

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

SUMMARY PROGRAMMATIC REPORT OF SOCIAL MOBILIZATION FOR MALARIA

STATE

EKITI STATE

LGA

IKERE

MONTH & YEAR

NOVEMBER/2015

TO

JANUARY/2016

SUBMITTED BY

ENVIRONMENTAL DEVELOPMENT AND FAMILY HEALTH ORGANIZATION (EDFHO)

TO

NATIONAL MALARIA ELIMINATION CONTROL PROGRAMME (NMEP)

1. INTRODUCTION

Environmental Development and Family Health Organization (EDFHO) with support from Association of Civil Society Organizations in Malaria control, Immunization and Nutrition (ACOMIN) reached out to In-School Youth (ISY), Out-of-School Youth (OSY), Pregnant Women and General Population (Gpop) in Ikere local government area of Ekiti State.

The Communities members were reached on malaria prevention and control messages through Interpersonal communication (IPC), community members were provided with basic information on malaria prevention and control, reduced the level of myths and misconceptions of malaria among community members, other issues relating to the symptoms of malaria, steps to take in managing malaria before it becomes deadly, the community were reached in different schools and household by household..

IPC Conductors used the opportunity of the malaria prevention and control program in these communities to counsel and guided the community members on effect of environment population on their lives, they were informed on how dirty environment, unclear brush, broken bottles, dirty water can habitat mosquitoes and mosquitoes causes malaria, they were encouraged to ensure their environment is clean and tidy to keep away mosquitoes that causes malaria and promote an healthy live.

2. OBJECTIVE OF THE PROGRAMME

- To create awareness and sensitize community members using pictures and demonstrations to pass malaria information to enable people to remember what you taught them.
- To intimate community members with basic knowledge of prevention, treatment and management of Malaria.
- To promote the patronage of GF supported health facilities in the various LGAs assigned to them
- To establish and maintain a cordial relationship between CBOs, health facilities and other key stakeholders.

3. ADVOCACY VISITS CONDUCTED

Advocacy is a greater part and the major components in programmes implementation especially in soliciting for the support of community people such as increase demand and their participation for the successful project implementation cannot be over emphasized, also to solicit for the support of stakeholders for programme activities in all the intervention schools and communities and to raise programme awareness among the major stakeholders in Ikere local government areas of Ekiti State.

Before the implementation of the program in Ikere local government areas, IPC Conductors conducted advocacy visits to major stakeholders and met with the Chairman Ikere Local Government, community leaders, School Head Teachers, traditional rulers, opinion leaders and other relevant bodies like the designated Primary Health Care Unit heads etc. to solicit for their support for the program especially as it has to do with the health of community members.

Appreciation was given to Association of Civil Society Organizations in Malaria control, Immunization and Nutrition (ACOMIN) and Environmental Development and Family Health Organization (EDFHO) for the programme and seeks its continuity.

Pictorial representation:



IPC Conductors during an Advocacy to principal and head teachers.

4. SOCIAL MOBILIZATION ACTIVITIES

The social mobilization intervention for an increase demand and use of malaria prevention and treatment product and services took place in all the 76 intervention settlements using community social mobilization as enter-educate(entertain and educate) for behavioral change communication through House to House and School sessions. The program illustrated the need for environment management as a preventive measure for malaria infection and the use of ACTs, IPT for pregnant women and LLINs for the households.

I. House to House IPCs

Environmental Development and Family Health Organization (EDFHO) with support from Association of Civil Society Organizations in Malaria control, Immunization and Nutrition

(ACOMIN) conducted 889 House to House IPC sessions on malaria prevention and control in Ikere Local government area of Ekiti State.

In the Local Government Area (LGA) 76 settlements were visited, 4,831 male and 6,023 females were reached with Interpersonal Communication (IPC).

During the IPC community members were sensitized on the use of long lasting treated insecticide nets (LLINs), to prevent their households from mosquitoes bite, identified symptoms of malaria to them and guided them how to treat malaria with the use of ACT.

Community members were also sensitized on important of Rapid Diagnose Test (RDT), IPC Conductors through the use of the malaria manual guide provided by (ACOMIN) communicated to the community members the reasons they should visit the community health centers (CHC) any time they feel the symptoms of malaria.

Both Males and Females met during the sensitization at the 76 settlements were counseled on the important of IPT for pregnant women.

Pictorial representation:





II. School based IPC

Environmental Development and Family Health Organization (EDFHO) IPC Conductors during the intervention of the malaria program in Ikere LGA visited 56 schools to counsel and guided pupils on malaria prevention and control through IPC, this enable the officers to informed these children about the important of ACTs, IPT for pregnant women and LLINs for the households, also used them as channel to reached their parents and friends at home. At the end of the intervention program, a total 1,464 pupils were reached which comprises of 833 male and 631 females.

Pictorial representation:



III. Community Dialogue:

Environmental Development and Family Health Organization (EDFHO) with support from Association of Civil Society Organizations in Malaria control, Immunization and Nutrition (ACOMIN) conducted 84 Community Dialogue sessions on malaria prevention and control in Ikere Local government area of Ekiti State.

Community members were sensitized on the use of long lasting treated insecticide nets (LLINs), to prevent them from mosquitoes bite, identified symptoms of malaria to them and guided them how to treat malaria with the use of ACT. They were also sensitized on important of Rapid Diagnose Test (RDT), IPC Conductors through the use of the malaria manual guide.

Pictorial representation:





IPC carried out: This will be reported in the format below:

S/N	ACTIVITIES	LGA	Male	Female	Total Persons Reached
1.	NUMBER OF HOUSE TO HOUSE IPC	Ikere	4,831	6,023	10,854
2	NUMBER OF SCHOOL IPC SESSIONS CARRIED OUT	Ikere	833	631	1,464
3	Numbers of Community Dialogue Sessions carried	Ikere	717	967	1,684
4					
	TOTAL				14,002

LESSONS LEARNT, CHALLENGES AND RECOMMENDATION:

Lessons learnt:

Advocating community stakeholders in intervention communities during entry phase and building on existing structures during program implementation phase helped to achieved program success stories and easy mobilization of the community members.

Challenges:

IPC Conductors were unable to work smoothly with both public and private schools in Ikere LGA due to non-availability of introduction letter from Ministry of Education.

Recommendation:

IPC should be provided with the letter of identification from Ministry of Education.

***Complied;
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