



**GLOBAL FUND MALARIA NEW FUNDING MODEL (NFM)**

**SOCIAL MOBILIZATION**

**SUMMARY PROGRAMMATIC REPORT OF SOCIAL MOBILIZATION FOR MALARIA  
BENUE**

**GWER – EAST LGA**

**MARCH 2016.**

***SUBMITTED BY: FIRST STEP***

***TO***  
**ACOMIN**

## **INTRODUCTION**

In order to ensure the effective prevention and treatment of malaria at household and community levels, First Step was engaged by ACOMIN to carry out malaria prevention activities working with IPC in Gwer East LGA. The area of focus is to conduct social mobilization and inter-personal communication methodology.

### **GOAL**

- To reduce malaria burden to pre-elimination levels and bring malaria related mortality to zero

## **OBJECTIVES OF THE PROGRAM**

- At least 80% of targeted populations utilize appropriate preventive measures by 2020.
- All persons with suspected malaria who seek care in PHCs are tested with ADT or microscopy by 2020.
- At least 80% of the population practices appropriate malaria prevention and management by 2020.

## **STATUS OF IPC CONDUCTORS**

The IPC Conductors selected to work in Gwer East LGA are residing in the LGA, speak the local dialect fluently. Through training received, the IPC conductors are up to date on malaria prevention and treatment. They were also trained on the use of flip-chart to sensitize community members.

## **ADVOCACY VISITS**

### **1. Advocacy Visit at the Community level**

Advocacy visit was paid to community leaders by the IPC conductors. These visits were paid to vigilante heads, tax collectors and village heads. The aim was to sensitize them on the project and solicit their support as it is discovered that working with community leaders leads to full participation of community members and they also serve as a link between IPC conductors and their subjects.

They made commitments to mobilize community members for the project. A total number of 16 (Female 3 and Male 13) community leaders were reached in 4 communities.

### **2. Advocacy to Women/Religious Leaders**

Advocacy visits were conducted to women and religions leaders at Mbalav community. As it was discovered that this particular groups are influential in decision making and community members mobilization. The IPC conductors enlightened them about the project and also solicit their support and understanding as it is carried out in their domain.

They also made commitments to mobilize their members for the success of the project. A total number of 14 person (Female 9 and Male 5) were reached

### **3. Advocacy to Private Patent Medicine Vendors (PPMV's)**

The IPC team also paid advocacy visit to PPMVs in the community, this was to inform them on the purpose of the project, to solicit their support for the success of this project by encouraging them to abide by the best practices and not dispensing ACTm at unaffordable prices and also to get a clear understanding of the sale and purchase of ACTm by community members.

They pledged to abide by the best practices in dispensing ACTm's and a follow-up on these PPMVs was made and it was discovered that they kept to their words.

A total number of PPMVs reached were 18 (female 5, Male 13).

## **SOCIAL MOBILIZATION ACTIVITIES**

### **HOUSE TO HOUSE IPC**

The IPC conductor moved in two teams and carried out social mobilization activities from one House to another house in 3 communities. During the session, IPCs interacted with them on preventive strategies symptoms and treatment of malaria. House hold members also shared their experiences on how they have been treating malaria locally. The use of 'dogo yaro' a local herb was found to be the most frequent treatment for malaria among the people. They were unanimously in agreement that these treatments were not working as the malaria fever always reoccurs.

They also agree to access ACTm and mosquitoes nets for proper use. A total number of 44 HHs were reached with a total number of 572 person (female 275, male 247)

### **GROUP IPC**

Group IPC was conducted to 4 groups (4 association) and reached a total 100 (female 71, male 29). Participants in these sessions were women groups, vigilante group, pregnant women, women of reproductive age and men.

The session was interactive and participatory in nature as members demonstrated an increased knowledge of malaria symptoms, transmission and prevention which they explained how malaria affects children as they are always vomiting the little they eat, their body is hot and they shiver from cold. They added that pregnant women become weak, suffer miscarriage and give birth to babies with light weight.

They unanimously agreed that with increased knowledge they will now begin accessing LLINs and ACTm as a form of treatment.

STATE SUMMARY								
S#	LGA	NUMBER OF IPC CONDUCTORS	NUMBER OF HOUSEHOLDS REACHED	NUMBER OF SCHOOLS REACHED	NUMBER OF GROUPS REACHED	NUMBER OF COMMUNITY DIALOGUE SESSIONS CONDUCTED	NUMBER OF PERSONS REACHED	
							Male	Female
1.	GW ER EAST	4	44	0	4	3	247	325
	<b>TOTAL</b>	<b>4</b>	<b>44</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>572</b>	

## SUCCESSSES

1. Community members were shown how to use mosquitoes nets outside their rooms as most of them complained that they now sleep outside due to heat

## CHALLENGES

1. Due to the commencement of farming season most house hold members are in their farms during the day time. This result to night IPCs sessions
- 2.

## RECOMMENDATIONS

1. No recommendations.

## LESSONS LEARNT

1. Working with traditional rulers increased full participation of community members.
2. Women and Vigilante groups facilitated effective dissemination of information to community members in their group meetings.

## BEST PRACTICES

1. Working with women groups makes information dissemination easier.
2. Advocacy paid to community leader enhanced community members participants in the IPC sessions.

**APPENDIX  
PICTURES**



IPC session at Tse-Aliade



IPC session with CWO (religious group)



IPC session with women group



IPC session with Mbadarev

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