



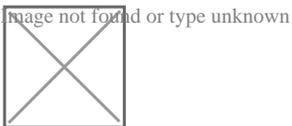
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## COVID-19 AND CIVIL SOCIETY ORGANIZATIONS IN AFRICA: GLOBAL FUND GRANT IMPLEMENTERS RESPOND

The first cases of COVID-19 appeared in Africa in March, and the epidemic is spreading, albeit at a slower rate than in European countries – or so it would seem. Civil society organizations (CSOs) in several African countries are organizing their responses, aware of the danger that the pandemic presents for their countries and their populations. These organizations have witnessed the dramatic and unexpected loss of lives and livelihood that followed this epidemic first in European countries and now in the United States of America.

While the national surveillance committees quickly organized themselves to produce or update their contingency plans and assess their needs in terms of equipment and protective material, civil society organizations began to organize themselves.

Figure 1: Number of cases of COVID-19 in francophone West and Central Africa countries



### Global Fund Principal Recipients and sub-recipients on the front line

The Global Fund Secretariat invited CSOs that are principal or sub-recipients of Global Fund grants to identify their organizational needs so as to continue their activities, and even conduct new ones to

respond to COVID-19 epidemic. CSOs' plans have two imperatives: protecting their personnel in contact with the population, and guaranteeing service continuity.

No country in West and Central Africa has yet reached stage 3 of the COVID-19 pandemic where the disease spreads through a local community, and it is not possible to identify how people get contaminated. During the earlier stages 1 and 2, which are stages where transmission occurs from people who have travelled overseas and those they have had contact with, public health officials can more easily trace the source of infection.

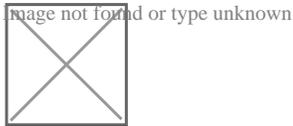
### Identifying the needs of people affected by HIV and TB

In the Democratic Republic of Congo, a network of organizations of people living with HIV (PLHIV) called UCOP+, with the help of UNAIDS, surveyed PLHIV to identify their most pressing needs. Respondents identified the issue of transport to get to the health center and the distances to be covered as their first difficulty, as public transport becomes scarce due to movement restriction measures. Other concerns were fear of treatment interruption due to stockouts, or fear of being contaminated by COVID-19.

The Global Fund Secretariat shared this questionnaire with civil society organizations (CSOs) in the WCA region, inviting them to circulate it among PLHIV benefiting from Global Fund programs. Such surveys allow implementing partners to take into account dimensions that may be overlooked.

This article presents some examples of initiatives taken by CSOs in response to the COVID-19 pandemic.

### Ivory Coast: l'Alliance Côte d'Ivoire seeks to make TB patients safer



Source : ministère de la santé et de l'hygiène publique de la Côte d'Ivoire

Côte d'Ivoire has over 620 confirmed cases of COVID-19 infection as of 15 April 2020. The country established a state of emergency to limit the spread of the epidemic and took a battery of measures.

The government closed borders, banned the movement of people between the country's cities and Abidjan, the capital city, obliged residents particularly in Abidjan to wear masks in public, confined all frail people at home, especially the elderly and those with chronic diseases, reduced non-essential travel, encouraged the effective implementation of teleworking, reduced the numbers of passengers in public transport vehicles and personal vehicles, and closed places of worship as well as prohibited mass gatherings.

The Côte d'Ivoire Alliance, the principal recipient of HIV and tuberculosis (TB) grants in charge of community activities, readjusted its activities. The organization first identified different scenarios related to the stage of the epidemic in the country. In the first scenario, travel is still possible, while in the second scenario, the entire population would be in lockdown, which would require a reorganization of the treatment distribution circuit.

The contingency plan revolves around three lines of work: continuity of care for TB patients, contribution to reducing the spread of COVID-19 in treatment sites and the community, and providing prevention activities in prisons.

### Continuity of care for patients affected by TB

The organization plans that patients receive their medicines from the health centre once a month instead of daily, as authorized by the Ministry of Health. It also supports the transport of needy patients to retrieve their medicine supply from the health centre or community distribution for patients who cannot travel. Patient's food support and therapeutic education will continue on-site when the treatment is handed over in person and by telephone for the

others who get their medications from the community.

#### Contribution to the reduction of the spread of COVID-19 in the health facilities

The organization will train community health workers (CHWs) on COVID-19 and its related measures, equip the CHWs with personal protective equipment (face mask, hydro-alcoholic gels, gloves). The health centres have hand-washing devices and posters produced by the Ministry of Health and Public Hygiene.

#### Contribution to the reduction of the spread of COVID-19 within the community

The Alliance participates in the production and broadcasting of radio spots and programs on COVID-19 through radio stations in health districts, and sensitization of the population with griots, muezzins and town criers, who together form a traditional means of providing information to the public in Cote d'Ivoire.

#### Prevention in prisons

The association plans to train community actors on COVID-19 and related prevention measures. It aims to raise awareness among residents and prison staff, equip prisons with hand-washing devices and help isolate and observe new entrants for two weeks. The association has a long experience working with detention centres.

The association communicated its contingency plan to the Global Fund to obtain agreement to reallocate funds (from savings from the current grant).

#### Mali: The ARCAD Santé Plus plans to keep key populations safe

ARCAD Santé Plus is a sub-recipient for the Global Fund grants in Mali, and serves more than half of the PLHIV in the country, approximately 24,000. The State instituted a curfew as part of the COVID-19 prevention measures, on March 26. Since then, all outreach activities towards sex workers, drug users as well as main meeting points for men who have sex with men (MSM) have stopped, leaving many service users without support. ARCAD Santé Plus's contingency plan is based on four axes, which are:

- Reinforcement of risk mitigation measures in 24 health care facilities: protection of health workers and counselling of PLHIV (distribution of masks, gel hand sanitizer, and gloves), provision of hand-washing kits;
- Reduction of the number of consultations and regulation of patient flows (to respect physical distances), providing treatment for 6 months instead of the usual 3 months;
- temperature taking and recognition of COVID-19 symptoms for a referral to specialized treatment centres;
- distribution of protection and food kits among key populations and PLHIV.

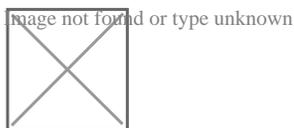
This plan was developed with the principal recipient PLAN, and the Ministry of Health. It will be partly financed by the Global Fund; other donors have also been approached.

#### Senegal: Enda Santé mobilizes communities in the sub-region

Enda Santé, a regional organization, headquartered in Dakar, works with communities to improve access to quality care for the most vulnerable groups in mainly Senegal, Côte d'Ivoire, and Guinea Bissau. Enda Santé carries out several medical and economic initiatives related to COVID-19 prevention, including diagnostics and mitigation of the adverse financial consequences of COVID-19-related measures. For instance, it has:

- Made available its mobile clinic and molecular-biology laboratory facilities to partner with health districts;
- Distributed disinfection products, equipment, and individual and community prevention tools;
- Supported initiatives aimed at reviving the local economy while fighting against COVID-19, such as commissioning several thousand face masks to be made by tailors and artisans, the preparation of organic food kits made up of local basic necessities, and marketed by a local women's groups;
- Produced several communication tools in local languages (Wolof, Diola, Mandingo, Pulaar, Creole, Bassari,

Arabic and Serere) widely distributed on various social network supports (Facebook, YouTube, Twitter, Instagram, LinkedIn, WhatsApp) for prevention and elimination of stigmatization of infected people and their families.



Source: Enda santé, masks and posters to raise awareness in local languages (WHICH ONES? Do you know?)

### Blind spots in the community response

Several topics are still not adequately addressed by civil society organizations.

The first one concerns the involvement of CSOs in national malaria control programs. In particular, the chemoprophylaxis campaigns among children under five years, the intermittent prevention of malaria and prenatal care visits among pregnant women, in the context of increasing scarcity of public transport and fears of transmission of the infection in health facilities.

The second one is the vulnerability of people living with HIV or affected by TB. In essence, often victims of discrimination and stigmatization because of their disease, people affected with TB are generally more financially vulnerable. For some groups, such as sex workers, the current measures of physical distancing and curfews are a direct limitation to their professional activity and a blow to their income.

A third point is the lack of gender sensitivity in the response by some CSOs. COVID-19 affects women and men differently, and interventions must take into account different gender needs. COVID-19 infects more men than women, and men are known to be more reluctant to seek care in the event of symptoms. On the other hand, women are potentially overexposed to the disease because they are in charge of obtaining food in markets and caring for sick family members.

In countries where the pandemic is more advanced, women face a range of collateral effects:

- An increase in gender-based and sexual violence related to confinement, stress, the depletion of financial resources at a time of limited ability to be seek related care;
- Limited access to contraception and maternal health care: difficulty in accessing the centres providing them, shortage of products, under-staffing of sexual and reproductive health services due to a redirection of resources in times of health crisis, failure to deal with complications of clandestine abortions
- Declining resources and malnutrition: School closures increase women's domestic burden and unavailability; travel and other personal movement restrictions reduce economic activities in the informal work sector where women are the majority of the workforce.
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The COVID-19 pandemic increases the risks of adverse outcomes for other vulnerable groups. Those groups include the poorest, the homeless, displaced people, migrants and refugees, people with disabilities, prisoners, sex workers, and sexual minorities. People who are in several vulnerable groups are at a higher risk of exclusion from testing, treatment, and social protection.

At present, CSOs propose responses adequate to the general population. It will be necessary to target the most vulnerable groups to protect them and provide them with the most appropriate solutions.

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