

# CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION

## Malaria Civil Society Coffee Talk



**SESSION BILINGUE**



**Comment prendre en compte les  
besoins des populations vulnérables  
dans la lutte contre le paludisme**

**How to address the needs of  
vulnerable populations in the fight  
against malaria**

**Mardi 26 Juillet 2022  
Tuesday, July 26, 2022**

**9h - 10h30 (GMT)  
9 am - 10:30 am (GMT time)**

**Veillez cliquer [ici](#) pour vous inscrire  
Please [click here](#) to register**

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# WELCOME

**Carine Diboue**

Impact Santé Afrique / CS4ME

**CS4ME**

# Agenda

| Time                | Activity   | Speakers  |
|---------------------|--|---|
| 9:00 am - 9:05 am   | Welcome and introduction   | <b>Carine DIBOUE</b><br>Impact Santé Afrique / CS4ME<br>Cameroon  |
| 9:05 am - 9:20 am   | How to address the needs of vulnerable populations in the fight against malaria: Experience sharing from Nigeria         | <b>Mr Olusoji Sogunro</b><br>ACOMIN<br>Nigeria  |
| 9:20 am - 9:35 am   | How to address the needs of vulnerable populations in the fight against malaria: Experience sharing from Ghana           | <b>Mr Collins Agyarko Nti</b><br>Rural Watch<br>Ghana   |
| 9:35 am - 9:45 am   | <b>Discussion</b>  | <b>Open to all participants</b>   |
| 9:45 am - 10:00 am  | How to address the needs of vulnerable populations in the fight against malaria: <i>Experience sharing from Niger</i>    | <b>Mr Insa Daouda</b><br>ONG ADESEN NAFA<br>Niger   |
| 10:00 am - 10:15 am | How to address the needs of vulnerable populations in the fight against malaria: <i>Experience sharing from Cameroon</i> | <b>Mr OUSMANOU Oumarou</b><br>CADELCO<br>Cameroon   |
| 10:15 am - 10:25 am | <b>Discussion</b>  | <b>Open to all participants</b>   |
| 10:25 am - 10:30 am | <b>Closing remarks</b>   | <b>Ps Kipemosso Premier Claude</b><br>POALP / CS4ME Steering Committee<br>member<br>Republic of the Congo |



# How to address the needs of vulnerable populations in the fight against malaria

*Comment prendre en compte les populations vulnérables dans la lutte contre le paludisme*



# Experience sharing from Nigeria



Mr Olusoji Sogunro  
*National President*  
*ACOMIN*  
*Nigeria*

ACOMIN

*A Brief*



ACOMIN

Civil Society in Malaria Control,  
Immunization and Nutrition

# **ACOMIN ACTIVITIES IN THE NORTH EAST REGION**

# *Background*

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- Civil Society in Malaria Control, Immunization and Nutrition (ACOMIN) is the National Network of Civil Society Organizations working on the prevention, treatment and mitigation of the impact of malaria, and the promotion of immunization and better nutrition in Nigeria.



## *Vision*

- “A healthy Nigerian Society, free of all communicable diseases”

## *Mission*

- “ACOMIN exists to coordinate the roles and strengthen the institutions and interventions of civil society organizations involved in interventions in malaria, immunization and nutritional issues”

# *ACOMIN Membership Strength*

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- ACOMIN as at June 2020 has about 1000 registered Civil Society Organizations, which are made of Faith Based Organizations; Community Based Organizations and Non-Governmental Organizations.
- These are in the 36 states of the Federation and the FCT.

# *Objectives*

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ACOMIN is a non-political, non-sectarian and non-profit organization instituted with the following objectives:

- To provide a common forum for the articulation of the views of CSOs and other non-state actors into the national response to Malaria, Immunization and issues of Nutrition.
- To undertake advocacy on Malaria, Immunization, Nutrition and related issues in Nigeria
- To gather, share and disseminate relevant information including best practices amongst CSOs and other stakeholders

# *Objectives*

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- To assist in capacity building of CSOs and relevant non-state actors towards an effective response
- To advocate for the mobilization of necessary resources to address the issues of the Malaria epidemic and the promotion of effective immunization and nutrition within Nigerian communities.
- To evolve a mechanism for self-regulation and monitoring of Civil Society activities in Nigeria and partner with networks and organizations with similar mandates across the world

# *Key Partners*

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- CBOs, CSOs, FBOs and NGOs
- Sub-Contractors
- Private Organizations
- Development & Bi-lateral Agencies
- Multi-lateral Agencies (UN Agencies)
- The Public sector (Federal, State, LGA and Ward)
- Networks of CSOs
- Regional Networks/Coalitions

# *On-Going Projects in the North East of Nigeria*

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ACOMIN is currently implementing a Global Fund Malaria Community-Led Monitoring Project in North-East Nigeria. The project is implemented in 8 LGAs each in Adamawa, Taraba, Gombe and Yobe states through 16 Community Based Organizations (CBOs).

- Community-led monitoring (CLM) is a technique initiated and implemented by local community-based organizations (CBOs) and other civil society groups, affected groups or other community entities that gather quantitative and qualitative data about services.
- The Global Fund Malaria CLM project focuses on getting input from service providers, recipients of Malaria services and the affected Communities in a routine and systematic manner that will translate into improved quality of Malaria service delivery .

# Key Activities At Community Level

| Activities                         | Description  |
|------------------------------------|--|
| Community Entry                    | The CBOs conduct community entry to relevant stakeholders to intimate them about the project implementation and to get their buy in other to achieve the project objective   |
| Focus Group Discussion (FGDs)      | The CBOs conduct Focused Group Discussion (FGDs) at community level to elicit information about the quality of Malaria services provided at designated Global Fund Supported Health facilities using an FGD Guide.                               |
| Client Exit Interview (CEI)        | The Client Exit Interviews (CEI) are conducted in GF supported health facilities by CBOS to elicit information from client that access Malaria Services on the quality of service delivery (using Questionnaires)                                |
| Advocacy Visit                     | Advocacy visits are planned and carried out to key decision makers on issues/gaps identified through FGDs and CEIs for prompt resolution in other to improve quality of services delivery.   |
| Monthly Coordination Meeting (MCM) | The Meetings hold at the state level every month to collate state-level data and reports. it also serves as an avenue to share best practices and success stories, discuss lessons learnt and way forward in addressing emerging Malaria issues. |

# Clients Exit Interview



TECNO  
SPARK

- The Client Exit Interviews (CEI) are conducted in GF supported health facilities by CBOS to elicit information from clients that access Malaria Services on the quality of service delivery (using Questionnaires)





# Focus Group Discussions



- The CBOs conduct Focused Group Discussion (FGDs) at community level to elicit information about the quality of Malaria services provided at designated Global Fund Supported Health facilities using an FGD Guide.

# Advocacy to relevant Stakeholders

- Advocacy visits are planned and carried out to key decision makers on issues/gaps identified through FGDs and CEIs for prompt resolution in order to improve quality of services delivery



# Case Study of Adamawa

*Before*



*Ongoing construction in Jamputu Primary Health Centre, Yola North*

*After*



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# Other Achievements At A Glance...



# *Other Key Achievements*

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- **Across the 4 states of implementation in the North East the project has achieved the following;**
  - ❖ Building and Renovation of Health Facilities
  - ❖ Provision of electricity and water (solar Panel, Generators, Boreholes and well
  - ❖ Engagement of volunteer/ad-hoc staff (Security, Female Health Workers etc)
  - ❖ Improved environmental management both at the health facilities and communities
  - ❖ Increased patronage leading to community ownership and participation
  - ❖ Increase sensitization on the proper utilization of Malaria commodity such as LLIN.
  - ❖ Prompt supply of malaria commodity experiencing commodity stock-out
  - ❖ Provision of ambulatory services for GF Supported remote Health Facilities



# Validation Exercise



- Validation is conducted to ensure data submitted are verifiable at facility level, addressed all identified data quality issues with implementing CBO and ensure that records are traceable and properly documented at health facilities and CBO offices.

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# Coordination Meetings by CBOs

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**The Implementing CBOs meet monthly to collate data and share experiences, successes and challenges. This enhances performance and coordination of the CBOs**

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**ACOMIN**

Civil Society in Malaria Control,  
Immunization and Nutrition

**Thank you**

**OLUSOJI SOGUNRO**  
*National President*  
*+2348033732013*

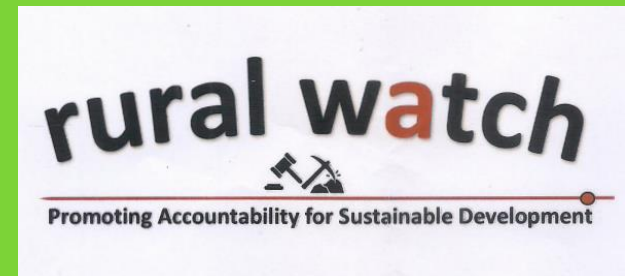




# Experience sharing from Ghana



**Mr Collins Agyarko Nti**  
*Executive Director*  
*Rural Watch*  
*Ghana*





**MALARIA COFFEE TALK**  
**DATE: 26<sup>TH</sup> JULY 2022**

**PRESENTED BY: COLLINS AGYARKO-NTI**  
**(EXECUTIVE DIRECTOR , RURAL WATCH)**

# PRESENTATION OUTLINE

- ▶ About Rural Watch
- ▶ Mission
- ▶ Areas of Focus
- ▶ Partnerships
- ▶ Malaria Programmes, objectives and activities.

# MISSION

To implement programs aimed at improving the conditions of rural people particularly women and children using culturally appropriate strategies.

# AREAS OF FOCUS

Rural Watch operates mainly in the area of health and focusing specifically on TB, HIV, Malaria and Neglected Tropical Diseases.

# PARTNERHIPS

Rural Watch works in partnership with local and international organisations to deliver our programs particularly in TB, HIV and Malaria.

Over the past 22 years, rural has worked in partnership with the following organisations among others:

- ▶ Ghana AIDS Commission
- ▶ National Malaria Control Program
- ▶ World Education/Ghana
- ▶ National Tuberculosis Program
- ▶ National AIDS Control Program
- ▶ FHI 360/GHANA
- ▶ URC/PROMPT
- ▶ PPAG
- ▶ HACI
- ▶ Gender Centre

# MALARIA PROGRAMMES, OBJECTIVES AND ACTIVITIES

Rural Watch operates under four broad objectives with its malaria programmes.

1. Increase the knowledge of malaria within communities.
2. Increase the percentage of pregnant women and children under five sleeping under ITNs
3. Increase the percentage of pregnant women who have received two or more doses of malaria prophylactic medications (SP) ie IPTp
4. Increase collaboration with statutory health establishments for expeditious control of malaria.

# ACTIVITIES

- ▶ Sensitization/Training of Community-based volunteers to conduct education on IPTp, home-based care, antimalarial drug policy.
- ▶ I, E & C/Behavior Change communication on malaria- house to house education including churches, mosques,markets and festive occasions.
- ▶ IPTp follow up visits.
- ▶ Video shows in communities and community durbars.
- ▶ Malaria education in schools.
- ▶ Training of assembly members to equip them with knowledge and skills to disseminate malaria prevention messages.



# ACTIVITIES

- ▶ Dawn broadcast on malaria prevention using information vans.
- ▶ Meeting with queen mothers and pregnant women in their communities to increase uptake of IPTp.
- ▶ Interactive sessions between assembly members and their constituents.
- ▶ Formation of Father Support Groups.

# CONCLUSION

The consequences of malaria can be fatal particularly for pregnant women and children under Five (5). Governments must therefore mobilise the needed resources as well as put in place the right policies to work aggressively towards pre-elimination and elimination.

# PICTURES



# PICTURES



# PICTURE



# PICTURES



# PICTURES



The image shows two women in traditional African clothing. The woman on the left wears a vibrant yellow and blue patterned headwrap and a blue top with a matching patterned shawl. The woman on the right wears a beige headwrap with brown polka dots and a red and white patterned top. They are both smiling and looking at each other. The woman on the left is holding a white cloth. A green banner with the word 'DISCUSSIONS' is overlaid across the center. The background is a white wall with a window. There is a colorful paint splatter in the bottom right corner.

# DISCUSSIONS



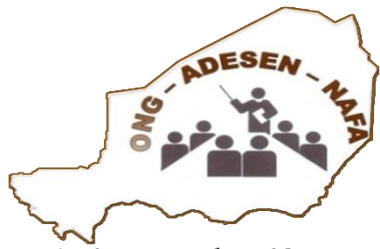
# Experience sharing from Niger



*Mr Insa Daouda*  
*Executive Director*  
*ONG ADESEN NAFA*  
*Niger*



*Action pour la Défense*  
*l'Education, de la Santé et de*  
*l'Environnement au Niger*



Action pour la Défense  
l'Education, de la Santé et de  
l'Environnement au Niger

# **Comment prendre en compte les besoins des populations vulnérables dans la lutte contre le paludisme.**

## **Contribution de l'ONG ADESEN NAFA du NIGER**

**Présentateur: M.Daouda INSA Directeur Exécutif de l'ONG ADESEN NAFA  
Niger**

# Plan de présentation

1. Définition des populations vulnérables
2. Les acteurs de la lutte contre le paludisme au Niger.
3. Comment se fait la prise en charge communautaire du palu au Niger.
  - Au niveau décentralisé
  - Au niveau des zones reculées
  - Au niveau des populations déplacées internes
4. La contribution de la société civile dans la lutte contre le palu.

# 1. DEFINITION DE POPULATION VULNERABLE

- ▶ Une population vulnérable est définie comme un ensemble d'individus dont la capacité d'être et agir peut se trouver peu ou prou affectée, à terme plus ou moins lointain, par la manifestation d'un phénomène ou d'un processus (environnemental, politique, économique, social ou **sanitaire**) C'est le cas:
  - ▶ Femmes enceintes,
  - ▶ nourrissons et jeunes enfants,
  - ▶ personnes de plus de 65 ans,
  - ▶ personnes souffrant de pathologies cardiovasculaires,
  - ▶ insuffisants cardiaques ou respiratoires,
  - ▶ personnes asthmatiques.

## **2.LES ACTEURS DE LUTTE CONTRE LE PALU AU NIGER.**

### **□ Les acteurs Etatiques**

**\_Le Ministère de la santé Publique et des Affaires sociales (A travers le programme palu)**

### **□ Les acteurs non Etatiques**

**\_Les Organisations de la société civile locale (Les ONG,les OCB,ect.)**

**\_les organisations internationales au Niger**

**\_Les Institutions du système des nations unies (Le Fonds mondiale,UNICEF,OMS etc.)**

# 3. Comment se fait la prise en charge du palu au Niger?

- ▶ Au niveau décentralisé

On note une collaboration suivant la pyramide sanitaire (DRSP, District, Communes ; Villages ou quartiers)

- ▶ Au niveau des zones reculées (difficiles d'accès)

A plus 5km du centre de santé ,ce sont les relais communautaires à travers les sorties foraines qui assurent l'encadrement de la population à travers des stratégies comme :

- \_les dialogues communautaires

- \_les stratégies portes à portes (les causeries éducatives villageoise ou de quartier).

- ▶ Au niveau des populations déplacées internes:

- \_A ce niveau ,c'est souvent une intégration à travers la réponse globale surtout sur les questions de santé.

- \_C'est pourquoi une recommandation de veiller à ce que les personnes déplacées soient dans l'effectivité de jouir malgré leur situation le droit à la santé et le respect des droits humains sur le palu .D'ou des campagnes de sensibilisation et de distributions à l'endroit de ces personnes la surtout par la société civile dans son combat.

## 4.LA CONTRIBUTION DE LA SOCIETE CIVILE DANS LA LUTTE CONTRE LE PALU

- ❑ Rôle de mobilisation des ressources
- ❑ Rôle de mener des études à mieux cerner les besoins des populations surtout rurales sur les questions de palu
- ❑ Rôle d'interpellation et de plaider à l'endroit des programmes palu et des acteurs comme l'assemblée Nationale à travers la commission sociale pour l'accroissement du financement .
- ❑ Collaboration entre plate forme de lutte pour l'équité et la justice sociale en matière d'octroi des soins et d'acquisition des moustiquaires dans les ménages lors des campagnes sensibilisation.
- ❑ Plus de fonds à mobiliser avec la collaboration du fonds mondial pour soutenir et permettre à la société civile d'atteindre ses objectifs pour l'atteinte de la couverture santé universelle.

► **MERCI de votre  
aimable attention**



# Experience sharing from Cameroon



**Mr OUSMANOU Oumarou**  
*Executive Director*  
**CADELCO**  
**Cameroon**



**COMMENT PRENDRE EN COMPTE  
LES BESOINS DES POPULATIONS  
VULNÉRABLES DANS LA LUTTE  
CONTRE LE PALUDISME**

# Contexte de l'activité et objectif de l'activité

Les violences intercommunautaires qui se sont déclenchées dans le Département du Logone et Chari le 05 Décembre 2021 entre les ethnies Massa/Mousgoum et Arabe Choa ont occasionné de nombreux mouvements de personnes. En effet, l'origine de ces tensions sont liées à la gestion des ressources naturelles.

L'activité cible principalement les personnes vulnérables (déplacées internes ) vivant les sites IDPS

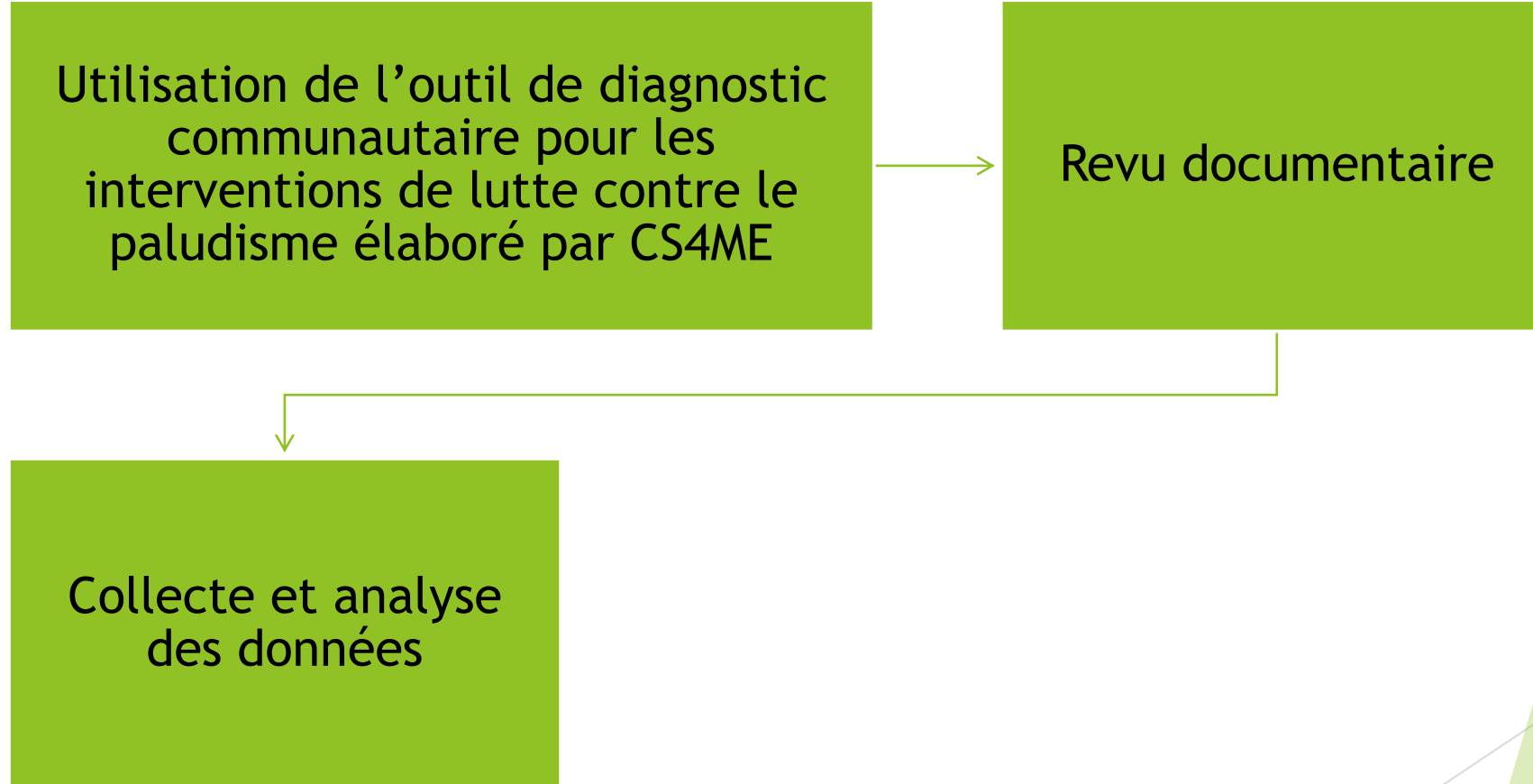
## OBJECTIF :

L'objectif général de ce diagnostic est d'identifier les besoins prioritaires des populations vulnérables (des personnes déplacées) au paludisme.

❖ Plus spécifiquement, il s'agit :



# méthodologie



# COMMENT PRENDRE EN COMPTE LES BESOINS DES POPULATIONS VULNÉRABLES DANS LA LUTE CONTRE LE PALUDISME

## Le Diagnostic communautaire:

- est donc une approche d'identification des problèmes de santé d'une communauté impliquant sa participation active et effective à toutes les étapes.

## Plaidoyer auprès des décideurs pour la prise en compte des besoins prioritaires des populations vulnérables au paludisme

- Il s'agit:
- Plaidoyers auprès des acteurs humanitaires intervenant dans la région/ sites pour une réponse d'urgence
- Organiser des plaidoyers au niveau régional
- Organiser des plaidoyers au niveau central

## Suivi et évaluation

- La mise en place d'un mécanisme de plainte et de veille citoyenne

# RESULTAT

Les besoins des populations vulnérables (IDPS) ont été identifiés

Réponse humanitaire (projet RRM)

# CHALLENGE



**Renforcer le plaidoyer pour la lutte contre le paludisme**



**Prise en compte des priorités des communautés dans les instances de prises de décision (DRSP, GTR,PNLP, forums humanitaires, etc)**



**Améliorer la prise en compte du Genre, des Droits Humains et Sociaux**

# PHOTOS



# PHOTOS





# PHOTOS



The image shows two women in traditional African clothing. The woman on the left wears a vibrant yellow and blue patterned headwrap and a blue top with a matching patterned shawl. The woman on the right wears a beige headwrap with brown polka dots and a red and white patterned top. They are both smiling and looking at each other. The woman on the left is holding a white cloth. A green banner with the word 'DISCUSSIONS' is overlaid across the center. The background is a white wall with a window. There is a colorful paint splatter in the bottom right corner.

# DISCUSSIONS



# **Closing remarks**

**Ps Kipemosso Premier Claude**

**POALP / CS4ME Steering Committee  
member**





**CS4ME**

CIVIL SOCIETY FOR MALARIA ELIMINATION

**THANK YOU ALL**  
**WE LOOK FORWARD TO WORK WITH ALL OF YOU**  
**LET'S DRAW THE LINE AGAINST MALARIA**

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