

**MALARIA COMMUNICATION  
STRATEGY FOR SOMALIA  
2006 - 2010**

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## **Abbreviations**

<b>AMD</b>	- Africa Malaria Day
<b>AMs</b>	- Anti Malarial
<b>ANC</b>	- Ante Natal Care
<b>BBC</b>	- British Broadcasting Cooperation
<b>CBOs</b>	- Community Based Organizations
<b>CHWs</b>	- Community Health Workers
<b>CORPs</b>	- Community Resource Persons
<b>CSZ</b>	- Central South Zone
<b>EPI</b>	- Expanded Program on Immunization
<b>GFATM</b>	- Global Fund to Fight AIDS, TB and Malaria
<b>IDPs</b>	- Internally Displaced Persons
<b>IEC</b>	- Information Education & Communication
<b>IPT</b>	- Intermittent Presumptive Treatment
<b>IRS</b>	- Indoor Residual House Spraying
<b>ITNs</b>	- Insecticide Treated Mosquito Nets
<b>INGOs</b>	- International Non Governmental Organizations
<b>KAP</b>	- Knowledge, Attitude and Practice
<b>NEZ</b>	- North East Zone
<b>NWZ</b>	- North West Zone
<b>PSAs</b>	- Public Service Announcements
<b>SACB</b>	- Somalia Aid Coordination Body
<b>SMS</b>	- Somalia Malaria Strategy
<b>TBAs</b>	- Traditional Birth Attendants
<b>TFG</b>	- Transitional Federal Government
<b>TV</b>	- Television
<b>UNICEF</b>	- United Nations Children Fund

## **Foreword**

This Malaria communication strategy has been developed to support the implementation of Somalia Malaria Strategy. In the past malaria control activities were implemented as part of the Primary Health Care support to partners but with support from the Global Fund to fight AIDS, TB and Malaria in which UNICEF is the Principal Recipient of the funds, an opportunity has been provided to develop malaria IEC activities. The strategy is designed to provide a framework for guiding implementing partners for well coordinated and sustained communication campaign for malaria prevention and control in Somalia.

In implementing the strategy, the ultimate aim is bring about community involvement and participation as far as malaria prevention, treatment and control is concerned. The participation of communities in malaria control is important if the fight against malaria is to be won anywhere. It is important that Health Authorities, INGOs, NGOs and CBOs recognize that the action taken by the communities at individual and household level is the solution to the wider malaria problem in the country.

Though there is little information on the burden of malaria on Somalia it continues to be a major public health problem. The burden is felt among children under 5 years of age and pregnant women.

With the completion of the Somalia Malaria Strategy and funding from the Global Fund to fight AIDS, TB and Malaria, More support to INGOs, NGOs and the Health Authorities will be given to intensify the fight against malaria. A number of challenges are expected and new changes will be experienced along the way. Though some of the forces including insecurity and poverty are external, other factors are related to the growing parasite resistance to the recommended anti-malarial that has led to the adoption of combination drug therapies and new innovations like the introduction of Long Lasting Insecticide Treated Nets (LLITNs), which are just but a few to mention. Efforts will be made to keep track of the new innovations and change that will dictate re-examination of the communication strategies and messages accordingly.

Regular update of health workers, increased community mobilization and advocacy will be supported so that communities are also sensitized to make informed decisions towards malaria control.

Somalia Aid Coordinating Body (SACB)  
Health Sector Committee

## **Acknowledgements**

SACB is grateful for those who contributed towards the development and completion of the Somalia Malaria communication strategy, the process involved a review of recent KAP studies, Somalia Malaria Strategy among other documents after which the 1<sup>st</sup> draft of the IEC strategy was circulated to implementing partners and health authorities for technical input and advice.

Thanks are due to Melanie Rhenshaw and Neil Ford (Unicef, ESARO): Dr Mohanty (SACB/Merlin): Dr Waqar (WHO, Somalia): Dr Ghasem Zamani (WHO, EMRO) for their technical input and members of the Global Funds sub recipients Ria Boot (World Vision): John Kwenda (CISP): Dr Habib (AAH) for their critic, contribution and support. The Health Authorities in Somalia for taking time to review the document and provide useful comments. Wendy Carson and Amina Ibrahim both of UNICEF CPP Section for their valuable inputs

Special thanks are extended to Marjatta Tolvanen (Head, Health & Nutrition): Tanya Shewchuk (Project Officer, Malaria) and Ben Adika (IEC, Coordinator - Malaria) for coordinating the successful completion of the process.

## **Section 1:**

### **INTRODUCTION**

#### **1:0 Overview of the Communication Strategy**

Malaria Information, Education and Communication (IEC) has been singled out as a key strategy to support the implementation of the Somalia Malaria Strategy (SMS) document [2005 – 2010]. The activities proposed within this malaria communication strategy have been designed to support the 4 strategic interventions contained in the SMS which are:

- Disease Management
- Vector control through ITNs
- Prevention and control of malaria during pregnancy
- Malaria Epidemic Prevention and Control

The development of the communication strategy has taken into account of the findings of a Report on Knowledge Attitude and Practices for Malaria (KAP Survey) in Somalia, February 2005 and Report: Malaria Communication for Somalia, February 2005 also reviewed was the Somalia Malaria Strategy (2005-2010)

#### **1:1 Guiding principles**

1. Malaria communication strategy will act as a backstop to the Somalia Malaria Strategy thus supports all the strategic interventions.
2. For the success of the communication strategy, the availability of services and other anti-malarial commodities is important. IEC will create a demand.
3. Malaria communication activities will take into considerations the different epidemiological strata and the defined strategic intervention for each strata. The communication strategy will be implemented selectively. Communication messages and approach will be tailored to the malaria control intervention applicable within the respective area.
4. The strategy will appreciate local knowledge and structures and will at all times make use of the already existing knowledge and structures to facilitate change from within. Agencies involved in the implementation of the strategy will have an obligation to utilize the local structures and knowledge in implementing their communication related activities. The strategy will incorporate traditional communication techniques as having a variety of linked communication channels is more effective.
5. Community engagement and participation at all stages of malaria communication development and implementation is crucial since health is a basic human right. Optimal use of available local resources in the form of human, financial, knowledge and material will be utilized for the successful implementation of the strategy.

## 1:2 Baseline information to the IEC strategy

**Disease Mgmt** -According to the KAP survey approximately **60%** of the community prioritizes malaria as a key disease; Despite this high placement, most caregivers took up to **2-3** days before taking action mainly due to constraints of distance from health facilities, lack of money to carter for transportation and consultation cost at public health facilities. This means **delay in seeking treatment**. The recognition of severe malaria and need to initiate early treatment remains the challenge.

The report indicates a low utilization of public health facilities (**29.6%**) due to physical access and that **Private pharmacies** are the main source of treatment because they are closer to households than public health facilities.

**Prevention of malaria during pregnancy** – The KAP survey shows low ANC attendance among pregnant women, 85% of those interviewed indicated that they had not taken any drugs that are typically administered at an ANC, including IPT. Most respondents expressed little confidence on TBAs' administering drugs during pregnancy. The report however did not find out about net usage among this malaria vulnerable group. It may also be necessary to establish when pregnant women commence ANC services as this has an indication on the administration 1<sup>st</sup> dose of IPT.

**Vector Control** – There is a high linkage of mosquito to malaria among the community (about 50%). ITNs usage is hindered by cost: lack on knowledge on how to use: and within some areas there are no mosquitoes. Market stall & shops were identified as the most common sources of ITNs and the cost of ITN ranging between **6 – 12USD**: There is a preference for conical ITNs with the color Green & Blue.

Use of other vector control option has been limited due to lack of evidence, the communication strategy will advocate for them as more evidence is built. This includes use of Larviorous fish for larvae control.

**Communication channels & Source** - The KAP survey shows that the main source of main sources of health information is the Radio and notably BBC Somalia, however, one third of mothers do not listen to the radio. The report recommends that multiple communication channels should be considered including: private pharmacies, health workers, and community meeting, radios, and water points.

Water points have been recommended as good avenues for reaching nomadic populations. It is stressed that in order to reach mothers, there should not be a reliance only on radio and health facilities but that other channels should be employed. TBAs are not considered reliable by women, so they may not be recommended change agent to use. Campaigns for ITNs should be focused around the rainy periods when people have more money.

The Communication report enumerates various issues and gaps in communication approaches as follows:

- Most partner organizations use a one dimensional approach of communication of health information.

- The use of graphic media - such as magazines, newspapers and leaflets by partner organization is very low and unpopular.
- None of the existing IEC materials used by partner organizations have been monitored or evaluated to assess its effectiveness and impact.
- The few available posters used by partner organizations are mostly imported posters provided by UNICEF or brought from other countries.
- Most of the local people in Somalia encounter difficulty in understanding and interpreting imported posters. (lack of pre-test)
- Health institutions visited in Somalia do not have malaria prevention and control as part of training curricula.
- Radio in both the urban and rural zones of Somalia is mostly used to get news updates regarding political and security issues than health information.

**Table summarizing the communication preference by different target audiences**

<b>Target Audience</b>	<b>Urban</b>	<b>Rural</b>
<b>Women</b>	Radio, Mosques, Women groups, market place and private health facilities	Radio, Mosques, Religious leaders, traditional healers and health centers
<b>Men</b>	Radio, Teashops, Mosques, and local Newspaper	Radio, Mosques, community meetings, Teashops, and religious leaders
<b>Youth</b>	Radio, Teashops, local Newspapers, schools, video parlor and the internet	Radio, youth clubs, teashops, mosques, Quaranic schools and community meetings
<b>Nomads</b>	Radio, water points, grazing areas, community meetings, focal places for exchanging food, market places and people moving with them such as TBAs (volunteers), business persons, EPI vaccinators and drug sellers	
<b>IDPs</b>	Radio, mosques, community meetings, religious elders, and market place	

### **1:3 Purpose of the communication Strategy**

The purpose of the communication strategy is to define the approaches that will be used to communicate messages to communities under each strategic intervention contained in the SMS and further outline the channels and methods that will ensure that the messages reach the targeted audience for maximum benefit and participation in malaria prevention, treatment and control.

In implementing the malaria IEC activities, the document describes the management and coordination mechanism right from the National level through the Zonal Offices to the end beneficiary which is the community affected by malaria through existing or to be established structures.

The strategy emphasis on the process to be followed in the development of IEC materials / messages, also outlines the capacity building needs and provides the advocacy function of Community Resource Persons (CORPs) and Malaria Advocacy Groups to facilitate the monitoring of their activities. Finally the document enumerates the monitoring and evaluation process, including the indicators.

The communication strategy is an indication of the long term commitment of the agencies involved in the control of malaria within Somalia and therefore strategies outlined are for the long term period.

### **1:4 Goal of the Communication Strategy**

To enhance the level of community awareness of various interventions of malaria control to achieve the reduction of malaria morbidity and mortality by 50% among children under 5 years and pregnant women by the year 2010 in Somalia.

## Section 2:

### Strategic Approach 1: Communication for Disease Management

#### 2.1 Disease Management KAP gaps

- Malaria not recognized as a serious disease hence delay in taking action early enough.
- Failure to recognize the signs and symptoms of uncomplicated malaria.
- Inappropriate medication for malaria.(Self administration, traditional healers and private pharmacies)
- Failure to recognize the signs and symptoms of severe malaria.
- Introduction of RDT for malaria diagnosis as a requisite for malaria treatment.

#### 2.3 Target Audience

- Women of child bearing age as the Primary audience

#### 2.2 Communication Objective

1. 80% of women of child bearing age will know the signs and symptoms of malaria
2. 60% of women of child bearing age will take the appropriate\* action for the management of malaria.  
(\* appropriate means seeking treatment early and using the appropriate recommended drugs)

#### 2.4 Communication method (Channel, media and materials)

Change Agent	Method	Channel	Materials / Message
Women Group Leaders	Focus Group Discussions	Women Group meetings	Recognition of malaria, action to take and where to access treatment
Private Pharmacy / Clinic Owners	Training of pharmacy / clinic owners on drug policy Distribution of Job Aids to Private clinics & pharmacies	Private pharmacies, clinics	Poster on the recommended AM and dosage schedules
CHWs	Home visits and other opportunities at water points, community meetings, Tea shops	Direct Contact	CORPs job aids
Health Workers	Health talks at health facilities	Direct communication	Fact sheet on malaria treatment
Traditional Healer	Direct communication	One to one communication	Orientation meeting with the traditional healers
Malaria Advocates (IMAMs, Chiefs..)	Mass communication	Mosques, Community Dialogue	Malaria advocacy package
Private / Public media	Mass Media	Radio, TV, Newspapers	Scripts, interviews and articles

## 2.5 Key issues for communication in malaria case management

1. **Danger of malaria** - Malaria is a serious disease that can lead to death.

Diagnosis of malaria in under 5s

2. **Recognition of malaria in under 5s** - Fever is a key sign for malaria especially among children below 5 years of age. Other signs among children are refusal to breastfeed, restlessness, and diarrhea.
3. **Need for taking immediate action.** - Early treatment for fever among children below 5yrs of age is important.
4. **Recognition of Severe malaria** - Sign and symptoms of severe malaria include – Convulsions, Jaundice, Anemia, Spleenomegaly

Diagnosis of malaria in above 5 and adults

5. **Need for RDT** –the confirmation of malaria diagnosis is a requirement for treatment.

Malaria Treatment

6. **Where to access treatment for malaria** – Need to promote the use of recognized health facilities for malaria treatment.
7. **Recommended treatment for malaria** - The recommended treatment for malaria and the dosage as per the drug policy
8. **Compliance to malaria treatment** – completion of the recommended dosage for malaria treatment as prescribed.

### Section 3:

## Strategic Approach 2: Communication for Malaria Vector Control

### 3.1 Malaria Vector Control (ITNs) KAP gaps

- The association between malaria and mosquitoes.
- The best way of protecting ourselves from malaria.
- ITNs are expensive; hence the community cannot afford them.
- Where are the sources of ITNs.
- How to use ITNs (ITNs do not suit the sleeping places).
- Who should be given priority to use ITN in the household?

### 3.2 Target Audience

All members of the community

### 3.3 Communication Objective

1. 80% of the community will know that ITNs offer the best protection against malaria.
2. 80% of those who know that ITNs offer the best protection will own and use an ITN.

### 3.4 Communication method (Channel, media and materials)

Change Agent	Method	Channel	Materials / Message
Women Group Leaders	Focus Group Discussions	Women Group meetings	Pregnant women to access ITNs from public health facilities
Public Information	Affix of Posters at Public Health facilities	Public Health facilities	ITNs are available here, target and the cost
CORPs (CHWs, TBAs, Volunteers)	Direct Communication	Home visits and other opportunities at water points, community meetings, Tea shops	CHWs job aid / tool kit
Health Workers	Micro-teaching	Health talks at health facilities, demonstration	Fact sheet on malaria prevention through use of ITNs Demonstration on ITN use
Malaria Advocates (IMAMs, Chiefs..)	Mass communication,	Mosques, Public places, community meetings, community dialogue.	Malaria advocacy package
Private / Public media owners	Mass Media	Radio, Newspapers, TV	Scripts, interviews and articles

### 3.5 Key issues for communication in malaria vector control.

1. **How ITNs work** - Use of ITNs offer the best protection against malaria
2. **Benefits of ITNs** - ITNs save money used for medical treatment, transport cost, and time spent while seeking for treatment.
3. **Where to get ITNs from** - Nets can be sourced from public health facilities at a subsidized cost.
4. **Who is eligible for subsidized ITNs** - Care takers of children under 5yrs and pregnant women will visit public health facilities and access ITN at a subsidized cost.
5. **Target group for ITNs use** - Children under 5 years of age and Pregnant women should be always sleep under ITNs
6. **Safety of treated nets** - Nets treated with insecticides are not harmful to human. *Though from the KAP survey this was not identified as an area of concern.*
7. **Demonstration on ITN hanging** - You can use an ITN even if you don't own a bed.

## Section 4:

### Strategic Approach 3: Communication for Prevention of Malaria in Pregnancy

#### 4.1 Malaria in Pregnancy KAP gaps

- Few pregnant women attend ANC services when pregnant
- Fever during pregnancy is not considered serious.
- Medication taken during pregnancy can be harmful to the baby
- Women have to seek consent from their husbands for them to take any medication
- Little confidence on the role of TBAs (while 54% deliveries is undertaken by TBAs)

#### 4.2 Target Audience

Women of child bearing age

#### 4.3 Communication Objective

1. 70% of all the women of child bearing age will know the effects of malaria during pregnancy
2. 70% of all pregnant women will take action to prevent malaria during pregnancy

#### 4.4 Communication method (Channel, media and materials)

Change Agent	Method	Channel	Materials / Message
Women Group Leaders	Focus Group Discussions	Women Group meetings	List of key points for discussion Teaching aids Flip charts/ pictures
CHWs	Direct Communication	Home visits and other opportunities at water points, community meetings, Tea shops	CHWs job aid / tool kit
Health Workers	Micro-teaching	Health talks to pregnant women at health facilities	Fact sheet on prevention of malaria during pregnancy
Traditional Birth Attendants*	Direct Communication	Client visits	Community job aid on IPT & ITN
Private / public media owners	Mass Media	Radio, Newspapers, TV	Scripts, interviews and articles
Malaria Advocates (IMAMs, Chiefs.)	Mass communication	Mosques, Community meetings	Malaria Advocacy package
Community drama	Mass Communication	Presentation at community meetings	Scripts and story lines on malaria during pregnancy.

\* TBAs – Respondents of the KAP survey indicated that they had little confidence if they are to administer any drugs. Their role will be purely advocacy.

#### **4.5 Key issues for communication in prevention of malaria during pregnancy.**

1. **When to start ANC services** - Pregnant women need to start ANC as soon as they become pregnant
2. **Pregnant women are more vulnerable to malaria** - Pregnant women should know that they are more likely to suffer from malaria than other women because they have of low resistance to diseases.
3. **Effects of malaria during pregnancy** - Pregnant women will know that the dangers of malaria during pregnancy include:-
  - a. Anemia
  - b. Miscarriage
  - c. Pre-mature delivery
  - d. Delivery of a child with low birth weight
4. **Signs and symptoms of malaria** - Any sign of Fever during pregnancy could be malaria and should be treated early and that pregnant women who feel and look well may be carrying malaria parasites in the placenta
5. **Measures to prevent malaria during pregnancy** - Pregnant women should visit the ANC and take malaria preventive medicine as recommended and also access ITNs.
6. **Safety of SP during pregnancy** – SP is safe for use during pregnancy as prescribed.

## Section 5:

### Strategic Approach 4: Communication for Epidemic Prevention and Control

#### 5.1 Malaria Epidemic Prevention & Control KAP gaps

- Malaria epidemic situation in Somalia has not been well defined hence no strategy in place to address it. NE & NW Somalia are prone to malaria epidemics. There are also increase of malaria cases during flooding in the CSZ
- In typical malaria epidemic situations
  - Communities will always be caught up unprepared (Have not taken any measures to prevent the epidemic)
  - All age groups are affected in terms of morbidity and mortality
  - Communities delay in seeking the correct treatment early

#### 5.2 Communication Objective

- 80% of communities living in malaria epidemic prone zone (NE & NW Somalia) will know what measure to take to prevent malaria epidemics.
- 80% will participate in relevant activities to prevent malaria epidemics especially IRS.

#### 5.3 Target Audience

- Women of child bearing age for case management
- Men for IRS

#### 5.4 Communication method (Channel, media and materials)

Change Agent	Method	Channel	Materials / Message
Focus Group Discussions	Community Leaders	Community meetings	List of key points for discussion
CHWs	Direct Communication	Home visits and other opportunities at water points, community meetings, Tea seller	Brochures to reach household level
Health Workers	Micro-teaching.	Health talks at health facilities	Fact sheet on malaria epidemic preparedness & response.
Malaria advocates, IMAMs, Chiefs)	Mass communication	Mosques, public places, community meetings	Malaria advocacy package
Private sector	Mass Media	Radio, Newspapers, TV	Scripts, interviews and articles
Mobile microphone owners	Mass communication	Mobile microphone	Script with key message to communicate.
Community spray volunteers	Direct communication	Home visits	Training on IRS and community mobilization

## **5.5 Key issues for communication in malaria epidemic prevention & control.**

### **In epidemic prevention \* (Ideal if we can predict a malaria epidemic)**

1. **How IRS work** - Know that IRS is effective for malaria epidemic prevention
2. **Why participate in IRS** – we need a high coverage for effective malaria epidemic prevention

### **In epidemic response**

3. **Signs & symptoms of malaria** - Need to seek early and correct treatment for malaria (fever)
4. **Recommended treatment for malaria** – as per the treatment policy

## Section 6:

### 6.0 Communication Strategies

#### 6:1 Social Mobilization and Advocacy

Social mobilization and advocacy will be deployed as a strategy of involving the policy makers, health workers and community to organize and take actions that support malaria control activities. To achieve this information sharing platforms will be organized where decision and activities to be undertaken within the respective zone are communicated. It is proposed that implementation be done at 3 levels:

- Decision making (Policy level)
- Implementation (Health workers level)
- Beneficiary (Community level)

##### 6:1:1 Policy level

**Hold Regional malaria advocacy meeting** – As the political and administrative structure of Somali is being organized under the TFG, initial malaria advocacy activities will be launched at Zonal level through the identification of key NGO partners and community leadership within the region for a meeting to disseminate the relevant policies and discuss the malaria control activities to be implemented. The main purpose is to win their support, increase favorable environment and advocacy for malaria control intervention. At national level it will be desirable to raise the profile and funding for malaria control.

**Observe a National Malaria Week and Commemorate the Africa Malaria Day** –As part of commemorating the annual Africa Malaria Day (AMD), a National Malaria Week will be celebrated yearly during the month of April and will culminate in the Africa Malaria Day on the 25<sup>th</sup> of April of each year. These events will be the occasion to increase awareness on malaria, to advocate for political commitment and financial support and to launch new initiatives for malaria affected populations. Each Zone will hold activities in selected regions where the burden of malaria high. During the week there will be opportunities for creative performances – drama, poems, and songs with messages on malaria to be presented. Key note speeches by community social and political leaders will also be delivered.

##### 6:1:2 Health workers level

**Development of zonal malaria plans** – The strategy will be disseminated to the Health workers and implementing partners mainly NGOs. For the purpose of implementing the strategy a joint communication plan will be developed as part of the overall zonal malaria control plan for all zones taking into account of the relevant intervention applicable in the zone.

Once developed, the zonal communication plans will form a basis for financial and material support for implementation of the plan by partners.

### **6:1:3 Community level**

**Formation of malaria advocacy groups** – The malaria advocacy group will compose of community representatives who are able to use their position to influence others to change. They will be selected based on their ability to use or organize forums where captive audiences can be met for dissemination / discussion of malaria issues. It will be instrumental in passing key messages and mobilize the community for action.

During the implementation of this strategy all efforts will be made to include all the relevant stakeholders and agencies involved in malaria control, they will be accountable to the community and the beneficiaries on the input of resources and the outcome.

The proposed membership of the advocacy group will include Religious leaders, Women & Youth group leaders, traditional healers, Sultans, Chiefs, Teachers and any other to be identified. The group will be constantly consulted through community meetings and dialogue as decision makers on key intervention to be implemented. Such circumstances include availability of ITNs for distribution, community participation in IRS, commemoration of the Africa Malaria Day (AMD) activities at local levels. With availability of such resources they will develop community plans for utilization of the same to reach the vulnerable children and women

**Hold malaria field days** – Whereas the AMD is commemorated every 25<sup>th</sup> April of the year, at local level partners will hold malaria field day where demonstrations, presentation of community drama, songs and poems on malaria can be presented in community meetings. This will be organized by volunteers, CHWs, NGOs and community theatre groups.

During the field day, persons who have suffered from malaria will be given a chance to talk about their own personal experiences with Malaria, the suffering, the treatment and the life-after-cure. They will advocate for the recommended prevention and treatment technique to their own communities as part of the disease campaign strategy.

## **6.2 Development and distribution of IEC materials**

IEC materials are intended to support the implementation of other strategies by reminding the community the key messages communicated. Whereas literacy levels remain a big challenge to the usefulness of IEC, the following proposed steps aim at making the process more interactive with the community so that they value what they have participated in developing. IEC materials will supplement other interactive one to one communication.

**6.2.1 Design** – material and message requirement will be determined by the activity to support as outlined in each strategic approach. The key messages to be communicated will be subjected to a national technical review by a malaria IEC task group comprising of Health Authorities and partners.

Where possible, the engagement of local skills like in graphic designer based at zonal level will be exploited. Local songs, poems and drama will be guided for technical correctness of messages before studio recording for mass transmission.

**6.2.2 Pre-testing** - All materials once technically approved by the national task group will be translated into the local Somali language. The Zonal teams will organize FGDs where the messages / materials will be pre-tested and the comments compiled for inclusion in the development process. The final material / message design will be shared with the partners and zonal teams before mass production.

Where as this to and fro process may lead to delay in the production of materials / messages, it is worth in getting materials that the community will value and retain for long than get materials which are inappropriate that will be misused

**6.2.3 Production of IEC messages and materials** – Mass production of materials will be done as per the specifications to be provided. The quantity of materials to be produced shall be sufficient to cover the entire target and will be determined by the outlets where the materials will be requires to reach. This includes – the number of households, schools, public offices, mosques, health facilities in each zone.

Popular and trusted personalities can also be identified and used to disseminate messages through local media (Radio and TV)

**6.2.4 Distribution plan** – Once developed, the materials should be distributed through partners in the zones for subsequent dissemination to the targeted areas. The main national warehouses/store will act as a clearing house. A distribution list indicating the list of zones, partners and quantities to receive will be developed. At the zones, the Regional Medical Officer and partners will also develop a plan for the distribution of the materials.

**6.2.5 Dissemination and feedback** – In order to improve future materials and messages the Zonal teams will hold dissemination sessions as distribution continues and inform the national level on any changes incase the is need for re-production.

## **6.3 Capacity Building**

The strategy will strive to build the capacity of the local Somali people on malaria communication, **Health workers need to communicate the right information based on evidence and in the right way. Community Health worker also need to provide targeted key messages to individual at household level and conduct follow up for action. There is also a need to increase access to IEC materials and other information on malaria.**

**6.3.1 Training of health workers in communication skills** – To enable health workers to deliver key messages on malaria, their capacity in teaching and communication skills will be developed through training workshops. A linkage will be established with the implementation of the other strategies especially on providing training on case management, IPT, ITNs and epidemic preparedness. It is recommended that the Health Authorities provide a focal person to oversee implementation of malaria control activities as part of the overall health promotion activities.

**6.3.2 Training of Community Own Resource Persons** – CORPs who include TBAs, CHWs and Volunteers act as a bridge between service provider and the community. They will be incorporated in the advocacy and stimulating community participation in malaria control activities. To enable them function and deliver correct messages, they be given the necessary knowledge and skill required to impart to the community and their role in malaria control defined (See Annex)

In undertaking the training of CORPs on malaria control a simplified curriculum will be developed and shared with partners to ensure uniformity in content and clear roles defined for malaria control. The Health Authorities and partners will develop system where their activities are monitored and the provide feedback on community malaria activities for example net tracking and referral.

### **6.3.3 Establishment of resource centers**

**6.3.3.1 National IEC resource centre** – The resource centre will maintain an inventory of all IEC materials and messages that will be reviewed as a basis of developing new messages / materials, documentation of the best practices and case studies on communication. As negotiations with the Health Authorities goes on it will be established and housed by UNICEF zonal offices.

**6.3.3.2 Community Resource centre** – The use/establishment of community resource centre is designed to provide the community with a place where the can access information on malaria. Whereas each partner may propose to establish there own resource centers, the malaria program will endeavor to utilize the already established resource centers. (2 such youth centers exist in Merka and Garrowe). The malaria program will maintain an inventory of the resource centers and ensure periodic supply of IEC materials and messages. Strategies will be devised to work with resources centers managers and ensure they reach communities.

**6:4 Partnerships** – The concept of private / public partnership will be promoted as the private sector grows in Somalia. The involvement of drug manufacturer, ITNs & insecticide suppliers to sponsor message development and dissemination will be incorporated into the strategy.

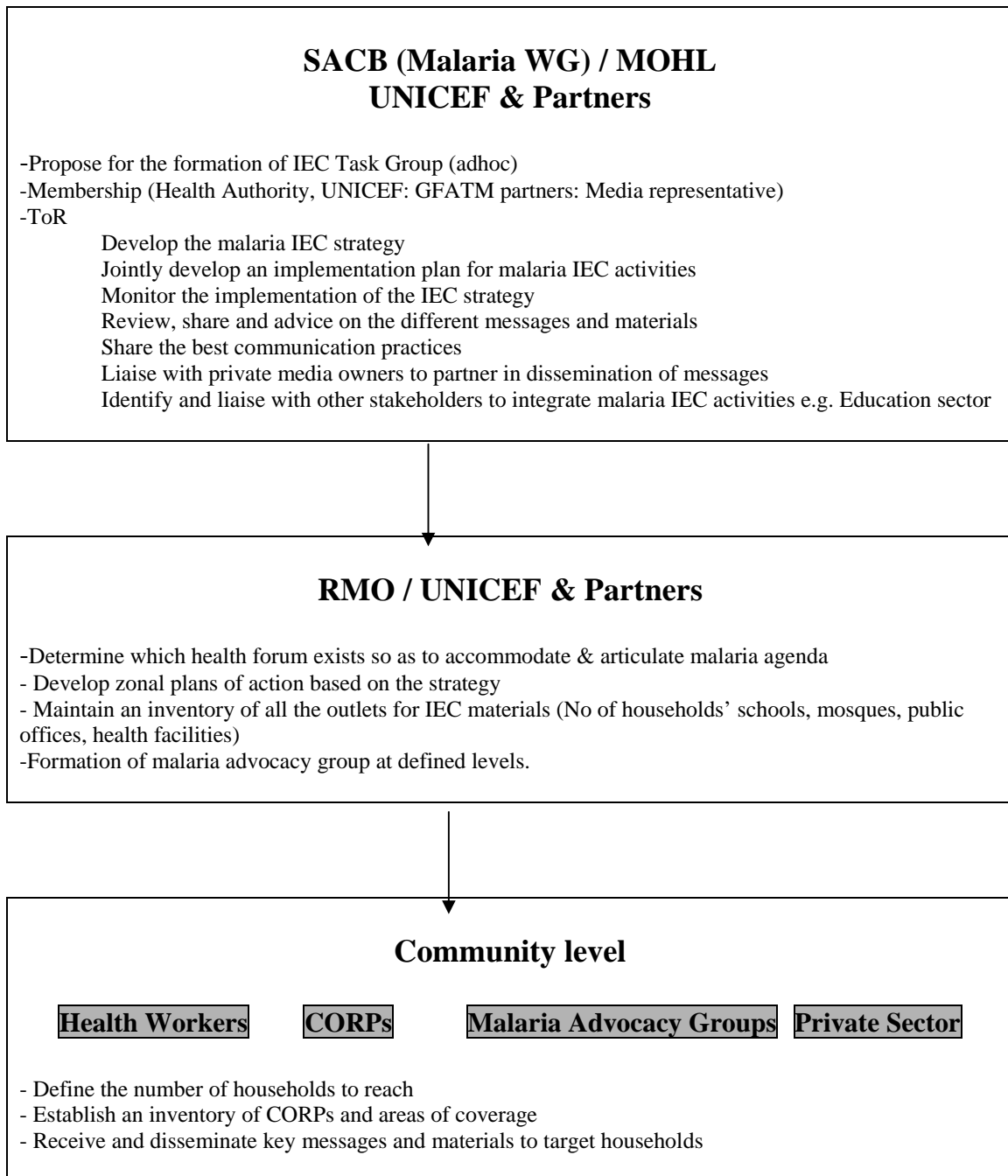
Agencies involved will ensure that participation of the target groups/ beneficiaries is high especially the marginalized groups, women and children in all the phases of the strategy more so during the design and implementation. The strategy will also ensure the participation of beneficiaries and stakeholders in monitoring and evaluation of activities

## **Public partnerships**

- **Information & Broadcasting**– Explore to work with Government bodies that regulates information and broadcasting to solicit for free airtime to run PSAs, hold press conference and use program where malaria advocacy can be addressed.
- **Education** – Work with the Education section to identify extra curriculum school activities, areas of infusing malaria education in the existing curriculum, develop poems, songs, drama with malaria messages.
- **Red Crescent Volunteer** – use the existing Somalia Red Crescent network of volunteers to increase community based malaria IEC distribution channels and monitoring community based activities.
- **HIV/Aids** – Explore the possibility of integrating the Task Groups

**Private Sector** – Work with the private media owners (Newspapers, Radio, TVs): hold media briefings: press conferences to discuss malaria

## 6.5 Coordination Structure



## 7:0 Monitoring and Evaluation

Communication Objectives	Process Indicator	Outcome Indicator
<p><b>Case Management</b></p> <p>80% of women of child bearing age will know the signs and symptoms of malaria</p> <p>80% of women of child bearing age will take the appropriate action for the management of malaria</p>	<p>Proportion of women of child bearing age who have heard or seen messages signs and symptoms of malaria in under-fives through Radio &amp; TV spots, malaria treatment IEC material (brochure, poster)</p>	<p>Proportion of mothers of under-five year olds in whose children had fevers in the past and who state that they treated their children under five years with the recommended treatment.</p>
<p><b>Vector Control using ITNs</b></p> <p>80% of the community will know that ITNs offer the best protection against malaria.</p> <p>80% of those who know that ITNs offer the best protection will own and use an ITN.</p>	<p>Proportion of community who have heard or seen messages about ITN use in under-fives through Radio / TV spots, IEC materials (brochure or poster)</p>	<p>Proportion of communities in endemic zones who state that they sleep under ITNs (esp for children under fives)</p>
<p><b>Prevention of malaria in pregnancy</b></p> <p>70% of all the women of child bearing age will know the effects of malaria during pregnancy</p> <p>70% of all pregnant women will take action to prevent malaria during pregnancy</p>	<p>Proportion of women who are pregnant or have been pregnant and have heard or seen information about preventing malaria in pregnancy through Radio or TV spots, ANCs, Poster</p>	<p>Proportion of women who are pregnant or have been pregnant who state that they slept under ITNs during pregnancy</p> <p>Proportion of women who are pregnant or have been who intend to take or took IPT twice during their pregnancies</p>
<p><b>Epidemic preparedness &amp; Response</b></p> <p>80% of communities likely in malaria epidemic prone zone (NE &amp; NW Somalia) will know what measure to take to prevent malaria epidemics.</p> <p>80% will participate in relevant activities to prevent malaria epidemics (IRS and Case Management)</p>	<p>Proportion of heads of households in selected epidemic-prone zones (NE &amp; NW) who have heard about IRS through Community meetings, mosques, Posters, video shows, drama, Radio / TV spots</p>	<p>Proportion of heads of households in epidemic-prone zones who report that they had their houses sprayed with IRS</p>

## ANNEX

### Interzonal malariogenic strata for Somalia (modified from Kassatsky 1998)

	<b>ZONE 1</b> Awdal, W. Galbeed, Togdheer, Karkar, Sanaag, Sool, Bari, Cayn, Nugaal, Mudug, Galgaduug	<b>ZONE 2</b> Gedo, Bay, Bakool, Hiraan , Middle Juba, Lower Juba,	<b>ZONE 3</b> Middle & Lower Shabelle, Juba Valley
<b>Endemicity</b>	Hypoendemic	From hypoendemic to mesoendemic	Hyperendemic
<b>Key intervention for IEC support</b>	<b>Case Management</b>  <b>Epidemic preparedness &amp; Response</b>	<b>Case Management</b>  <b>Epidemic preparedness &amp; Response</b>	<b>Case Management</b>  <b>IPT</b>  <b>ITNs</b>

### Role of CHWs

1. Carry out households visits within his / her locality and maintain records on:
  - List of household with ITNs (Permanent or for re-treatment)
  - Identify the risk group (Pg women & under 5s)
2. Encourage communities to promote malaria control measures by:
  - Seek prompt and correct treatment for fever
  - Always sleep under insecticide treated nets
  - Periodically re-treat their nets (where applicable)
  - Participating in relevant mosquito control measures
3. Refer patients to the nearest health facilities
4. Distribute and disseminate malaria IEC materials & messages
5. Mobilize communities in malaria epidemic prone districts to participate in IRS
6. Working with health workers identify beneficiaries of free ITNs