



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

**SOCIAL MOBILIZATION**

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

**BENUE**

**GWER – EAST LGA**

**NOVEMBER, 2015.**

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***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. Identification of wards/communities**

The IPC Conductors, First Step and the RBN focal person agreed and selected high volume malaria ward (Mbabur ward), to begin with 21 communities.

### **2. Advocacy at the LGA level**

In order to solicit support at the LG level, an advocacy visit was conducted to HOD Health, RBN focal person on the project and the need for their support in order to succeed. They made their commitment to support the project and advised that the organization should constantly submit their report to the LGA. They were 3 in number all were male.

### **3. Advocacy Visit at the Ward level**

An advocacy visit was also conducted at the ward level to solicit their support on the project. Participants include; the district head of Mbabur, five plan heads of Mbaikya, Agayo/Abetse, Mbadera, Hwe/Yakya and Mbakohol and also the vigilante group, women groups (Mbabur mothers and Mbabur daughters). They made commitments to mobilize community for the project. The IPC reached 10 persons (m2, f8).

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

An advocacy visit was also conducted at the community level. The purpose was to sensitize them on the project and solicit their support. They were able to support by creating awareness at their

group meetings in the community. As a result, many household members remained in their house despite the family season to receive the message.

## **SOCIAL MOBILIZATION ACTIVITIES**

### **HOUSE TO HOUSE IPC**

IPC shared themselves into two teams and move from one house to another to conduct the activity. The number of household reached in the month of November 2015 was 470 HHs (reached a total number of 5658 persons (f3181, m2477). They were reached with messages on malaria prevention, management and treatment. 86 persons were referred to CHC Aliade and 21 persons reported to the facility and were treated. There is need to do a follow up to ensure compliance.

### **GROUP IPC**

Group IPC was also conducted to 10 groups (10 associations) and reached a total of 150 persons (f82, m68).

### **SCHOOL BASED IPC**

IPC sessions were also held in the community. The purpose was to enlighten the pupils/students and bring malaria prevention and treatment strategies to their door steps. Participants in these sessions were school pupils, students and teachers. The session involved an interaction between IPCs and the students and at the end they all gained an increased knowledge on malaria transmission and prevention. 8 schools were visited and a total of 120 persons were reached (f51, m69).

### **COMMUNITY DIALOGUE SESSIONS**

Dialogue sessions were also conducted in the communities. The purpose was to get clear understanding of community perception on the messages delivered. Participants of these sessions include children, representatives of women groups, vigilante group, school children, health workers, pregnant women, women of reproductive age and men. The dialogue sessions were interactive. The content of discussion includes; utilization of LLINs, the effect of malaria disease as it affects pregnant women and children and how to prevent marriage infection using environmental sanitation. They were also able to share experiences on various ways of preventing malaria and convulsion through the use of local herbs.

The community members had increased knowledge of malaria transmission and prevention, which they explained how malaria affects children as in convulsion, their eyes look pale, they don't eat which leads them to not growing well and the children don't attend school when down with malaria, they also explained that the pregnant women suffer miscarriage, give birth before their time and also give birth to underweight children.

Though they believe in the use of LLINs, they complained that not all have them, so they are seeking for intervention to have LLINs, therefore there is need to sustain community dialogue sessions because it brought the community together to learn better ways of improving livelihoods. The community dialogue sessions reached a total of 150 persons (f98, m58).

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.	GWER EAST	4	470	8	10	10	2626	3302
	<b>TOTAL</b>	<b>4</b>	<b>470</b>	<b>8</b>	<b>10</b>	<b>10</b>	<b>5928</b>	

## SUCSESSES

1. The community leader of Cheedu Mr. Ngutor Cheedu (the Angahar a Tor) has set up a task known as implementation committee to ensure that all his subjects use LLINs and use it correctly.  
The task force will also see that henceforth LLINs are not used for other processes like processing of cassava to Akpu.
2. The Mbabur daughters association resolved that all her members should use mosquito nets and see that other members of their HHs use them.
3. Many community members like Mrs Hembraor Mlumun (Ahumbe community) started sleeping in the mosquito net for the first time in her life having agreed that the sensitization on malaria has taken away a wrong belief she had that only the dead use mosquito nets.

## CHALLENGES

1. Insufficient IEC materials to leave behind for self learning by community members.
2. Due to dispersed tiv settlement, the team had to trek long distances from one house to another it was very exhausting.
3. Due to high level of poverty in some HHs visited, IPC Conductors and HH members had to stand during the 25mins IPC sessions owing to lack of seats.
4. CHC Aliade demanded 350/person referred before treatment ie. 100 for hospital cards and 250 for malaria test, therefore many clients could not afford treatment.
5. Referral forms were not provided.

## RECOMMENDATIONS

1. IPC Conductors should be linked to net distributors to make nets available to HH members.
2. Adequate IEC materials should be made available to IPC Conductors.
3. RDT should be given to IPC Conductors for the purpose of carrying out malaria tests on the field so that only the positive will be issued referrals.

## LESSONS LEARNT

1. THE IPC team discovered that working with traditional rulers has increased full participation of community members.
2. The IPC team also discovered that working with women groups and community agencies has also increased participation.

## BEST PRACTICES

1. The community dialogue sessions enabled the community members to come together, share ideas and learn from each other.
2. Working with women and vigilante groups supported in disseminating information at the various group meeting.

## APPENDIX

### PICTURES



Fig. 1: IPC team demonstrating to community members in Mase members



Fig. 2: Lead IPC interacting with community



**Fig. 3: Lead IPC interacting with school children in LGEA primary School Mase**



**Fig. 4: IPC team interacting with community members during Community Dialogue in Mase**



**Fig. 5: IPC Conductor facilitating School based IPC in Mbabur Community Sec. Sch. Ahumbe**



**Fig. 6: IPC Conductor facilitating School based IPC in Assemblies of God Nur/Pri. Sch. Ahumbe**



**Fig. 7: IPC Conductor facilitating House to House session in M-mbam community**



**Fig. 8: IPC Conductor facilitating House to House session in Tse – Unande community**



**Fig. 9: IPC Conductors facilitating House to House session in Geor community**



**Fig. 10: IPC Conductors facilitating Group IPC session with women group in Tse - Aboga community**



**Fig. 11: IPC Conductors facilitating Community Dialogue session in Atoo – Akoh community**

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