



Sensitization for vaccination in Yaounde by REPONGAC @WHO/AFRO

## WHO Regional Office for Africa

# The Engagement of Civil Society Organizations in the COVID-19 Response in the WHO African Region

## Final Report 2022

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**Final Report 2022**

**World Health Organization  
Emergency Preparedness and Response  
Incident Management Service Team  
Brazzaville — 2023**

## The Engagement of Civil Society Organizations in the COVID-19 Response in the WHO African Region

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**Designed in Brazzaville, Republic of Congo**

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## Foreword

Recognizing the key role of civil society organizations (CSOs) in the response to public health emergencies, the World Health Organization (WHO) has built new strategic and operational partnerships with these non-State actors. While WHO's main mission is to support the ministries of health (MoH), the inclusion of CSOs opens new perspectives to improving the response to public health emergencies both at the national and community levels.

In 2019, WHO designed a new pilot initiative to better engage CSOs in the response to outbreaks. The "CSO Engagement Initiative" has been implemented in the six WHO Regions. Meanwhile in 2020, the COVID-19 pandemic shed a new light on the critical role of CSOs to ensuring that communities understand and accept the public health response measures targeting in particular vulnerable people.

To respond to the COVID-19 pandemic, the WHO Regional Office for Africa (WHO/AFRO) has engaged in operational partnerships with 23 CSOs from 12 countries both in humanitarian and non-humanitarian settings [Algeria, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Gabon, Kenya, Mali, Nigeria, Senegal, and Zimbabwe]. WHO/AFRO not only provides financial support, but also technical knowledge and know-how with the involvement of WHO country offices (WCO) and working in close collaboration with health authorities. As a result, CSOs managed to reach 3 558 573 direct beneficiaries in 2021 through high impact activities ranging from community-based surveillance to infection prevention and control (IPC), case referral, risk communication and community engagement (RCCE), and vaccination. Moreover, the 23 CSOs have been able to participate in the governance of COVID-19 response in their respective countries, foreseeing long-term and sustainable change in the approach of responding to public health emergencies. These evidence-based outcomes are important and need to be communicated to all stakeholders.

For 2022, WHO/AFRO is continuing its support to CSOs by scaling-up existing community-based interventions and integrating new CSOs from the African Region. The ambition is to advocate for an increasing role for CSOs in COVID-19 preparedness, readiness, response and recovery with a focus on vulnerable and hard-to-reach people. To do so, WHO/AFRO is committed to strengthening CSO capacity to respond to public health emergencies. With CSOs, the community can engage in all the phases of public health emergency response. That is why it is fundamental for WHO/AFRO to ensure a strong and sustainable partnership with CSOs in order to prepare for future medical emergencies and build resilience dynamics at local level.

The WHO Regional Office for Africa (WHOAFRO) has developed and initiated innovative pilot projects to reinforce the engagement of civil society organizations (CSOs) in the COVID-19 response in the Region. It is embedded in the WHO Strategic Preparedness and Response Plan (SPRP). In 2021, twenty-three CSOs from

13 countries<sup>1</sup> benefited from WHO's technical and financial support; thereby, **reaching 3 558 573 direct beneficiaries in these countries**. The CSOs actively supported the national COVID-19 strategic responses through planned actions and collaborative strategies with partners, local health authorities, and WHO country offices (WCO) to implement high-level impact activities. Some of the activities involved the development of key adapted and innovative actions at the community level targeting different components: **surveillance; infection prevention and control (IPC); case-referral; risk communication and community engagement (RCCE); and sensitization and promotion of COVID-19 vaccination, in humanitarian and non-humanitarian settings**. For instance, they organized community-based surveillance collaboration with the regional networks of medical CSOs – CADMEF in Côte d'Ivoire and Mali, which led to the training of community members on aspects of COVID-19 surveillance and information-sharing on COVID-19 prevention, especially among **vulnerable populations**. In countries such as Kenya and Zimbabwe, REPONGAC (Central Africa Network Platforms of NGOs) and AFRIYAN (African Youth Network) developed COVID-19 prevention strategies that were posted in public places and on social media. In addition, they supported the connection of hard-to-reach communities and marginalized groups to basic services in the context of COVID-19 resurgence. Also, the CSOs initiated activities targeting migrants and people with disabilities in Burkina Faso, Gabon, and Zimbabwe through collaboration with the Burkinabé Red Cross, REPONGAC in Gabon, and DOT in Zimbabwe.

**Dr Thierno Baldé,  
COVID-19 Incident Manager  
WHO Regional Office for Africa**

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<sup>1</sup> Algeria, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Kenya, Mali, Nigeria, Senegal and Zimbabwe



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joint field visit to Bas-Congo and Mfilou health facilities by WHO AFRO and Medecins D'Afrique to review the CSO work @WHO/AFRO.

## Abbreviations

<b>AFRIYAN:</b>	African Youth Network
<b>AHC:</b>	Attack on Health Care Initiative
<b>AMS:</b>	Algerian Muslim Scoot
<b>CADMEF:</b>	Association of Deans of Medical Faculty of African French Speaking Countries
<b>CBO:</b>	Community-based organization
<b>COPAD:</b>	Council of the NGO for Peace and Development
<b>CORUS :</b>	Operations Centre for Health Emergency Response
<b>CSO:</b>	Civil society organization
<b>DRC:</b>	Democratic Republic of the Congo
<b>HCW:</b>	health care worker
<b>IDP:</b>	internally displaced person
<b>IDSR:</b>	Integrated disease surveillance and response
<b>FCV:</b>	fragile conflict and vulnerable settings
<b>GPON:</b>	Goal Prime Nigeria
<b>IPC:</b>	infection, prevention and control
<b>MDA:</b>	Doctors of Africa
<b>M&amp;E:</b>	monitoring and evaluation
<b>NGO:</b>	nongovernmental organization
<b>NSA:</b>	Non-State Actor
<b>OAY:</b>	Organization for African Youth
<b>PHSM:</b>	public health and social measures
<b>RCCE:</b>	risk communication and community engagement
<b>REPONGAC:</b>	Network of NGOs of Central Africa
<b>ROPAGA:</b>	Gabonese Network of Associations



<b>SNEIPS:</b>	National Service for Health Information and Promotion of Senegal
<b>SPRP:</b>	Strategic preparedness and response plan
<b>UN:</b>	United Nations
<b>WASH:</b>	water, sanitation and hygiene
<b>WCO:</b>	WHO country office
<b>WHE:</b>	WHO health emergency
<b>WHO:</b>	World Health Organization



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## 1. Introduction

Civil society organizations (CSOs) are non-State actors defined by their non-lucrative objective and non-governmental status. Their public health actions include community-based interventions in all WHO pillars. The HIV/AIDS pandemic has stressed the key role of CSOs to ensure a holistic care of the patients, including psycho-social support, and that public health measures are accepted and applied in the general population. The Ebola virus disease has also highlighted the key role of CSOs to liaise with the community and build trust with local and national health authorities. With this experience, WHO/AFRO decided to build partnerships with active health sector CSOs to respond to the COVID-19 pandemic.

Within the framework of the “CSO Engagement Initiative”, WHO/AFRO has engaged operational partnerships with 23 CSOs in 12 countries. In 2021, it provided financial and technical support to the 23 CSOs [see the map below]. With the support of WCOs and working closely with national health authorities, the CSOs were empowered in RCCE, IPC and vaccination to improve the efficiency of their response in the community. As a result, CSOs managed to reach 3 558 573 direct beneficiaries in 2021 through high impact activities including community-based surveillance; infection prevention and control (IPC); case-referral; risk communication and community engagement (RCCE); and vaccination. Moreover, the 23 CSOs have been able to participate to the governance of COVID-19 response in their respective countries, foreseeing long-term and sustainable change in the approach of responding to public health emergencies. These evidence-based outcomes are important and need to be communicated to all stakeholders.

As the CSOs Initiative is a pilot one, WHO/AFRO and WCOs have documented the process and dynamic of CSOs intervention in the 12 target countries. This report aims to present some of the key outcomes of the CSO Engagement Initiative in the African Region. Best practices in all the target countries are also shared, as well as key lesson learnt, challenges and solutions proposed.

This report is the result of more than one year [January 2021 to April 2022] of data collection both at regional and national levels. WHO/AFRO has developed regular reporting mechanisms to ensure a strong monitoring and evaluation through technical/financial reports and weekly coordination meetings. Additionally, regional meetings with CSOs were organized and made it possible to collect in-depth information directly from the leaders of the CSOs. Eventually, WHO/AFRO conducted field missions in Cameroon, Congo, Gabon and Senegal, which gave it an opportunity to interview MoH officials and the project’s direct beneficiaries and to underline the key outcomes, the challenges and the proposed solutions.

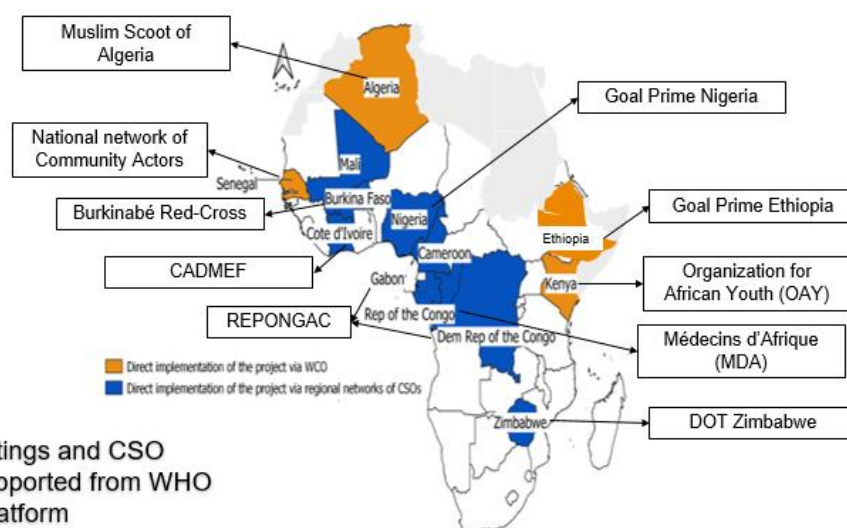
The WHO CSO Engagement Initiative to respond to SARS COV-2 pandemic started in 2020. In 2021, 23 CSOs from 12 African countries were engaged in the operational partnership with the WHO Regional Office of Africa to respond to the pandemic.

3,558,573 direct beneficiaries



## 2. Key achievements

### Countries and CSOs active



- Various settings and CSO
- Tailored supported from WHO
- Regional platform

*Map of Africa showing the countries and CSOs engaged in the Initiative with WHO Regional Office of Africa*

### Algeria

WHO/AFRO worked with the [Algerian Muslim Scout Association \(SMA\)](#) - one of Algeria's largest and oldest community-based organizations - to provide social services to communities living in urban and rural areas. Together, they trained 70 supervisors and 650 volunteers on RCCE and IPC in six districts (Wilaya). Moreover, they provided **52 000 households with COVID-19 protection kits**, which contributed to breaking the transmission chain at the community level.



## Burkina Faso

The health cluster, including WCO, MoH (CORUS - *Centre des opérations pour la réponse aux Urgences sanitaires*) and the Burkinabè Red Cross, worked in complex humanitarian settings with IDPs in the centre and northern regions of Burkina Faso, to provide basic services. Three regions (Boucle du Mouhoun, Sahel, and Centre Nord) with 289 health facilities and 3 236 973 people were targeted. Together, they trained community relays and volunteers who eventually organized information and sensitization sessions on the COVID-19 pandemic in the targeted areas, which helped to maintain and reinforce the trust in public health measures. Moreover, the Red Cross continues to monitor attacks on health care workers in the three regions using monitoring indicators and has identified more than 20 incidents. Additionally, the Burkinabè Red Cross conducted security briefings for 39 volunteers and security focal points, which helped to reduce the risk for health care workers and improve access to care for vulnerable people (IDPs, remote local communities).

Burkina Faso's engagement in the COVID-19 response produced strong outcomes for hard-to-reach populations living in FCV. The active networks of Red Cross volunteers helped to support MoH's actions in a humanitarian context.



Burkinabè Red Cross community volunteer in FLC, northern Burkina Faso.  
Credit WHO.



Burkinabè Red Cross community volunteer after a capacity building session, northern Burkina Faso. Credit WHO.

## Cameroon

The national platform of [REPONGAC in Cameroon is led by COPAD](#), which brings together three CSOs working with women, youth, informal sector workers and religious communities. With WHO/AFRO's support, COPAD has carried out mass campaigns and focus group discussions with community leaders on the COVID-19 pandemic and has reached 40 000 individuals in Yaoundé. They have, so far, helped distribute COVID-19 kits in key hotspots, such as markets and churches. Additionally, COPAD engaged community and religious leaders in integrating the COVID-19 prevention message in their messaging. Besides, community relays have conducted RCCE activities, including COVID-19 vaccination promotion in the targeted area of Yaoundé.

MDA has conducted a Legal review to support CSO engagement in PHE. With the technical and financial support of the WHO, MDA also conducted a mapping of CSOs.



[Left] COVID-19 sensitization in Yaoundé, Cameroon. Credit WHO. [Right] WHO supervision in medical facility in Yaoundé, Cameroon. Credit WHO

## Congo

[Doctors of Africa \(Médecins d'Afrique/MDA\)](#) – an NGO supported by WHO/AFRO – conducted a legal review on CSO intervention to respond to public health emergencies in Africa. They provided key recommendations to improve CSO participation in preparedness, response and recovery using case studies on preparedness, response and recovery from Congo, Côte d'Ivoire, the Democratic Republic of the Congo and Kenya. MDA also mapped CSO networks at the regional level, identifying 47 organizations. These organizations now participate in a platform/forum led by WHO/AFRO that shares experiences and organizes training sessions to enhance the capacity of CSOs.

## Cote d'Ivoire

WHO/AFRO supports [the University Teaching Hospital \(CHU\) of Bouaké in Cote d'Ivoire, a member of the CADMEF network](#). CADMEF is working on COVID-19 infection among health care workers in Bouaké and produces recommendations on adapted measures to better protect health care workers (HCW) during epidemics. It organized COVID-19 screening for HCWs in several health facilities, reaching 1000 of them. The outcomes of the research on COVID-19 prevalence among HCW in Bouaké will be disseminated in December 2022.



REPONGAC, based in Kinshasa and active in all Central African countries, is a multi-level governance to reach the most vulnerable people at the community level



COVID-19 screening organized by CADMEF in the CHU of Bouaké, Cote d'Ivoire. Credit WHO

### Democratic Republic of the Congo

REPONGAC, headquartered in Kinshasa, engages with the national CSO platform, CNONGD (*Conseil National des ONG pour le Développement*). With the support of WHO/AFRO, REPONGAC trained 45 community focal points on COVID-19 IPC measures and RCCE. The focal points were deployed in the main hotspot of Kinshasa (markets, public transport, religious institutions) to sensitize the population, distribute COVID-19 kits, and promote COVID-19 vaccination. Interventions have also been conducted in schools. REPONGAC reached 24 000 individuals in Kinshasa.

### Ethiopia

WHO/AFRO is supporting GOAL Ethiopia, an NGO, to develop an emergency health response programme in the humanitarian setting of the Amhara region. GOAL targets two *Woredas* in the north Showa zone, Amhara region where it will implement RCCE activities during the COVID-19 pandemic and support the medical response in order to maintain essential health services for vulnerable populations. The medical support to health emergencies in the targeted area includes medical supplies, disease surveillance and reporting, training, capacity building (targeting 270 health care workers) and rehabilitation of four health facilities. This support will benefit 12 600 people in the humanitarian setting.

### Gabon

The national platform of REPONGAC in Gabon is led by ROPAGA, which brings together three CSOs working with youth in schools, people living with disabilities and religious communities.

REPONGAC is active in Gabon through ROPAGA. It fosters the action of three local CSOs: the National Association of People living with disabilities, the Don Bosco Association and the Samba Mwana NGO, each of which contributes to the COVID-19 response.



Meeting with the religious leader of Don Bosco Association in Libreville, Gabon. Credit WHO

ROPAGA has carried out mass campaigns and focus group discussions with community leaders on the COVID-19 epidemic and reached 40 000 individuals in Libreville. COVID-19 kits were distributed in the main hotspots, such as markets and churches. Meanwhile, the community relay conducted RCCE activities and COVID-19 vaccination promotion. Considering the pandemic's evolution, ROPAGA has prioritized COVID-19 vaccination with actions in public places, places of worship, and schools.



COVID-19 sensitization session of Don Bosco Association with WHO/AFRO support in a public school in the suburb of Libreville, Gabon. Credit WHO



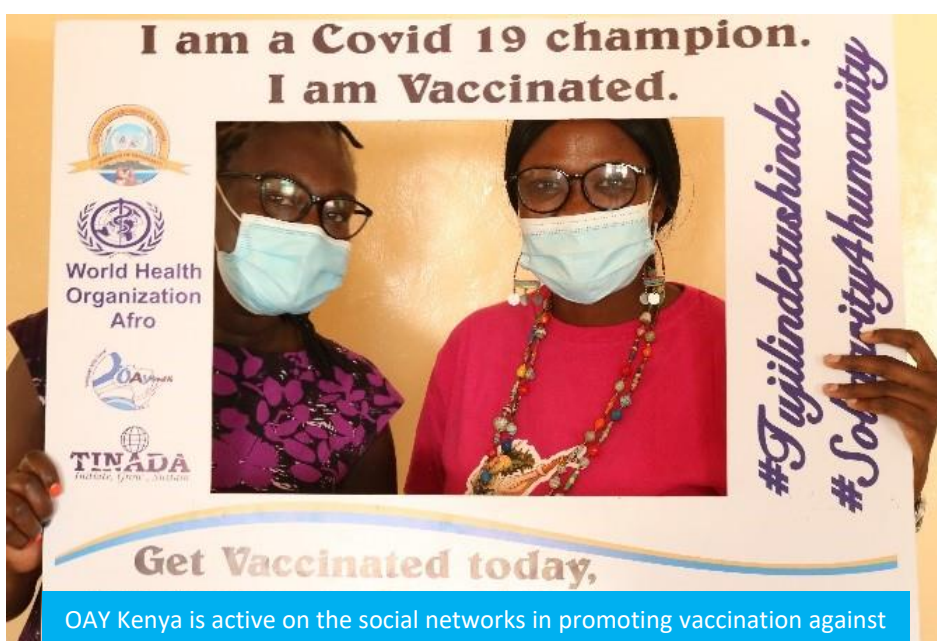
## Kenya

The [Organization for African Youth \(OAY\), Kenya](#) – a CSO which is a member of the AFRIYAN network and is supported by WHO/AFRO – has been active in carrying out actions to respond to the COVID-19 threat in Nairobi and Kisumu. The youth and religious leaders have been targeted to provide information on the COVID-19 pandemic and vaccination.



Youth champions from OAY Kenya get vaccinated against COVID-19 in Kisumu, Kenya. Credit WHO

OAY has organized sessions to promote COVID-19 vaccination by building and maintaining trust in the targeted communities. Additionally, they carried out IPC activities (such as soap/alcohol-based solution and face mask procurement, sensitization) in public transportation in collaboration with the local health authorities. The activities carried out in public places and online reached 25 000 individuals, including 10 000 youths.



OAY Kenya is active on the social networks in promoting vaccination against COVID-19, Kenya. Credit WHO

## Mali

WHO/AFRO and the Faculty of Medicine and Dentistry of the University of Sciences, Techniques and Technologies of Bamako in Mali, a member of CADMEF, used a WHO-developed surveillance protocol for SARS-CoV-2 infection among health workers to survey 500 medical and paramedical staff in five university teaching hospitals in Bamako in 2021. Nearly half of these health workers treated patients infected with COVID-19; however, not all of them had access to personal protective equipment (PPE) or knowledge of the proper sanitation protocols<sup>2</sup>. CADMEF used these findings to develop an online IPC course. CADMEF is advocating for government's endorsement to institutionalize the IPC curriculum for all medical and paramedical students.

The following Medical Experts participated to the IPC Curriculum for HCW:

Pr Seydou Doumbia- Epidemiology- Dean of the Medical Faculty

Pr Soukalo DAOU- Infectiology

Pr Issa KONATE- Infectiology

Pr Yacouba TOLOBA- Pulmonology /Centre COVID

Pr Youssouf Coulibaly- Anesthetist-Reanimation/ Centre COVID

Pr Boubacar Togo / Pediatric

Dr Nangou Tolo – Internal Medicine

Dr Joseph Koné- Anesthetist-Reanimation - Medical

Me Sanogo Aissata- Epidemiology

## Nigeria

**Goal Prime Nigeria (GPON)** – a CSO – is supported by WHO/AFRO. GPON is based in Abuja and is working on supporting communities in complex humanitarian settings with hard-to-reach and vulnerable populations in FCV of northern and eastern Nigeria. The GPON project team trained 47 community stakeholders on the importance of COVID-19 vaccination and monitoring and reporting threats to health care resources in the Kalaballe Local Government Area (LGA) of Borno state. Additionally, significant work has been done in religious places such as mosques to inform and sensitize religious leaders, who then spread key messages on PHM against COVID-19 directly in the community.



GPON volunteers organize COVID-19 information sessions, including vaccination promotion, in a mosque in Borno State. Credit WHO

From January to April 2022, GPON has engaged 100 community-based COVID-19 vaccination champions on door-to-door COVID-19 vaccination awareness, reaching 10 000 households. With the support of WHO/AFRO, GPON has distributed printed reporting illustrations and information, education and communication (IEC) materials to **45 000 individuals**, including people living with disabilities in IDP camps and host communities across project locations in the LGA. GPON's engagement is also linked with the attack on health care initiative, which aims to document and mitigate all types of attacks on health care in humanitarian settings.

## Senegal

Senegal used a specific governance structure to develop and scale-up their activities at community level: SNEIPS coordinates the actions of the three CSOs and liaises regularly with MoH and WCO of Senegal

WHO/AFRO is supporting three CSOs in Senegal with the coordination of the WCO and SNEIPS (*Service National pour l'Education et la Promotion de la Santé*). The three CSOs – *Badienou Gokh; National Association of Health and Development Journalist; and National Association of Community Actors* – are engaged in the joint planning of COVID-19 response activities. The three CSOs have been active in IPC, RCCE and COVID-19 vaccination promotion at the community level in Dakar, Thiès and Louga. In Dakar, CSOs have organized home visits to support vulnerable populations, including referral cases for patients in need of care, focusing on women and girls. In total, **50 000 individuals** benefited from the CSO interventions.



The national association of health community actors organized regular meetings with the community on COVID-19, including vaccination promotion. Traditional and political leaders are engaged. Dakar, Senegal. Credit WHO

## Zimbabwe

WHO/AFRO supports DOT – a Zimbabwe-based CSO which is member of the AFRIYAN network – in responding to the COVID-19 pandemic. This is done in collaboration with WCO and the health authorities in Bulawayo, the second largest city of Zimbabwe. DOT successfully conducted IPC activities, as well as COVID-19, awareness and vaccination campaigns. Furthermore, it promoted access to care for youth and disabled people from townships as well as governance and leadership. It worked closely with local health authorities and young people, who are now integrated into the ward health taskforce in the target intervention zones. So far, 30 000 individuals have benefited from DOT support.

<sup>2</sup> [https://www.who.int/gpsc/5may/Guide\\_to\\_Implementation.pdf](https://www.who.int/gpsc/5may/Guide_to_Implementation.pdf)





DOT young champions displaying their COVID-19 vaccination certificates to encourage the youth and communities to get the vaccine, Bulawayo, Zimbabwe. Credit WHO





### 3. Lessons learnt

- With WHO/AFRO support, CSOs have efficiently responded to the COVID-19 epidemic at the community level with key interventions in surveillance, IPC and RCCE.
- CSOs play a key role in supporting access to health care by linking the community and the wider health system. This interface role draws perspectives to scale-up CSO interventions in public health emergencies. The communities trust CSOs, and trust is a key factor for public health measures acceptance (for instance, vaccination, in a context of very low COVID-19 vaccination coverage in the African Region).



In Nigeria, CSOs targeted women and girls to promote health and sensitize them on COVID-19 in Borno State. Credit WHO

Key lessons-learnt by the CSO Engagement Initiative should now be disseminated to the CSO network

Engaging a partnership with the CSOs allowed to reach vulnerable people and promote new ways of preparedness and response to PHE



CSOs manage to reach vulnerable people, such as IDPs, in humanitarian settings and people living with disabilities. The Burkinabé Red Cross and GPON Nigeria are working on the Attack on Health Care (AHC) Initiative, with strong outcomes. This shows good interprogramme collaboration between the CSO Initiative and AHC Initiative, with CSOs, the WCO, WHO/AFRO and WHO Headquarters all working together.

- An active, innovative approach to the COVID-19 epidemic response, for instance, with youth-centred CSOs: in Zimbabwe, DOT worked with people living with disabilities and brought them to the health facility for vaccination.



DOT volunteers supported the vaccination of people living with disabilities in Bulawayo, Zimbabwe. Credit WHO

- ❑ In Kenya, OAY organized IPC interventions in public transportation.
- ❑ CSOs need to work closely with local authorities to ensure good ownership and sustainability of interventions.





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## 4. Challenges and solutions

The following challenges have been underlined:

- *Epidemiological evolution of the COVID-19 pandemic in Africa:* there are resurgent phases in most countries, the rise of variants of concern, and low COVID-19 vaccine coverage (access and acceptance), which complicates the response. Advocacy for better access to medical care and products such as vaccines and specific intervention to build and maintain the trust and vaccination acceptance.
- *Public health and security measures reduced the number of on COVID-19 information and sensitization activities* (curfew, no gathering, closing of public places). The specificity of the Burkina Faso and Nigerian humanitarian settings (fragile, conflict-affected and vulnerable) challenged the implementation of field activities.
- *Limited support from local health authorities in CSO actions:* CSOs are not always well integrated into MoH plans. The CSO legal review also showed some systemic gaps in CSO integration in countries in the Region. There is a need to advocate for appropriate laws to ensure efficient synergy with CSOs in case of public health emergencies.
- *Infodemics:* CSOs faced the challenge of responding to fake news on COVID-19 and tackling vaccine hesitancy. There is a need to build capacity on this issue.
- *Long and difficult WHO administrative procedures for engaging and funding CSOs:* the WHO's administrative and financial procedures for engaging CSOs have been long; thus, a major challenge for engaging CSOs in the Region. Furthermore, since the procedures are not mastered by both the WHO staff and CSO partners, simplifying and adapting them to the context of emergencies will be an added advantage.
- *Hesitation of some WCOs in engaging and interacting with CSOs:* As this is a new area of collaboration and given the governance and political dimensions of CSOs, some WCOs have been hesitant in supporting WHO's engagement with CSOs. More advocacy pointing out the importance, relevance and impact of such innovative collaboration will be useful.
- *Lack of a CSO coordination structure:* Coordination between CSOs interventions needs to be strengthened. A regional platform will be an asset to tackle this issue.
- *Inadequate capacity building in project management, monitoring and evaluation; operational research at CSO level; and lack of updated information on epidemics evolution.* CSOs should benefit from regular training in all these fields.



## 5. Examples of best practices



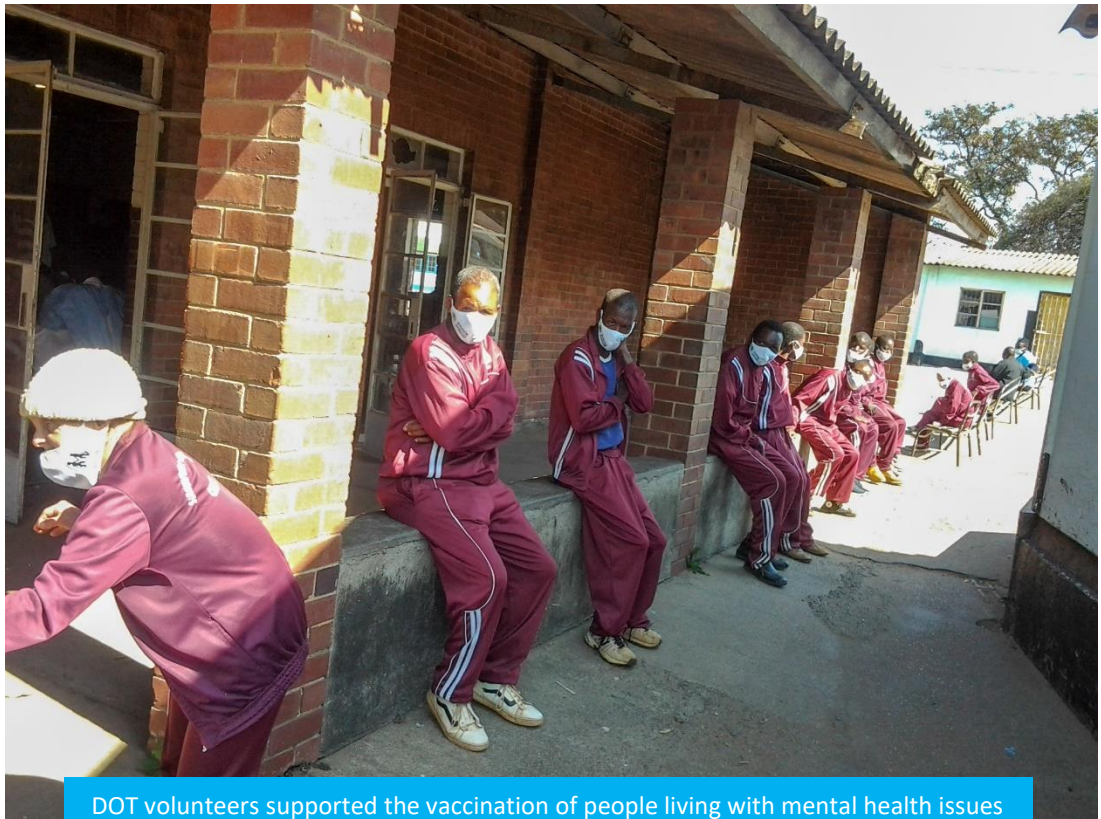
Burkinabè Red Cross engaged actively the community of northern Burkina Faso in COVID-19 response. Seen here with the Tuaregs. Credit photo: WHO

- The work by the Burkinabè Red Cross, supported by WHO/AFRO, on the attack on health workers (AHC) has had a strong impact at the national level. The Red Cross monitored AHC for three months in the three target regions of Boucle du Mouhoun, Sahel, and Centre Nord. The monitoring was done through an Excel sheet with key monitoring indicators, resulting in data on more than 20 incidents (murder, kidnapping, hostage-taking, ambulance carjacking, health structures firing and theft of medical products). These incidents led to the closing of 36 health facilities in the target regions. The outcomes were progressively shared with stakeholders, more particularly with MoH's CORUS in charge of coordinating public health emergencies. Based on evidence from the field, advocacy was done to recognize AHC as high-impact events on access to care that need appropriate measures. MoH's CORUS integrates AHC in the national response plan and is now co-leading operational research on the impact of AHC. There is a potential for discussion of new laws to **better protect health care workers**. Communication tools have been developed. The Burkinabè Red Cross conducted security briefings for 39 volunteers and security focal points in Dori and Kaya. These adapted training will be scaled-up at the national level. Moreover, the experience of Burkina Faso has been shared with GPON Nigeria, who



are working in a similar humanitarian setting. Engaging the youth through CSOs in COVID-19 response in Cameroon, Gabon, Kenya and Zimbabwe has been imperative. OAY Kenya further prioritized meaningful youth engagement in COVID-19 response. Youth leaders are now integrated into the COVID-19 task force. The youth now champion the mechanism to promote compliance with public health measures, including COVID-19 vaccination: they are active online through social networks, play the role of key opinion leaders and could be seen as game-changers engaging the community in emergency response. Youth engagement also targeted vulnerable people, such as people living with disabilities in Gabon and Zimbabwe, which worked well.

- In Senegal, CSOs organized direct **home visits** within the community to inform and sensitize on the COVID-19 pandemic, including vaccine promotion and hospital case referrals. CSOs supported the patients' referral to the health facilities they liaised with, promoting better care access.



DOT volunteers supported the vaccination of people living with mental health issues in Bulawayo, Zimbabwe. Credit WHO



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## 6. Examples of technical support provided

WHO/AFRO has provided support to CSOs at three level:

- Firstly, through regular assessment of CSO activities in each country, with the collaboration of WCO. Technical monthly reports and weekly online meetings with CSO leaders were organized to follow the implementation of activities. Challenges such as planning issues were regularly discussed, and technical support was provided when needed,. Support on budget and finance was also offered, such as budget planning and consumption progress and key recommendations suggested. Documentation on COVID-19 pandemic evolution was shared, including updates on vaccination recommendations as well as M&E tools. WHO/AFRO shared key documents like “*COVID-19 data collection tool for Africa: Social and behavioral insights*”<sup>3</sup>. It also promoted the Integrated Disease Surveillance and Response (IDSR) approach to efficiently respond to infectious threats.
- Secondly, regional meetings were organized by the WHO/AFRO coordination team, with training and strategical planning discussions on COVID-19 response. In September, WHO/AFRO also led a coordination meeting with all CSO leaders to review their activities and support their plans. CSOs were engaged in the monthly partner meetings, sharing experiences and good practices. WHO/AFRO liaised with WCOs to integrate CSOs in the national response plan.
- Thirdly, a **field mission** was conducted to support REPONGAC in Cameroon and Gabon. It includes activities review, capacity building sessions with CSO leaders on RCCE, COVID-19 vaccination, planning, monitoring and evaluation tool. WCO focal points were involved at all the stages which will support the monitoring of activities at the national level.

All the pillars of WHO/AFRO IMST COVID-19 response are integrated in the monitoring of the CSO Engagement Initiative, at WCO and regional level



Engaging religious leaders in the response to COVID-19 pandemic in Africa. Here, distributing COVID-19 prevention kits in Yaoundé, Cameroon. Credit photo: WHO





## 7. Way forward

WHO/AFRO's support to the 23 CSOs active in the Initiative strongly impacts the COVID-19 response in the 13 target countries. CSOs have shown deep engagement and commitment in various response levels, such as surveillance, IPC, RCCE, case-referral, vaccination promotion and inclusive governance. They support MoHs to ensure that communities respect COVID-19 related health measures and access care. By building and maintaining trust at the community level and bridging information with health institutions, CSOs also increase the number of people who have access to care and vaccination, particularly the vulnerable people in each specific context. These positive outcomes need to be continued and scaled up at the national and regional levels for WHO/AFRO.

COVID-19 taskforces benefited from CSO support through their active participation, especially in Kenya and Zimbabwe. Led by youth leaders, health clusters with WHO, MoH (CORUS) and active CSOs (Burkinabé Red Cross and GPON Nigeria) worked together in stopping the attack on health workers in humanitarian settings. The structures will be maintained, and new policies implemented, for instance, IPC measures (CADMEF Mali and Côte d'Ivoire), to enhance the protection of health care workers and the governance of epidemic response. The institutionalization of new training streams in university teaching hospitals to reduce health care workers risk is implemented in Mali and scaled up at the regional level.

WHO/AFRO plans to collaborate with CSOs already active in the Initiative and to integrate eight new ones in 2022. The regional CSO platform will be a key tool for strengthening CSO capacity to respond to public health emergencies.

<sup>3</sup> WHO Afro, 2021, <https://www.afro.who.int/publications/social-and-behavioural-insights-covid-19-data-collection-tool-africa>

## From the field in support of CSOs

**National Coordinator of DOT Zimbabwe:** *“There is a great opportunity to leverage on the community structures and systems to strengthen the COVID-19 response. Progress made through this project in the five wards is evidence of this opportunity and is an indicator for a need to scale up the interventions to other wards and even to rural areas, where the pandemic is starting to reach; but most interventions are yet to reach these areas.”*

**WR of Gabon WCO:** *“The CSO engagement Initiative is a great opportunity to enhance COVID-19 response. They are playing a key role in COVID-19 vaccination promotion.”*

**WR of Cameroon:** *“The CSO engagement is a welcome initiative at national and regional level. We need to work better with CSO to increase the impact of public health response to emergencies.”*



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