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Preventing malaria among conflict-affected communities in Southwest and Littoral regions, Cameroon

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Regular community-led engagement with funded planning and evaluation improves demand for malaria services in conflict-affected areas. Cash vouchers and supervision of community health workers can further enhance malaria management in settings with a functioning health system.

Introduction

Breaking Barriers is a four-year implementation study investigating community-based solutions in 80 conflict-affected communities with a high malaria burden in Southwest and Littoral regions, Cameroon. The study aims to develop and evaluate context-specific, community-driven interventions to improve access to effective malaria case management services for internally displaced persons (IDPs) and host communities in these regions. It employs the Community Health Participatory Approach (CoHPA), developed by Malaria Consortium, to enable communities to collaborate in driving social change and improving health outcomes. One key intervention is a transport referral and voucher system, which provides free treatment for malaria and other serious diseases to pregnant women and other vulnerable populations.

Methods

- Baseline research conducted in May 2021 assessed malaria prevalence, community health worker (CHW) competence, as well as knowledge, attitudes and practices regarding malaria. This was followed by community consultations using village health committees, community dialogues and a community scorecard to identify preferences for community-based interventions. Results collected in June 2024 compared post-intervention outcomes and provided qualitative data on intervention fidelity, implementation, mediators and challenges.
- In-depth interviews and focus group discussions were conducted to identify barriers to care, and to understand community engagement preferences and knowledge of implementation processes. Data were analysed thematically using open descriptive coding and pre-determined investigative areas.
- Two rounds of surveys were conducted — baseline (May 2021) and endline (June 2024) — to assess knowledge, attitudes and practices (n=2,386 at baseline; n=2,435 at endline), malaria prevalence in children under five (n=1,543 at baseline; n=2,057 at endline), and CHW performance in eight communities across five districts.

Results

- Malaria prevalence reduced in children <5 years from 54.5 percent to 20.7 percent.
- Knowledge of long-lasting insecticidal net use and practice increased.
- Prevention and treatment-seeking behaviour and trust in CHWs improved.
- Meetings were well attended by both host populations, IDPs and returnees in all communities.
- Action plans were developed.
- Regular meetings and community ownership were valued.
- Host and displaced communities used simple malaria vouchers equally.
- Approximately 50 percent of severe malaria vouchers were used by IDPs.

Table 1. Data on voucher use

Voucher Type	Host n (%)	Displaced n (%)	Returnee n (%)
Malaria diagnosis	6,691 (41)	6,359 (39)	1,520 (42)
Simple malaria	7,153 (44)	6,095 (38)	1,726 (47)
Transport	1,212 (7)	1,568 (10)	175 (5)
Severe malaria	1,386 (8)	2,204 (14)	229 (6)

Conclusion

Regular community engagement through the CoHPA, supported by cash vouchers and CHW supervision, significantly improved malaria management. Host, returnee and IDP communities actively participated and valued their role in CoHPA and requested sustained capacity strengthening for all community stakeholders. While CoHPA could be more effective with additional investments to develop community action plans and disseminate health information, the voucher system was appreciated and widely utilised. However, the lack of available health services in conflict-affected areas limited the overall effectiveness of the intervention.

Figure 1. Knowledge and practice of long-lasting insecticidal net use

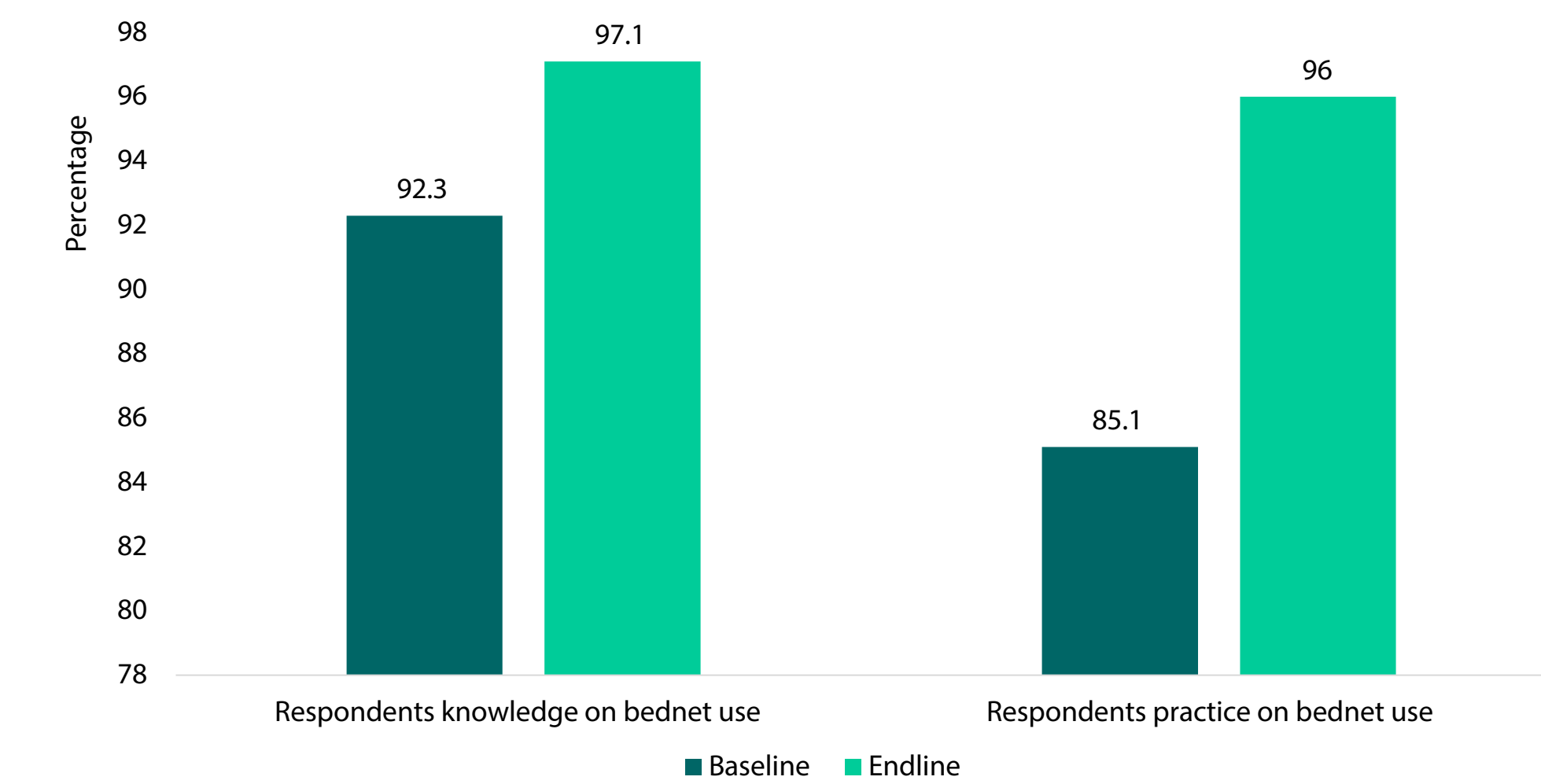
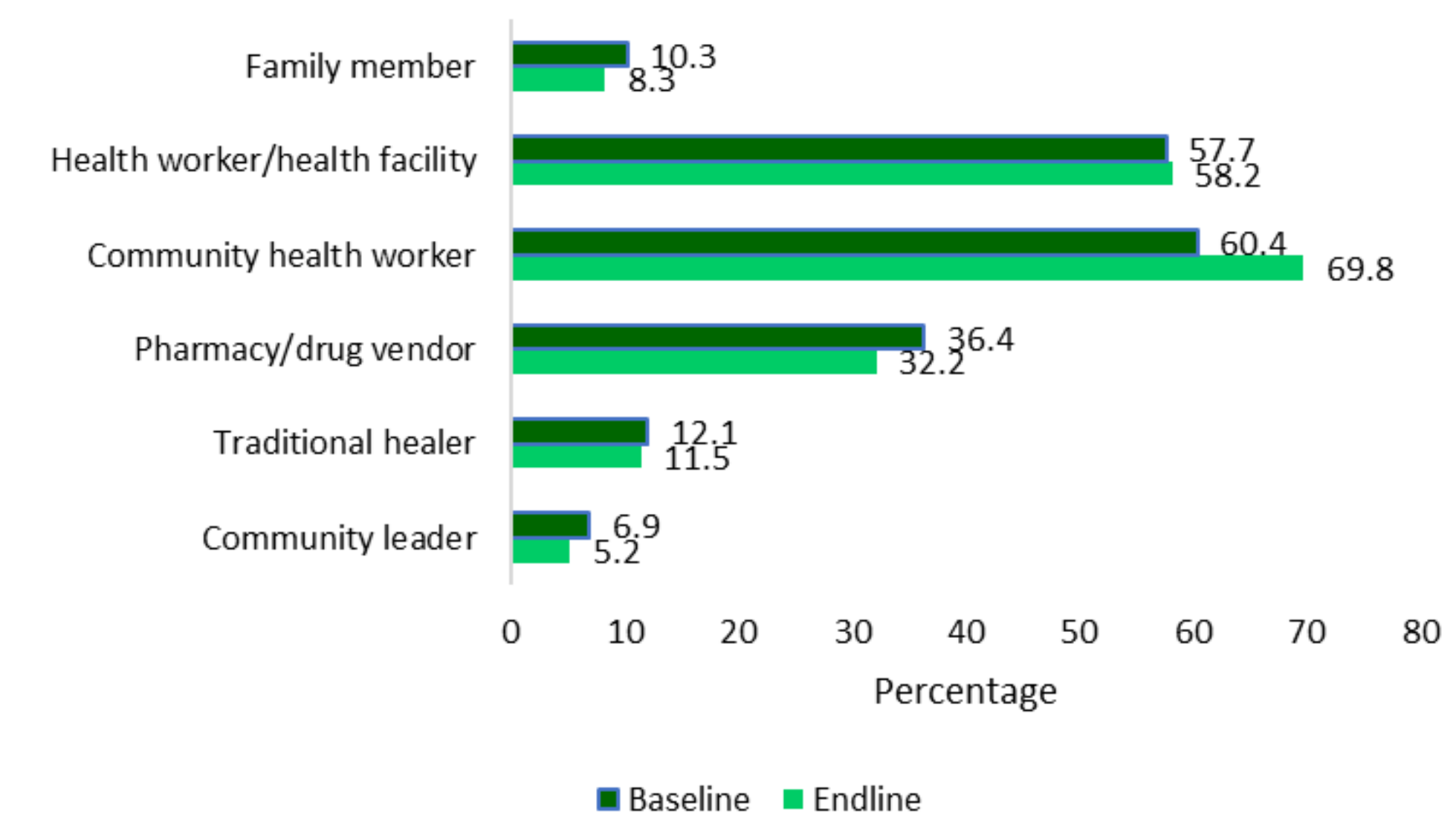


Figure 2. Primary treatment sources



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