ADVOCACY AND SOCIAL MOBILISATION FOR MALARIA
Background

- CDFU is an NGO providing Strategic Communication services since 2002
- Offices located in Kampala – works country wide through existing NGOs, FBOs, CBOs and districts
- Services offered mostly in health and other development areas
Services Offered

Include:

- BCC/IEC Training and Skills Development
Services Offered Cont’d

- Development of Communication Materials
- Development and Broadcast of radio programs, radio spots and Radio Drama Series
CDFU Role in Advocacy and Social Mobilization for Malaria

- Partner in the AFFORD Project
- Under AFFORD/UHMG, CDFU provides strategic communication support focusing on Network-based approaches to community mobilization and strategies for health behaviour improvement
- Partner in the Uganda Malaria Partnership Project (UMPP)
Peer Educators Intervention

- Mobilize their communities for better health (includes malaria control)
- Mostly utilize informal discussions with group members, family and community
- Community based intervention (17 districts/36 CBOs)
- Volunteers based in particular communities
- Strong IPC approach (power of the “word of mouth”)
Who are Peer Educators?

- Ordinary community members
- Members of networks (e.g. PLHAs, self help groups, VHTs, CORPs)
- Known and trusted by their communities
Selection of Peer Educators

- Work with DHO’s/DHE’s to identify CSOs for partnership
- Selected by the community
- May belong to a group or network (most times)
Roles of Peer Educators—Social Mobilisation for Malaria

Lead discussions on malaria among other issues with community/network members

- Refer people to service centers
- Participate in distribution & use of materials e.g. ITNs
Roles of Peer Educators Cont’d

- Act as advocates for the Good Life Campaign (e.g. promote use of ITNs, IPT for pregnant women) in their communities
Motivation of Peer Educators

Can be done through e.g:

- Skills building/training
- Regular visits (Monthly and Quarterly meetings)
- Recognition during community events
- Identification materials (T-shirts, caps, umbrellas & bags)
Reach of the Intervention

- 17 districts
- 737 POLs trained to discuss issues about malaria among other key health areas
- 306,080 People reached with Good Life massages by end of Sept 08
Uganda Malaria Partnership Program
About the Program

- BCC program on Malaria control with partnership between MoH, AMREF, Uganda Red Cross, Africare and CDFU and 4 NGOs
- Implemented in three districts of Kanungu, Kiboga and Kumi
- Social mobilization and advocacy activities carried out in the three districts
UMPP focus areas

'Fight Malaria'

UMPP

- Malaria control in children under five years of age
- Use of Insecticide Treated Nets (ITNs) to prevent malaria
- Malaria control in pregnancy
UMPP advocacy interventions

- Orientation of key district stake holders
- Malaria Awareness Days
- Documentation and sharing of experiences
- Newsletter
UMPP Social Mobilization

- Refresher training of CDDs
- Malaria awareness competitions (Household)
- Community interventions e.g. educational songs, drama/video shows
- Mass Media e.g. Radio Programs/spots, posters
Challenges

- Raises demand for ITNs that may not be met by the supply
- Low numbers of pregnant women seeking IPT II
- Support of the spouses for women to go for IPT
- ITN use
Lessons Learnt

- Communities can take initiative e.g. self-help groups starting to save money to buy ITNs for group members
- Community based volunteers can assist in educating community members on malaria control
- Support of leaders is crucial
- Enter educate approach important for message dissemination
- Utilisation of a media mix for reach and message reinforcement
Lessons Learnt continue…….

Integration of malaria control activities into district and sub-county plans is critical for sustainability

- M&E helps to determine whether the interventions are successful or not

- Scaling up of successful interventions requires more resources