



HAVOYOCO



**Strengthening Malaria control and Health systems
Progress report
Oct 2015 to Dec 2016**

TABLE OF CONTENTS:

Acknowledgment3

Abbreviations4

Background.....5

Introduction.....7

ACHIEVEMENTS IN DETAIL.....9

Overview:9

LLINs distribution9-11

CONCLUSION..... 11

C E Training12

Community dialogue.....13

Malaria field day.....13

Supportive supervision.....14

Challenges and Constraints 145

LESSONS LEARNT:- 15

Recommendation and way-forward..... 15

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I would like to give my gratitude to the other management Team We also thank to the community educators and community leaders which the project would not succeed without their support and dedication which is greatly appreciated by all of us.

Thanks also to all **HAVOYOCO** Staff. I believe all of them realized their valuable continuous support in one way or another in realizing the success of this project.

Abbreviations

BCC	Behavior change communication
DP	Distribution points
HH	House Hold
IEC	Information Education and Communication
LLIN	Long lasting insecticidal nets
CHW	Community health workers
C.E	Community Educator
COM.L	Community leaders
UNICEF	United Nation children's fund
NMCP	National Malaria control program

Background

HAVAYOCO was founded in 1992 and since its inception it has successfully implemented different development projects in Somaliland and Ethiopia. HAVAYOCO was initially set up with the aim of being a learning institution and to address the needs of poor communities and marginalized groups in Somaliland. Through the years, it has gained organizational experiences, notable skills at different organizational levels (individual and organizational culture); knowledge based expertise in the national context, specifically in designing development programs and humanitarian work Somalia/Somaliland. HAVAYOCO had initiated and engaged in partnership based programs with different donors, and stakeholders.

HAVOYOCO is operational throughout Somaliland regions, it is headquartered in Hargeisa, sub-office in Mogadishu; in Ethiopia it has its country office in Addis Ababa and field office in Jigjiga (Somali Regional state of Ethiopia). HAVOYOCO also has two sub offices in Somaliland, Burao and Borama towns. We also implements projects in Sool and Sanaag regions. HAVOYOCO is currently registered in the UK and USA and has a liaison officer in Nairobi (Kenya) this officer role is mainly to engage donor relations and fundraising purposes.

HAVOYOCO implements numbers of projects include rural focused livelihood project like WASH, income generation for women, crop production and disaster risk reduction and emergency response, and other urban and semi-urban focus projects such as vocational training for youth and primary education for girls, and social awareness, and democratization activities. These projects take place entire Somaliland regions, some are Ethiopia-Somaliland cross border interventions and south Somalia.

Since succeeded to implement the agreed activities in phase I of GF Malaria Program Achieving training of 211 community educators in which 50% were selected to retain and continue participatory households BCC education activities at the targeted malaria prone villages, distribution of 70,000 LLINs to 35,000 households in malaria prone villages in Marodijex, Togdher and Sanag regions, organized & implemented 4 community dialogues and 4 Malaria field days, conducted commemoration of world malaria day 25th April 2014 in the targeted three regions; conducted quarterly supervision & monitoring field visits and timely reporting of implemented activities as per the GF reporting guidelines.

In addition, actively participated in malaria coordination and working group meetings etc, started with recruitment of human resource (program coordinator, logistic officer and regional community mobilisers). The community mobilisers have been trained by the principle recipient.

October 2007, HAVOYOCO has been engaged to support strengthening the malaria knowledge, attitude and practices of communities in Sool and Sanaag regions through IEC & BCC activities. The two regions are reported to have the highest malaria prevalence in northern regions of Somalia and are located in a disputed area between Somaliland and puntland. Through effective community participation, HAVOYOCO has successfully

commemorated the world malaria day annual event in Las-anod and Erigaveo for three years, conducted 28 community dialogues and 28 malaria field days and trained 60 CHWs on malaria communication techniques, supervision of Sanaag and El-Afwayn districts of Sanaag region health posts at community level and distributed 11,920 LLINs in 39 malaria villages in Erigavo and El-Afweyn districts of Sanaag region to complement the IEC campaign in Round 6 Malaria Grant.

HAVOYOCO was one of the partners who succeeded in the Expression of Interest on implementation of Round 10 Malaria Grant in Somalia in 2012, selected by the Technical Review Panel. UNICEF and HAVOYOCO had then signed a PCA in June 2013 targeting the implementation of malaria BCC & IEC at household and community level. HAVOYOCO

In line with round 10 malaria grant timelines, phase I of the grant ended on 31st March 2014. However, as a result of delays in Global Fund signing the second phase of the grant till September 2014; on March 2014 UNICEF and HAVOYOCO had a meeting to discuss the gap periods till September 2014. In regards to this; UNICEF and HAVOYOCO agreed: a no cost extension period from April 14 – June 2014; and giving considerations on the importance of continuing the malaria BCC activities in targeted communities and agreed the key activities to be implemented. Furthermore on November 2015 UNICEF and HAVOYOCO signed another six months PCA from Nov 2014 to April 2015 to continue the malaria BCC activities in targeted communities. Lastly on October 2015, HAVOYOCO and UNICEF signed another 15 months agreement for the continuation of strengthening malaria control and health systems.

Introduction

Right after the signed new PCA between HAVOYOCO and UNICEF as PR and SR, two days planning meeting was held in Ambassador hotel and deeply discussed major planned activities for quarter four and the wayforward. This meeting attended HAVOCYO project staff together with UNICEF representatives Alice, jama and jenifer. After long discussion and presentations, it was agreed that since time is almost gone implementation of planned activities for the first quarter of grant needs to be speeded up in a period of remained months because Oct was almost gone. Therefore, HAVOYOCO implemented all activities as per the plan including, distribution of LLINs, community educators training, Rapid pro training, community dialogue, malaria feild day and monitoring and supervision in the three main targeted malaria prone areas hudun, buuhoodle and lughaya districts in Somaliland.

According to the malaria stratification done by UNICEF with the assistance of MOH shown that Hudun, buuhoodle and lughaya districts are most targeted areas for this new grant. So, to contribute the reduction of malaria disease and mosqouto bites at critical times, the following major activities were accomplished by HAVOYOCO for this period October 2015 to December 2016.

Since the project has being started, significant progress was made in the targeted district with **100,000 LLINs** distributed to **26671 HHs**. around **172842** people benefited in three districts of Buuhoodle, Hudun and Lughaya.

HAVOYOCO has provided malaria training for 50 community educators. The trained community educators will continue malaria participatory community education by House to house visits and each one of them will reach a total of 20 HHs per month, meaning he /she will visited 300 HH for the 15 months. During the visit, the CE communicate and discuss with the targeted households on the identification and recognition of malaria signs, and educate the families / parents on appropriate steps to be taken, testing first before taking anti malaria drugs; taking children with fever to the nearest public health facility, taking and completing anti malaria drugs according to national malaria treatment guideline and the importance of sleeping under the LLINs and the proper usage of nets as well.

Six Community dialogues has been carried out involved a focus group discussion among key community members including (Men, Elders, Women, Youth, Health workers, Teachers, Religious sheikhs etc) to generate discussions on malaria with an ultimate aim of facilitating the community to understand malaria, its causes, symptoms, early treatment, prevention, control and importance of community actions against the disease a total of **145** participants reached through this sessions.

Seven large gatherings of Malaria field days were organized in seven different malaria prone villages (Qorilugud, codanle,Bohol, gargaara, garbodadar, Lughaya, and Alixaydh) a Total of **385** community audiences attended. Creative dramas performance and discussions

demonstrated to the audiences through where the suited and appropriate malaria messages to the beneficiaries passed.

In addition, Quarterly monitoring and supervision conducted in the in the three targeted prone Districts. Generally this supportive supervision activity is intended to check and see whether activities are implemented as planned, and verifying that:

- The previously distributed LLINs to the malaria risky population are in use.
- The community health education on malaria prevention and control is continuing and fully participated.
- The Community Educators visited house to house and passed the correct key malaria related messages and information to the households of targeted communities

HAVOYOCO continuously participate in the monthly malaria working group meetings as usual.

ACHIEVEMENTS IN DETAIL

LLINs Distribution:

Overview:

The mapping of Somaliland malaria stratification has identified three districts as risk areas namely Hudun, Buuhoodle and Lughaya. This stratification has categorized Lughaya as very arid and high risk malaria epidemic while Buhodle and Hudun are very arid and low epidemic risk.

In QTR 4, HAVOYOCO distributed **81,134 LLINs** to 105 villages under hudun, buuhoodle and lughaya districts. In these targeted villages, universal access campaigns implemented aiming 100% of households owning at least one LLIN and achieve net utilization rate of 80%.

Since all the targeted villages under Hudun, Buuhoodle and Lughaya has been covered with LLINs there has been a balance of **18866 LLIN** at HAVOYOCO warehouse which needs to be distributed and identified additional malaria prone areas.

Therefore, NMCP together with UNICEF and HAVOYOCO strongly discussed and planned together the way forward. After long discussion, 19 villages were identified and selected for LLIN distribution in Maroodijeex, Awdal, Togdheer and Sahil regions of Somaliland.

A total of 18,153LLINs were distributed to 19 villages under Maroodijeex, Awdal, Sahil and Togdheer regions in a period of 12 days. A total of **5,276 Households** received LLINs. There has been a balance of **713 LLIN** at HAVOYOCO warehouse which needs to be distributed to identify one more malaria prone village.

Therefore, NMCP, UNICEF and HAVOYOCO discussed and planned together to target Baki district of Awdal Region for the distribution of the balance of **713 LLINs** in HAVOYOCO ware house. The selection of this site was based on recent malaria positive cases reported from this location which is one of the high risk transmission areas according to both the positive cases and entomological surveillance reports.

HAVOYOCO following the standard procedures for the LLINs distribution had followed the following sequences on the implementation of the activity: -

OBJECTIVES OF LLIN DISTRIBUTION

Overall objective:

- To increase LLIN coverage among children below five years and pregnant women to 90% of the population in the target area.

MODE OF DISTRIBUTION

HAVOYOCO used for the LLINs distribution mass community distribution universal coverage aiming for every two people receives 1 net depending on the household members living in malaria prone areas.

Logistic arrangements were done by HAVOYOCO, the vehicles for transportation arranged as per the amount of nets to be distributed.

MOBILIZATION AND ADVOCACY

Advocacy and social mobilization begun well in advance, and continued beyond the LLIN distribution to ensure full engagement and ownership at all households/beneficiaries in the target districts. Pre-registration and distribution teams received an orientation and briefing package with the corrective information about malaria, use of nets and the LLIN distribution campaign.

Prior to the distribution, community meeting with the elder and community gate keepers have been conducted, and HH pre-registration were done by HAVOCYOCO teams.

Household registration/listings and teams composition:

A standard LLIN register books was prepared for household registration, the book contains information's address and name household head, # of people living in HHs, # of nets per HH family and signature/finger print. Registration teams entered all the required information for each targeted family in the districts. In addition, HAVOCYOCO prepared coupons with household serial number, name of the household head and composition of family members. 26671 coupons were distributed to **125** villages under hudun, buuhoodle and lughaya districts.

After the registration of households and distribution of coupons, advocacy meetings with local leaders, District commissioners, head of villages and the security officers were held in each targeted villages. In these meetings, Distribution dates, Inclusion of the local communities, criteria selection and their roles and responsibilities were fully discussed and agreed.

As part of the registration process, 8 teams (4 for lughaya and 2 for buuhoodle and 2 hudun) were identified for household registration in hudun, buuhoodle and lughaya districts. Each team of lughaya consisted of 5 persons (which totals to 20 persons) while 2 teams of buuhoodle consisted of 6 person (which totals to 12 persons) and 2 teams of hudun consisted of 5 persons (which totals to 10 persons). In total 42 persons were participated the registration process.

Rapidpro system/electronic household registration

Rapid Pro is a new innovation of electronic data collection platform from Unicef which intends to use as a pilot for malaria LLIN pre-distribution, distribution and post-distribution. This helped the enumerators to get new idea of registering households in all catchments under lughaya districts.

17 enumerators were trained on Rapid pro usage both using enumerators phone and HH registering their phone. For instance, using enumerators phone it was practically put SMS keywords on "Marekanecocusub" in Somali version then sent to 330 for the server to response and get started Malaria LLIN HH registration questions via phone. Secondly, using HH phone, it was practically written down 'Marekanecoco' in Somali version then getting questions as well.

All households in lughaya district have been registered through Rapid pro system both via HHs phone or enumerator's phone

STRATEGIC METHODOLOGY EMPLOYED

As per the global fund malaria new funding model, distribution exercise was employed in universal coverage methodology which is 1 net for every 1.8 people. This methodology was fully covered with LLINs to all beneficiaries/communities living in the targeted areas. Every two people in the household received 1 net. Global fund LLIN Registers from UNICEF was used and every beneficiary counter signed/finger printed against the net received.

DISTRIBUTION

Each team attended one day orientation workshop for LLIN distribution exercise. Practical exercise, role plays and presentations were presented by the distribution teams making sure that the tools for the distribution are properly filled and adapted accordingly such as LLIN register books, community reporting form, as well as taking talking photos.

Each team is composed of 4 persons (one registrar, Mobilizer, one crowd controller and one distributor). Each person took his role during the LLIN distribution process. Such as; the registrar takes the details of the household and the signature, the Mobilizer shares messages related to LLIN use, and maintenance as well as vital information on malaria and how to prevent oneself against malaria. The mobilizer



regularly demonstrate to the beneficiaries how to hung the net and help in the hung .The distributor give the nets to the beneficiaries after removing the package and keeping it safely for Monitoring purpose and proper disposal. The community educator with the assistance of head of villages from each targeted village/catchment/sub-districts facilitates in crowd control, direction and identification of beneficiaries.

CONCLUSION

The distribution of 100,000, LLINs was successfully completed by HAVOYOCO team. There was an atmosphere excitement among the beneficiaries who had gathered to receive the nets in a free of charge in all targeted districts Buhoodle , hudun and lughaya.

People were extremely grateful to HAVOYOCO-UNICEF GFM for making this distribution possible and for helping make the target communities in hudun buhoodle and lughaya healthier; because of the malaria prone areas.



Table below showing the LLINs distributed in summary

S/No	Timeframe	# of HH recipients	# of nets distributed
1	December 2015	21116	81,134 LLINs
2	March 2016	5276	18,153LLINs
3	Sep 2016	279	713 LLINs
TOTAL		26671	100,000

Community educators training:

50 community educators (15 for lughaya, 15 Hudun and 20 from Buhoodle districts) were trained and received knowledge on malaria prevention and control. Facilitators engaged three days training per district. First training held in Borama on Dec 22nd-24th, 2015 while the second held in Las'anod on Dec 29th-31st, 2015, third and fourth was held in Burao and Lasanod on June 02nd -04th 2016. During the trainings, the facilitators used relevant methodologies for the participants such as brainstorming, presentations, role-playing, demonstrations and practical exercises.



Training Aides and materials used:

The facilitators guided and helped on how to use the malaria training chart sets step by step, which were printed out before the training started. These charts Stimulated and helped the participants to discuss malaria transmission, prevention and treatment, and to practice effective BCC messages and visual tools that reach local communities who many of them are unable to read and write. The sample LLIN was very excellent demonstration on proper use and maintain.



Major Topics covered:

1. Malaria cause and how it spreads
2. Types of mosquito
3. Risk groups, symptoms and the action to take
4. Steps for testing and treatment
5. Importance of LLINs
6. Prevention during pregnancy
7. Proper LLIN use and maintenance, hang
8. Role of community educator during malaria intervention
9. How to conduct community dialogue or meeting on malaria prevention and control
10. Understanding presentation on IEC materials particularly malaria sets
11. Communication skills during homevisiting
12. Monitoring & reporting

At the end of the trainings, participants received printed hand outs and malaria charts for references.

Community Dialogues:

During project period, six community dialogues have been organized by HAVOYOCO in six different villages (Sarman, Tuurka, Baliga, Balicalanle, Kaarto and Cabdigeedi) in the three target Districts. **145** participants from all aspects of the community attended and discussed the importance of recognizing malaria symptoms and prevention as well as seeking treatment behavior. Facilitator used inter action and learning center approach such as, brainstorming, asking questions, experience sharing etc. major topics covered were malaria prevention, importance of LLIN proper use and hang, sytoms, diagnosis and seeking treatment.



The main objective of community dialogue was to generate response and develop deepen understanding from communities and individuals that result into commitment to addressing the identified malaria problems (issues)/gaps in a participatory manner. major topics covered were malaria prevention, importance of LLIN proper use and hang, sytoms, diagnosis and seeking treatment. Methodologies used by the facilitator were:

- Story telling.
- Discussions
- Questions and answers
- Experience sharing

Malaria Field days

Malaria field day is a chance of bringing people together and mobilizing them on massive awareness on malaria prevention and control through small drama presentations, speeches and demonstration on LLIN usage publicly.

HAVOYOCO in partnership with the Ministry of Health organized **7** activities to mark malaria field day held in **7** different village in the project target areas (Qorilugud, codanle, Bohol, gargaara, garbodadar, Lughaya, and Alixaydh) under hudun, Buhodle and Lughaya districts. The main purpose of these events was to mobilize the communities and educate them the importance of LLINs and how to hang and maintain properly. More than **385** audiences attended and received key messages on malaria prevention and control. Different officials from the communities including head villages, elders, religious leaders and teachers made important speeches as well as encouraged participants/audiences to transfer key messages on malaria prevention particularly proper use of LLIN distributed in villages. finally, the facilitators representing both HAVOYOCO and MOH stressed out communities in the target villages to use and hang properly LLINs they received from HAVOYOCO in order to prevent malaria effects among the children and pregnant mothers particularly.



Quarterly supportive supervisions:

During the project time, a five Quarterly supportive monitoring and supervision have been undertaken by HAVOYCO staff. The main objective was to visit malaria targeted villages under the three districts and monitor the ongoing BCC activities carried out by the trained community educators in target districts. The supervisors met with the community leaders in the villages and the community educators and briefed them purpose of the visits. Afterwards, the supervisors visited households to ensure that net received being used properly and hang it. Supervisors also asked questions to household heads about their knowledge on malaria prevention and control as well as how the community educators are closely work with the families regarding the transfer of key messages on malaria through home visiting and community meetings on monthly basis.



Methodology

1. Meeting with local authorities
2. HH visit
3. Review of documents such as LLIN registers, reporting forms etc.
4. Providing feedback to the local authorities or debriefings at the end of the visit.

MAIN FINDINGS

- The community educators have done successfully daily home visits to each targeted villages in their locations as well as intended.
- All the visited HHs properly hanged the Nets.
- All the visited household of the targeted communities in the visited areas received malaria messages especially LLIN use and hang it by the community educators
- Most of the households were told that they use Mosquito nets every time
- The communities were highly appreciated the donation of LLIN



Challenges and Constraints

- It was a little bit challenged of HH registration and LLIN distribution for short period of time
- Recurrent droughts affected much people in the target districts and they were scattered seeking for better life, water and animal pasture
- Working with a remote areas where people have no more interventions running and different administrations ruling
- Using RapdiPro system also took time due to SMS delays.

LESSONS LEARNT:-

- Involvement and participation of the community is crucial not only for the implementation of the malaria project also to ensure ongoing sustainability of activities. As such, capacity building of the community prevention actions at community level.
- During the LLINs distribution, people were very excited receiving enough nets

Recommendation and way-forward

- Since community dialogue and malaria field days are very suitable to the community and cost effective Continues education through similar sessions are required and appreciated to provide enough malaria information and knowledge.