

COMMUNITY HEALTH CARE

SUPPORT PROGRAM FOR THE ELDERLY AMIDST COVID-19

Overview



Cameroon is located in Central and West Africa, known as the hinge of Africa, on the Bight of Bonny, part of the Gulf of Guinea and the Atlantic Ocean with a population of over 26million people. The proportion of **elderly** (60 and over) remains low at around 5%. In 2019, the number of **elderly** is estimated at 1,315,979 people.

The Issues

With the alarming increased in the reproduction capability of the coronavirus pandemic, the Government of Cameroon acted swiftly and put containment and mitigation measures in place to limit transmission and to slow down the spread of COVID-19.

Despite measures taken, there is increased spread of COVID-19 across Cameroon as a result of: Weak Healthcare system, Lack of Government Trust, and Economic slow-down. This however puts the elder person in a more vulnerable situation. Their vulnerability can be seen as follows:

- there are no special containment and mitigating measures put in place for older persons especially for the non-pensioners,
 - the elderly are faced with serious health challenges – dementia, etc,
 - those in the local communities and from poor background are faced with serious: food insecurity, absence of care, have little or no information on covid-19 – available information does not target the older persons,
- ▶ Abandoned to themselves caused by:
- Gross insecurity
 - Rural urban migration of family members who were care providers
 - Absence of functional health facilities in the communities

- No direct government protection
- ▶ Insufficient health care as a result of absence of facilities and or medical staff.

What we're doing

- Researching on the effect of covid-19 and the socio-political crisis on the older persons in the rural communities
- Supporting the elderly persons in affected communities with Non-Food Items (NFIs) and coverage of medical bills
- Supporting the elderly persons in affected communities with COVID-19 preventive materials such: face mask, alcohol hand sanitizers, etc
- Planning an advocacy action to the government for the integration of a special



health care programs for the older persons in the rural communities

- Promoting special programs for older persons who are not pensioners
- Organizing age friendly festival for the elderly
- Provision of social amenities in communities already suffering from rural-urban migration.
- Fundraising for towards the development of a hotline service for gathering sharing and information in rural areas.
- Presentations during international conferences on the ageing.

PREVENTING MALARIA, HIV/AIDS, ETC. IN COMMUNITIES

As a continuous process in partnership with the ministry of Public health under the Global Fund Funding Mechanism in Cameroon to fight AIDS, Tuberculosis and Malaria; ensuring consistent integration of community activities of the three Programs namely National Malaria Control Programme (NMCP), National AIDS Control Committee (NACC), and the National Tuberculosis Control Programme (NTCP). AJESH in fidelity advances with the implementation

of “Achieve and Maintain Universal Coverage of Interventions to fight Malaria for Long-term Impact” abbreviated AMCUID.

In collaboration with the personnel of Public Health, Plan Cameroon and IRESCO, AJESH works to facilitate the implementation of the harmonized community intervention strategy whose goal is to ensure that at least 80% of the population adopts conducive practices to the promotion of healthy behaviours, the prevention and integrated management of diseases (Malaria, Acute Respiratory Infections, Diarrhoea, Tuberculosis, HIV/AIDS, Malnutrition, Onchocerciasis, Vaccine-Preventable Diseases, COVID-19 etc.) including combating violence and promoting FP at community level, especially in priority intervention areas.



Within this program, AJESH is covering four (04) out of the selected Seven (07) Health Districts in the region and is tasked with facilitating the implementation of Community Based Interventions in these districts which involves overseeing the day to day activities of Community Health Workers in their respective communities. In order to intensify the awareness in communities on the use of Long Lasting Insecticidal Nets as a means to protect them from malaria which has been the number one killer disease in Cameroon over decade's, AJESH through its community workers carries out series of educational activities with the support of the state health

personnel working at the health districts and health Area Levels. Realisations include:

- Continuous trained of over 250 CHWs in Konye, Ekondotiti, Nguti and Tombel Health districts on the context of the project < Achieve and maintain universal coverage of interventions for the fight against malaria for long term impact> (AMCUID).
- Recruitment and training new CHW agents for konye, EkondoTiti, Nguti and Tombel health Districts to replace the inactive ones.
- Continuous revision with CHW the process on BCC, Advocacy, Counseling, home visit, diagnosis of uncomplicated malaria, educational talks, refer cases of early malaria, tuberculosis, HIV/AIDS and pregnant women to the hospital (for ANC) etc. These CHWs work directly with the community people counseling them in their homes, groups, during clinical sessions, and during public gathering such as national days, cultural festivals, etc. on malaria control and prevention, tuberculosis, and HIV/AIDS.
- Distributes CHW working materials in all the health districts and did put at their disposal first aid drugs for minor cases.
- Carries out monthly and quarterly supervision of all trained CHWs in the four health districts covered by AJESH.
- Does administration of medication to uncomplicated malaria cases.



distribution campaigns of mosquito nets to communities in the entire south west region.

- Carrying on with mass community sensitization on covid-19, prevention, protective and mitigation approaches.
- Distribution of covid-19 preventive materials to communities and health facilities.
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- Carries out bimonthly home visits and onsite data verification all the Health Areas within health districts covered by AJESH, and encouraged household members on the Usage of their nets, diagnosed cases of complicated and uncomplicated malaria and reported to the nearest health facilities for follow up of patients. Carried out advocacy action on Behavioral Change on health related matters.

- Always contributed to the