-style-type: none"> • Prolonged fever • Fatigue • Headache • Nausea • Abdominal pain • Constipation or diarrhea 	<ul style="list-style-type: none"> • Fever • Cough • Difficulties in breathing



Child with signs of fever (MOH, 2020)

It should be noted that not every case of fever is a sign of malaria and requires prior testing confirmation by the Rapid Diagnostic Test (RDT) or the thick drop, before possible treatment.

Malaria is an acute febrile disease. There are two forms of malaria:

a. **Simple malaria** is defined as Malaria without signs of severity or elements of assessment (clinical or biological) that would allow to affirm a dysfunction of the vital organs. (WHO, 2011)

b. **Malaria is classified as severe** when a patient presents one or more serious signs (see box below). In this situation, he or she should be referred to a health facility (hospital/dispensary/health center) for prompt and appropriate care.



Child in a state of extreme fatigue (MOH, 2020)

Malaria serious signs	
<ul style="list-style-type: none"> • Very high fever (temperature \geq or $>$ 39°C) or the body very hot when touched • Extreme fatigue • Convulsions • Repeated vomiting • Fast and difficulties in breathing • Rare or dark urine • Agitation • Memory problems • Dizziness • Loss of consciousness 	<ul style="list-style-type: none"> • Inability to eat or drink • Intense thirst • Dry lips • Sunken eyes • Sunken fontanel • Absence of tears • Jaundice or yellow discoloration of the eyes (icterus) and palms • White eyes (anemia) • Abnormal bleeding • Cold hands and feet

NB: Any case of malaria in children under 5 years of age and pregnant women is considered as an «emergency». Immediately go either to the Community Health Worker (CHW) or to the nearest health facility (hospital/ Dispensary/Health Center). For the pregnant woman who shows up with the manifestations of malaria, she should be quickly referred to the nearest health facility, **because every minute counts!**



Pregnant woman taking her intermittent preventive treatment (MOH, 2020)

4. Role of Civil Society Actors in the Fight against Malaria

Since the launch «Health for All» campaign in 1978 by the World Health Organization's (WHO), CSOs are considered as key players in the fight against diseases and the strengthening of health systems. In its Health Sector Strategy Paper (2016-2027), Cameroon identifies CSOs (Non-Governmental Organizations, community associations, dialogue structures) as major actors in the implementation of health policies. Before discussing their role in the fight against malaria, it is first necessary to define the key terms related to this concept.

Civil Society: it is a «set of individuals and groups, whether organized or not, who take action in a concerted manner in the social, political and economic fields, and to which formal or informal rules and laws apply.”

Civil Society Organization (CSO): it is a «set of associations around which society organizes itself voluntarily and which represents a wide range of interests and ties, from ethnic and religious origin, to environmental protection or human rights, to common professional, developmental and recreational interests».

For the World Bank, it refers to a wide range of organizations including NGOs, community groups, trade unions, indigenous peoples' organizations, charitable organizations, faith-based organizations, professional associations and private foundations.

Community-based organization (CBO): it is a «people's organization, separate from the State, in which risks, costs and benefits are shared among the members, and the leaders or managers are accountable for their members.

Community Health Worker (CHW): a man or woman chosen by the local community and trained to deal with individual and community health problems and to work closely with health services (WHO, 1987).

4-Brodhag Christian (2003), Dictionary of Sustainable Development, Multimondes Publishing, Québec

5 - Idem

6 - «World Bank: Civil Society» [archive], on World Bank (consulted) on August 1st, 2017

7- Quentin Gausset, «Grassroots community organizations and the strengthening of civil society in rural areas,» Civilizations [Online], 52-2 | 2005, online February 2, 2009, accessed November 2, 2020.

The role of the Community Health Worker (CHW) is to:

- Provide health promotion and prevention services aimed for adoption by members of the community for essential family practices;
- Provide curative services for these three diseases which are malaria, tuberculosis and severe respiratory infections and diarrhea;
- Refer serious cases to a health facility;
- Conduct community surveys (search for people who have lost track to be followed up, etc.);
- Distribute medical protection equipment, drugs and tests against diseases in the community (LLINs, drugs, etc...).

They are generally the first resort contacted by community members when a suspicious case of malaria emerges.

Within the framework of the fight against malaria, CSO/CBOs have missions in several strategic interventions of the National Malaria Control Program (NMCP) related to prevention, coaching and supervision of CHWs who perform CEP of simple malaria cases and referral of severe cases to health facilities.

CHWs are supervised both by the health authorities at the local level and by the CSOs/ CBOs working in these communities.

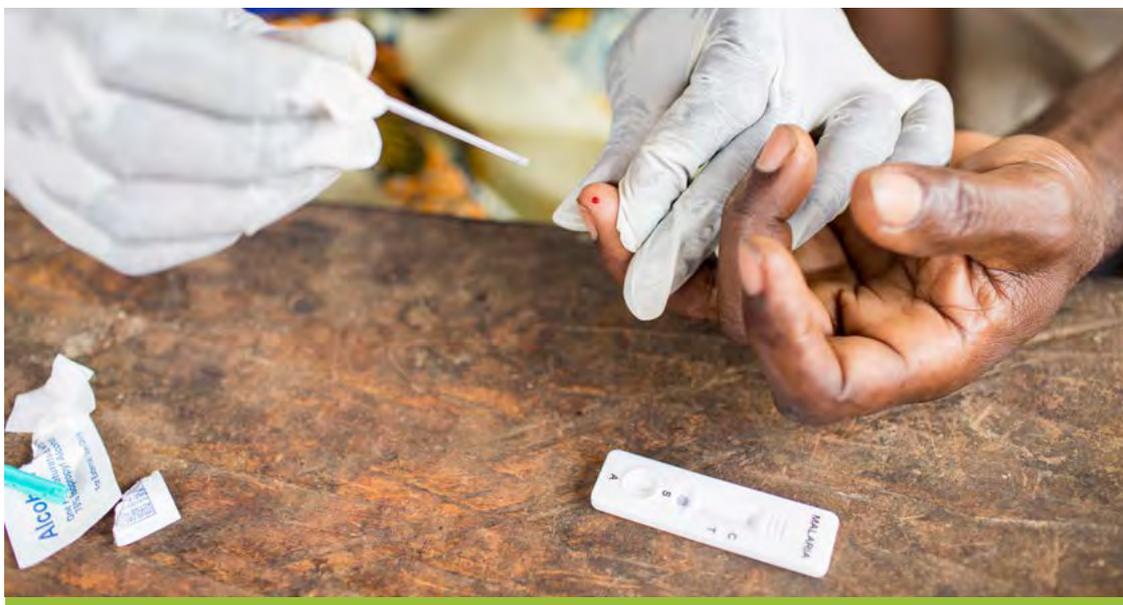
What does the Community Health Worker do when faced with a suspected case of malaria in the context of COVID-19?

In strict compliance with the protective measures set forth by the Government (wearing of mask, hand washing, respect of physical distancing of 1.5 m, etc.), the CHW provided with adequate equipment, asks questions whether it is a suspected case of malaria and whether the case is simple or serious.

If it is a case of simple malaria without suspicion of COVID-19 (negative COVID-19 tested, no cases in the locality, no notion of recent travel (less than 14 days) or no visit from a foreign person less than 14 days), the CHW must :

- Comply with protective measures against COVID-19 and perform a RDT for malaria;
- If the RDT is positive, give treatment for simple malaria by explaining how treatment has to be administered;
- If the TDR is negative, refer immediately and then fill in the management tools for this purpose.

If it is a case of severe malaria, without suspicion of COVID-19, the CHW refers the case to the nearest health facility (hospital/dispensary/health center) by filling out the referral form for a better case management. If the child is less than 5 years old, the CHW gives a pre-referral treatment (Artesunate suppo) and refers the case to the nearest health facility by filling out the referral forms.



CHW performing a malaria RDT

In the presence of anyone with signs of malaria, the CHW should look for warning signs or other health problems by observing the patient and asking the following questions:

- Does the patient have a fever (has a body which heats)? For how many days?
- Does the patient cough?
- Does the patient have diarrhea (passing watery stool 3 or more times a day)?
- Has the patient had seizures?
- Does the patient have difficulties in eating or drinking (unable to eat or drink anything)?
- Does the person vomit everything he eats?
- Does the patient have a depression in the space below the ribs?
- Does the patient have dark urine (Coca-Cola or black)?
- Is the patient fast breathing?
- Children of 2 to 12 months: 50 breathe per minute or more
- Children from 12 months to 5 years: 40 breathe per minute or more
- Is the patient sleeping too much or is unconscious?
- Is the patient unable to sit or stand?

- Does the patient have swollen feet, hands or eyes?
- Does the patient have jaundice (yellow urine? yellow eyes?)?
- Does the patient have another problem that CHW cannot manage (for example, breastfeeding problems, injury, burns, etc.)?

In relation to the other symptoms of COVID-19:

- Does the patient have joint or muscle pain?
- Does the patient have a sore throat?
- Does the patient have rhinitis?
- Does the patient have headaches?
- Does the patient not smell and taste the food he or she eats? Is the patient tired?

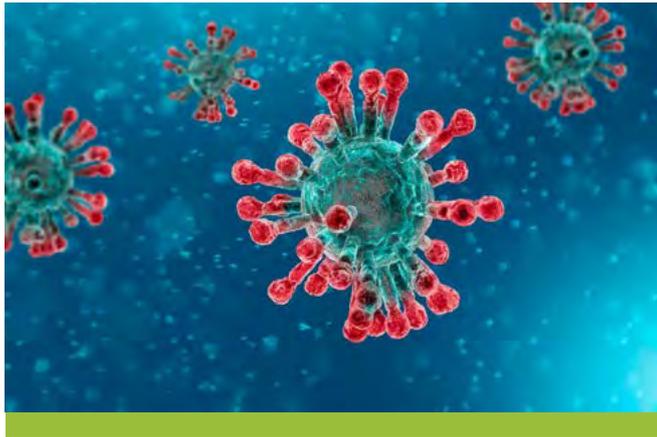
If the answer to any of these questions is YES, the CHW should immediately refer the patient to the nearest health facility.

Background on COVID-19

1. Definition and Status of COVID-19

COVID-19 is an infectious viral disease caused by a new form of coronavirus discovered in the People's Republic of China in December 2019 (WHO, 2020).

The first recorded case in Cameroon was confirmed on March 6, 2020, by the Minister of Public Health. As of November 12, 2020, Cameroon had registered **22,490** confirmed cases for **21,510** recoveries, and **433** deaths. (MINSANTE, 2020).



Source: Illustrative image of the virus causing COVID-19 (Huffington Post, 2020)

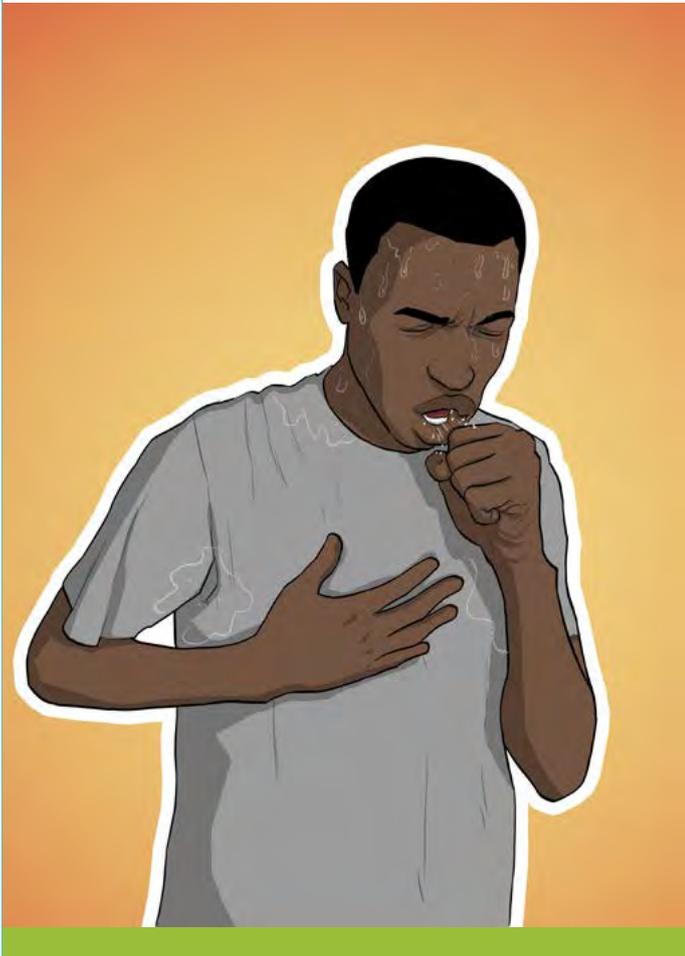
2. How is COVID-19 transmitted?

- The virus that causes COVID-19, can be spread when small liquid particles are expelled through the mouth or nose when an infected person coughs, sneezes, talks, sings or breathes deeply.
- An individual can become infected through the respiratory tract, if he or she is in close proximity to a sick person, or by touching a contaminated surface (door handle, tables, cell phones, etc.) and then touching his eyes, nose or mouth with unwashed hands.
- COVID-19 affects individuals in different ways:
 - Most infected people develop a mild to moderate form of the disease and sometimes recover without hospitalization.
 - Others may be carriers of the virus responsible for COVID-19, without showing symptoms. These are the asymptomatic cases of COVID-19.
- It has been observed that patients who die from COVID-19 are patients with certain risk factors such as:
 - Advanced age (over 60 years old)
 - The presence of other chronic diseases such as diabetes, cardiovascular disease (high blood pressure, heart failure, etc.), and respiratory distress syndromes due to asthma, chronic smoking and other respiratory infections. (WHO, 2020).
- Any individual can become infected with COVID-19 and die from it if not treated.

3. How to recognize the symptoms of COVID-19 ?

For COVID 19 positive individuals, the symptoms are as follows:

The most common ones	The less common ones
<ul style="list-style-type: none"> • Fever, • Dry cough, • Fatigue, • Difficulty in breathing. 	<ul style="list-style-type: none"> • Aches and pains, • Sore throat, • Diarrhea, • Conjunctivitis, • Headaches, • Loss of smell or taste, • Rashes, • Finger or toe discoloration.



Individual with a cough and breathing difficulties

Source: Coronavirus disease (COVID-19) (MOH 2020)

As of October 28, 2020, according to WHO, several potential vaccine types against COVID-19 are under development. However, there are not yet any drugs specific to this disease. Treatment is purely symptomatic and depends on the national treatment protocol adopted.

Therefore, no standard treatment against COVID-19 has been approved by the Ministry of Public Health.

4. How to protect yourself against COVID-19?

As of March 17, 2020, the Cameroonian government has enacted a few protective measures aimed at limiting the spread of the virus in the community. In order to have the correct information, the Ministry of Public Health recommends that populations consult the reliable sources of information available on the websites of the Ministry (www.minsante.gov.cm) and the WHO (www.who.int), following the advice below:

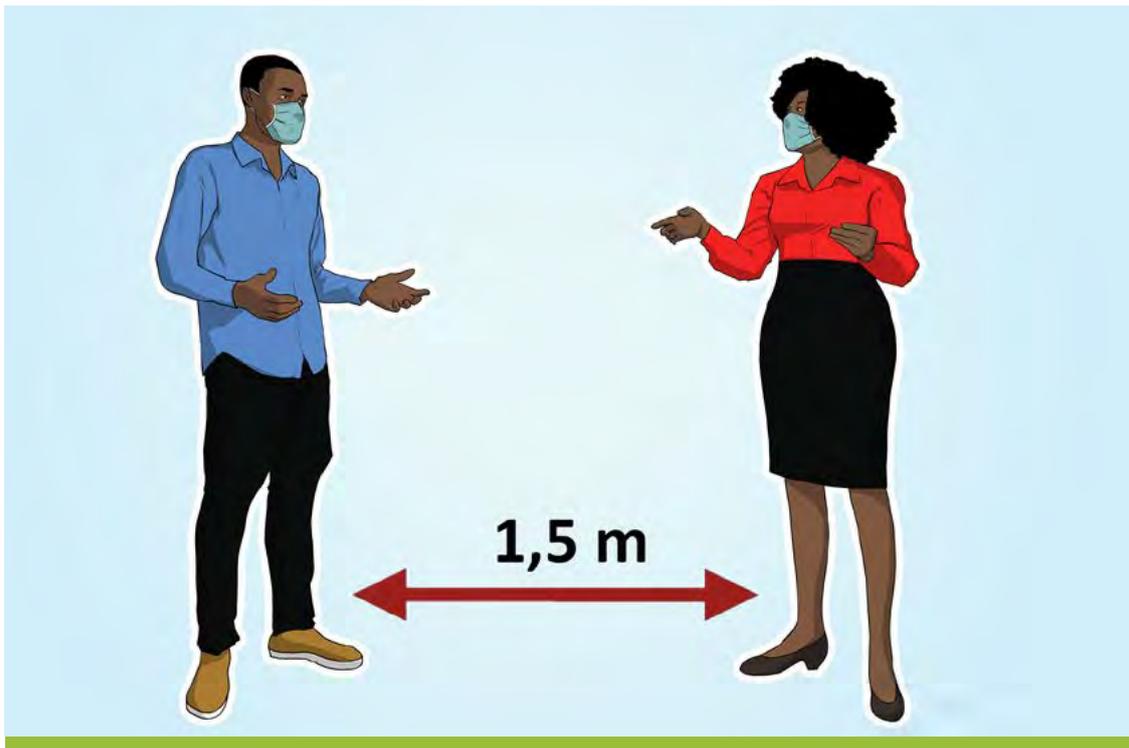
N	Hygienic recommendations
1	Wash hands frequently with clean, flowing water and soap or use a hydro-alcoholic solution.
2	Maintain a distance of at least 1.5 meters from other people, because when a person infected with a respiratory virus, such as COVID-19, coughs or sneezes, he projects small droplets containing the virus. If you are too close, you can breathe in the virus.
3	Wear a mask systematically and correctly when leaving home.
4	Avoid touching your eyes, nose and mouth; hands are in contact with many surfaces that may be contaminated with the virus. If you touch your eyes, nose or mouth with unwashed hands, you may come into contact with the virus on those surfaces.
5	Clean and disinfect with a clean cloth or disinfected wipes with a hydro-alcoholic solution, surfaces that are frequently touched on a daily basis (door handles, cell phones, tables, switches ...).
6	Avoid close contact (hugs, kisses, hand greetings).
7	Cover your nose and mouth with a disposable tissue when you cough or sneeze or do it in the fold of your elbow.



Hand washing with soap and running water



Wearing the face mask



Respect of physical distance

In addition to these sanitary rules, it is also advisable to:

N Recommendations to the broader population	
1	Avoid close contact with a person with flu symptoms (fever and severe fatigue, headaches, aches and pains, chills, cough).
2	Do not come into direct contact with wild and farmed animals.
3	Cook meat and all other foods well before eating them.
4	Call 1510 or seek immediate medical attention for fever, cough and shortness of breath (difficulty breathing), and let the doctor know if you have been in contact with an infected person.

N Recommendations to farm and livestock workers	
1	Follow good hygienic practices, including regular hand washing with clean, running water and soap after touching animals.
2	Always wear individual protective equipment (mask, clothing, boots, gloves) which must be removed after work and washed/disinfected with a bleaching agent every
3	Avoid exposing family members to contaminated clothing, shoes, or other items that may have come into contact with animals or their waste.

N Travel recommendations	
1	Avoid travelling if you have symptoms of infection with the new Coronavirus.
2	Perform a compliant COVID-19 PCR test less than 72 hours prior to travel.

N Recommendations to healthcare providers	
1	Apply infection prevention and control procedures to prevent the spread of COVID-19 in health care facilities and in the community.
2	For a suspected or confirmed case of COVID-19, take appropriate measures to reduce the risk of transmission of the virus to other patients, medical staff or visitors.

(MOH, 2020)

Republic of Cameroon

HOW TO PREVENT CORONAVIRUS DISEASE (COVID-19)

	Wash hands with clean running water and soap or rub with an alcohol-based solution	
	Cover your nose and mouth with a disposable tissue or use the crease of your elbow when coughing or sneezing	
	Clean and disinfect frequently touched surfaces daily (tables, doorknobs, etc.)	
	Avoid close contact with anyone with flu-like symptoms and put distance between yourself and others (minimum of 1 meter)	
	Do not touch your face (eyes, nose, mouth) with unwashed hands	

For all useful information, call the free number 1510








Source: How to prevent the disease (MOH, 2020)

In addition to these measures, the Ministry of Public Health implemented in June 2020, the three «T» strategy (Track-Test-Treat). It consists of tracing and tracking contacts, testing suspicious cases and treating COVID-19 positive cases.

Key measures for the prevention of Malaria in the context of COVID-19

1. How to recognize malaria in the context of COVID-19?

Individuals who suffer from malaria can also be carrying the COVID-19 virus, just as those who are COVID-19 positive can become infected with the plasmodium responsible for malaria. A person may have symptoms of both malaria and COVID-19 at the same time. These two diseases have similar symptoms, as shown in the table below.

Malaria	COVID-19
<ul style="list-style-type: none"> • Fever • Fatigue • Shivers (tremors) • Headaches • Curvatures (whole body hurts) • Pain in the joints • Abdominal pain in children • Digestive disorders (loss of appetite, diarrhea, nausea, vomiting). 	<ul style="list-style-type: none"> • Fever • Fatigue • Headaches • Curvatures • Diarrhea • Breathing difficulties

In view of this information, it is therefore essential for any health worker dealing with a patient to ask the appropriate questions in the Case Management protocol of patients suspected of malaria, and subsequently perform a RDT for confirmation of the malaria case.

1. Basic measures on malaria prevention in the context of COVID-19

In order to avoid a loss from the gain acquired in the fight against malaria in Cameroon, it is urgent to adapt malaria control interventions to the current context of the COVID-19 pandemic. Thus, in order to consolidate and perpetuate the good results obtained before the occurrence of COVID-19, it is very important to follow the latest WHO recommendations in this area, in the specific context of malaria prevention. Under the supervision of the NMCP, all the stakeholders involved in malaria prevention should adhere to the following recommendations:

N	Malaria prevention recommendations
1	Maintain access as well as the use of recommended LLINs, with distributions organized to avoid large gatherings of people and to allow physical distance between distributors and beneficiaries while respecting security protocols.
2	Encourage the population to visit health facilities (health center or hospital) or CHWs in case of fever and suspicion of malaria, in order to avoid an outbreak of severe malaria cases and deaths resulting from delayed access to care.
3	Ensure access to case management services in health facilities and communities with confirmation of diagnosis (RDT and/or thick blood smear) for people suspected of having malaria. Malaria can coexist with many other infections, so confirmation of infection with a diagnostic test remains an essential component of malaria case management. Confirmation of a case of malaria does not exclude the possibility that the patient may also be suffering from COVID-19; similarly, in areas where malaria is endemic, suspected or confirmed COVID-19 patients should also receive a diagnostic test for malaria.
4	Ensure treatment of confirmed malaria cases using the recommended treatment according to the National Protocol.
5	Ensure continuity of planned preventive services usually provided to specific target populations, including Seasonal Malaria Chemoprevention (SMC) for children 3-59 months of age, Intermittent Preventive Treatment in Infants (IPTI) and Intermittent Preventive Treatment in Pregnancy (IPTP), where these services are currently recommended. Follow the national response protocol for COVID-19 as part of the prevention services for the malaria.



Source: Community Health Worker Training Manual-Community - Based Management of Malaria in the Context of COVID-19 (MOH, 2020).

In addition to these WHO guidelines, here are some measures that should be adopted by civil society organizations when they are involved in field supervision.

N	Recommendations in COVID-19 context
1	Avoid travelling if you have symptoms of infection with the new Coronavirus.
2	Avoid or postpone travelling to COVID-19 outbreak areas
3	Always wear a face mask when supervising.
4	Wash your hands regularly when handling CSL tools and materials.
5	Maintain a distance of at least 1.5 meters from any person encountered during supervision
6	Report any suspected cases of COVID-19 among CHWs to the health facility and ROs.
7	Encourage CHWs to continue to conduct malaria prevention and case management activities in strict compliance with protective measures.

IV

Role of Civil Society Organizations / Community-Based Organizations Malaria Prevention in the Context of COVID-19

1. Importance of civil society in the area of health care

On September 12, 1978, the International Conference on Primary Health Care was held in Alma-Ata, Canada. The declaration adopted at the end of this conference called on all actors at all levels of society to protect and promote the health of all peoples. From this declaration, we can highlight the following points:

- Men have the right and duty to participate individually and collectively in the planning and implementation of health protective measures intended for them.
- Primary health care requires and promotes maximum community and individual self-responsibility and participation in the planning, organization, operation and control of primary health care, leveraging local, national and other resources, and thereby promoting greater community participation of communities.
- Primary health care involves both community and health workers (doctors, nurses, registered nurses) and other stakeholders such as CSOs, CBOs, and CHWs, all of whom are socially and technically prepared to work as a team and to respond to the health needs expressed by the community. (WHO, 2018)

More than 40 years after this declaration, these words, which today serve as missions for CSOs and CBOs, are still relevant and deserve our full attention. They summarize the actions carried out by civil society as follows:

- Representing communities in decision-making instances;
- Serve as a link between the State and the communities;
- Dynamize community actions;
- Ensure community monitoring of public health policies;
- Raising awareness and educating the population about public health issues, both in terms of disease prevention and the promotion of good health practices;
- Participate in ECP of community cases for certain diseases;
- Intervene in advocacy for improved reinforcement of public health policies and interventions.



Working session of CSO members

2. Civil Society Missions in Malaria Prevention in the Context of COVID-19

The table below summarizes the CSO/CBO intervention areas and their actions in malaria prevention in the context of COVID-19.

Areas of intervention	Targets	Actions to be carried out
Advocacy	Political, local, traditional and religious leaders	Inform decision-makers and stakeholders about the process of civil society engagement in the fight against malaria and COVID-19
		Mobilize domestic resources to complement external assistance
		Advocate with political leaders for better government funding for malaria response activities.
		Encourage and motivate leaders to strengthen their commitment as major players in malaria response activities and COVID-19
	Technical and financial partners	Advocate for technical strengthening of CSO/CBOs in malaria fight in the context of COVID-19
		Advocate for increased funding to better malaria response and COVID-19
Social mobilisation	Political, local, traditional and religious leaders	Share knowledge and good practices from experiences in other contexts in the fight against malaria and other diseases.
		Communicate on policy implementation and new strategies in the fight against malaria in the context of COVID-19
	Communities	Identify with the populations the obstacles (social, cultural, etc.) related to social and behavioral change in the fight against malaria and COVID-19
		Elaborate with the populations the operational strategies for prevention against malaria and COVID-19
		Inform the population about the policy implemented within the framework of malaria prevention and COVID-19
	Strengthen partnerships between local CSOs/CBOs	

Areas of intervention	Targets	Actions to be carried out
Behavior Change Communication	Communities	Inform the population about the essential messages promoting protective measures against COVID-19
		Strengthen the capacity of CSOs and populations for psychological first aid.
		Participate in the fight against the stigmatization and discrimination of people suffering from COVID-19
		Encourage communities to visit health facilities and to be screened for COVID-19.
		Sensitize households to participate in other health practices such as immunization.
		Sensibiliser les ménages à participer aux autres activités de santé comme la vaccination
Community monitoring	CHW / Communities	Raise awareness about malaria and COVID-19 at the community level.
		Sensitize the population on the existence of available information channels for the management of COVID-19
		Participate in the early detection of community malaria cases in the context of COVID-19
		Report all suspected cases of COVID-19
		Refer suspected malaria cases to CHW and health facilities
		Ensure accountability to communities
Coordination, Monitoring & Evaluation	MOH, Health Districts, Technical and Financial Partners	Bring stakeholders together to work effectively through functional multi-stakeholder platforms
		Implement and align programs with consensus objectives and a common results framework
		Establish mechanisms for accountability to the community and other stakeholders, for actions taken to fight malaria in the context of COVID-19
		Participate in the preparation and implementation of extensive, credible, effective and sustainable communication with the broader public.
	CHW	Strengthen the capacity of CHWs on malaria and COVID-19 prevention
		Participate in the supervision of CHWs in the prevention and treatment of malaria cases.
	CHW/ Communities	Participate in community monitoring of suspected cases of malaria and other diseases managed by trained CHWs.



Malaria CSO members sensitizing a traditional leader on malaria prevention methods

3.Challenges of Civil Society Organizations/Community-Based Organizations in Malaria Prevention in the Context of COVID-19

The CSOs and CBOs face many challenges daily in the implementation of their activities. The following box summarizes some of these challenges.

Table of CSO/CBO Challenges in Malaria Prevention in the Context of COVID 19	
<ul style="list-style-type: none"> • Lack of funding • Unavailability of equipment and human resources • Climate • Social, political, economic and cultural context • Difficulty of access to remote areas • Safety in the field 	<ul style="list-style-type: none"> • Access to information • Religious beliefs • Protective measures against COVID-19 • Low attendance at health facilities by the populations • The low involvement of public policies and administrations and the private sector.

4. Good Practices of Civil Society Organizations/Community-Based Organizations in the prevention of malaria in the context of COVID-19

The world of work is deeply affected by the global Coronavirus pandemic. Despite the heavy burden of this disease, CSOs continue to make an important contribution to human development. To do so, they have had to adapt their way of working to the current context. Thus, several strategies have been developed in order to continue the actions carried out by these organizations. Among these strategies are the following:

- Telework which is a professional activity carried out in whole or in part at a distance from the place where the work result is expected (such as webinars);
- The production and distribution of tools to comply with protective measures (hydro-alcoholic gel, masks);
- The use of social networks in monitoring field activities;
- The acceleration of community participation in the implementation of activities;
- The documentation of CSO actions.

Important messages to remember

- 1 Malaria is a serious disease. If left untreated, it can lead to death.
- 2 Several other diseases, like COVID-19, Tuberculosis, manifest themselves through fever.
- 3 To protect themselves from the mosquitoes that cause malaria, everyone must sleep under an LLIN every night.
- 4 In case of fever/warm body, go immediately to the HCW, even at night. Diagnosis and treatment against uncomplicated malaria are free for children under five years of age.
- 5 If the patient presents any severe signs, he or she should be taken to the nearest health center immediately.
- 6 Any pregnant woman should go to the nearest health care facility to receive free IPT to protect herself and her unborn baby against malaria.
- 7 Any pregnant woman who presents malaria symptoms should be immediately referred to the health care center, no medication should be given to her by the HCW.
- 8 When dealing with any case of fever in the context of COVID-19, it is always necessary to look for signs that may indicate the presence of this disease or a notion of contact with a contaminated case.
- 9 In any case, the HCW should always follow the protective physical barrier and sanitary measures recommended in the current context of COVID-19.
- 10 He will have to stay at least 1.5 meters away from all suspected cases and avoid contaminating himself or others.
- 11 The Civil society is one of the major stakeholders in the fight against malaria and COVID-19.

Useful contacts

To the people of Cameroon, here is the message from the Ministry of Public Health:

COVID-19 coronavirus disease is contagious and mainly occurs with cough, runny nose, fever and difficulty in breathing. If we have these symptoms:

- Let's stay at home;
- Let's wear a mask;
- **Call free of charge 1510 or 1511** (toll-free number of the Public Health Emergency Operations Coordination Center);
- Keep a distance of at least 1.5 meters between people;
- Wash your hands regularly with clean, running water and soap for at least 30 seconds, or use a hydro-alcoholic solution if necessary.

Let us protect ourselves, let us protect others.

For any concerns or other information related to the fight against COVID-19, contact the Health Authority in your locality or area of competence (Regional Public Health Delegation, Health District, and Health Area).

Conclusion

Every year, malaria claims the lives of more than 400,000 people, most of them in Africa. After a period of unprecedented success in the fight against the disease, between 2000 and 2016 when more than 7 million lives were saved, progress is slowing. Highly affected countries have seen an increase in the number of malaria cases and death rates from the disease. Children under the age of five and pregnant women, in most cases belonging to most disadvantaged communities, are at the greatest risk of dying from the disease.

In Cameroon, malaria is one of the leading causes of hospitalization and mortality. Since the beginning of the COVID-19 pandemic, low attendance of health facilities by the population is observed, fearing a possibility of COVID-19 contamination in hospital facilities.

The COVID-19 pandemic is having a significant impact on malaria fighting interventions. In order to maintain the good results achieved before the beginning of this pandemic, it is imperative to accelerate efforts to prevent both diseases in the community and environment.

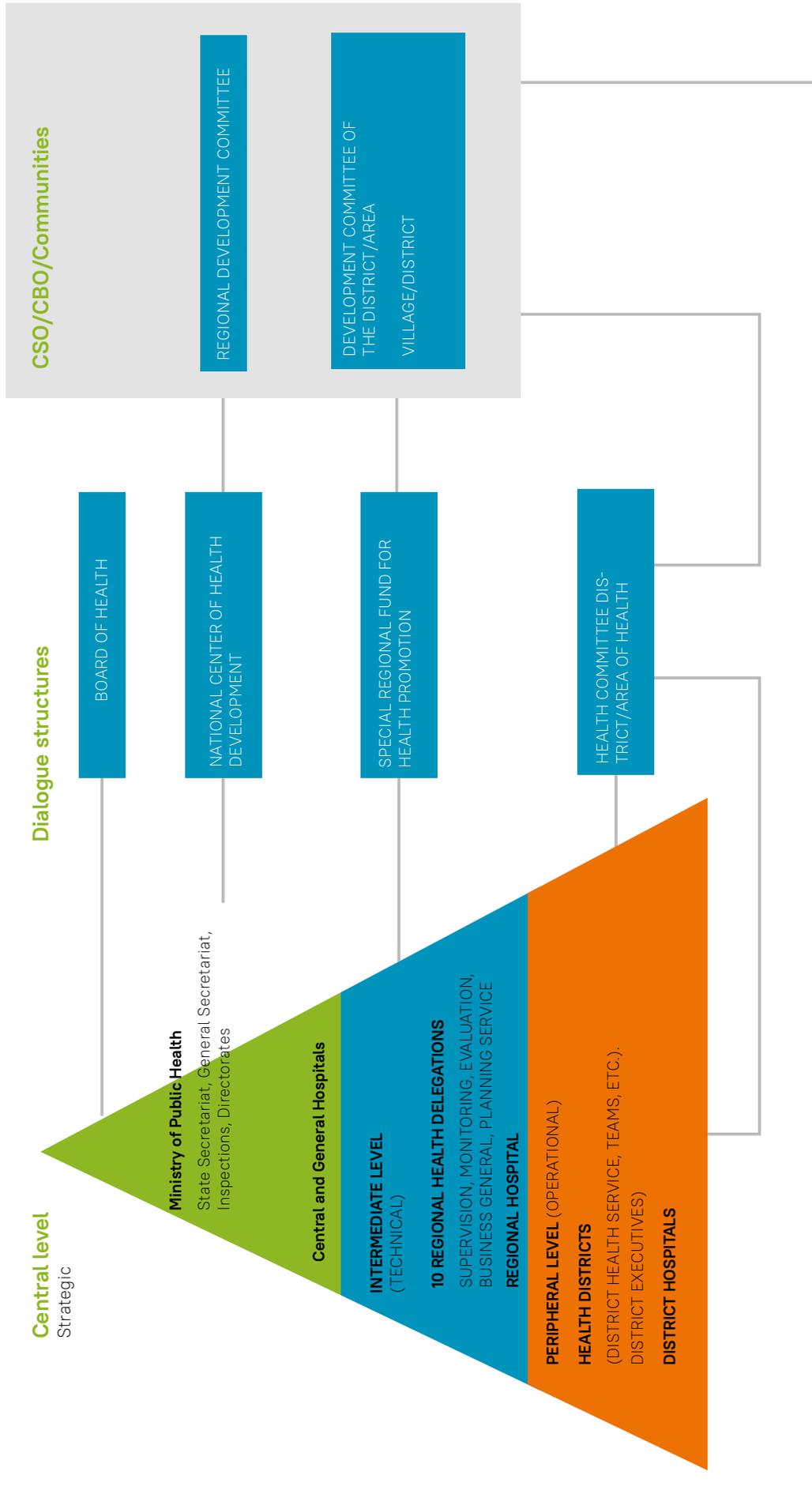
This requires strengthening the capacity of CSOs and CBOs in the fight against malaria in the context of COVID-19. It is from this perspective that «Impact Santé Afrique» wishes to contribute to the training of CSO and CBO actors, members of the CS4ME network, on the knowledge of the two diseases and Malaria control in the context of COVID-19. This tool has therefore been written and made available to this audience in order to disseminate in a more understandable way, using clear examples, such as the new WHO guidelines for the fight against malaria in COVID-19 context, and to contribute to the sensitization of the most vulnerable communities through sharing the right information. In addition, this module is an essential guide for community-based actions for malaria prevention in the context of COVID-19. It is thus intended for CSOs/CBOs as well as all other stakeholders involved in the fight against malaria.

Annexes

Annex 1: Chart on managing rumors

DATE (When was the rumor heard?)	LOCATION (Where was it heard?)	RUMOR (Details on the rumor)	CHANNEL (How was the rumor heard (Radio, TV, social networks, Internet?)	RISK ASSESSMENT (Low, moderate, high)	STATUS CHECK (True, false)	COMMITMENT ACTIVITIES (Details on who, what, when, where and how you engage the community)	FOLLOW-UP OF RESULTS (Has the rumor been stopped?)
30/03/2020							
15/04/2020							
28/04/2020							

Annex 2: Health pyramid of Cameroon



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