

# Improving access to malaria case management for conflict-affected populations in Cameroon

## Developing community-based interventions to address barriers in supply and demand

### Background

Cameroon is among the 10 African countries with the highest malaria cases,<sup>[1]</sup> but diagnosis and treatment remain poor. Only 21 percent of febrile children 6–59 months are diagnosed using a rapid diagnostic test and treated with artemisinin-based combination therapy.<sup>[2]</sup>

Since 2017, armed violence in the Northwest and Southwest regions has led to the displacement of over 700,000 people<sup>[3]</sup> and the closure of over 35 percent of health facilities. Many of the remaining facilities are not fully functional.<sup>[4]</sup> As a result, many internally displaced persons (IDPs) in the Southwest region, who live in forested and rural areas where malaria is endemic, have insufficient access to basic healthcare — including to malaria prevention and treatment.<sup>[3]</sup> In the neighbouring Littoral region, healthcare access is similarly limited, particularly in peri-urban areas, where an estimated 76,880 IDPs were reported to be living in 2019.<sup>[5]</sup> IDPs fear being discriminated against when accessing health services, and also face financial and language barriers.

To reach IDPs, the National Malaria Control Programme (NMCP) in Cameroon and humanitarian partners have adopted a key strategy: using community-based malaria case management provided by community health workers (CHWs).

### Country

Cameroon

### Donor

Expertise France/L'Initiative

### Length of project

November 2020 – October 2023

### Partners

Konmofamba Action Sans Frontière

Reach Out Cameroon

## Project outline and objectives

Led by Reach Out Cameroon, this operational research project will develop and evaluate context-specific, community-based interventions to improve access to effective malaria case management services for IDPs and host communities in the Southwest and Littoral regions. The project is aligned with the 2019–2023 National Strategic Plan for malaria control and is supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

The project will focus on a demand-side intervention to enhance healthcare-seeking behaviour and service uptake, and a supply-side intervention to improve the quality of malaria diagnosis and treatment that CHWs provide. Both interventions will be implemented for 24 months in IDP and host communities in areas with particularly poor data quality and few functioning health facilities, such as Ekondo-Titi, Muyuka and Kumba districts.

Specifically, the project aims to:

- understand key barriers to effective malaria case management and service uptake
- design innovative community engagement interventions to strengthen malaria prevention and control, and improve quality of malaria care
- assess the feasibility and acceptability of the interventions and evaluate their impact on the coverage of effective malaria services.

## Activities

To achieve these objectives, Malaria Consortium and project partners will:

- through a mixed-methods formative research phase, assess conflict-affected communities' perceptions and healthcare-seeking behaviours, as well as key barriers to

early malaria diagnosis, quality treatment, effective referrals and vector control interventions

- consult target communities, CHWs, health authorities and the Global Fund to inform the choice for two community engagement interventions, chosen from the following options:
  - demand-side: a community dialogue approach, a community scorecard system or the creation of village health clubs
  - supply-side: context-appropriate intervention materials for target communities
- provide CHWs with refresher trainings on malaria community case management and facilitate bi-monthly supervision and mentoring by Ministry of Health staff
- liaise with the NMCP, the Regional Delegations of Public Health and Regional Drug Funds to ensure a constant supply of malaria commodities
- gather and analyse monthly data on progress, remedy potential issues and capture lessons learnt, as well as collect data on malaria morbidity, mortality and prevalence
- assess the interventions' acceptability to the community, CHWs, health facility workers, district and regional health authorities through focus group discussions and in-depth interviews
- assess the interventions' impact post implementation by evaluating IDPs' knowledge on malaria prevention, healthcare-seeking behaviour, service uptake and the quality of CHWs' case management services
- develop a robust research uptake strategy to inform key stakeholders and policy makers, including the publication of at least one scientific paper in a peer-reviewed journal.



L'INITIATIVE  
sida, tuberculose, paludisme



## References

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