

Strengthening community-based malaria prevention and surveillance interventions

CASE STUDY

Ethiopia | February 2021

Educating communities on malaria and COVID-19 prevention through radio messages

BACKGROUND

In Ethiopia, malaria poses a significant threat to public health, with an estimated 52 percent of the population at risk of malaria infection. The Southern Nations Nationalities and Peoples' Region (SNNPR), in which Boloso Sore district is located, has one of the highest malaria burdens in the country, accounting for 18 percent of total malaria cases reported nationally in the national 2012 EFY Annual Performance Report.

Malaria service uptake in the SNNPR is hampered by household behavioural practices. Improving malaria care-seeking behaviour and households' practice of preventive behaviours through targeted social and behaviour change approaches is integral to overcoming this challenge. As part of efforts to strengthen community-based prevention and surveillance of malaria in Ethiopia, Malaria Consortium has sought to improve the management and technical capacity of the primary health care unit for better planning, delivering and monitoring of high-impact malaria control interventions.

This current three year <u>project</u> began in 2019 and aims to promote the importance of indoor residual spraying (IRS) and the correct and consistent use of long-lasting insecticidal nets (LLINs); increase recognition of malaria symptoms, promote early healthcare seeking, adherence to treatment for the disease and strengthen disease outbreak detection.

The use of interventions such as radio messaging, school clubs and community dialogues have been integral to achieving sustained behaviour change and reduced incidence of malaria. In collaboration with Wolaita Zone Health Department, over 200 malaria messaging radio spots were broadcast on local FM stations in a 20-month period up to January 2021. Between August and November 2020, the project also supported the broadcasting of over 140 COVID-19 awareness and prevention messages.

Zenebech lives in a village in Boloso Sore district with her husband and three children. Like many families in this district, Zenebech and her family are Wolaita, an ethnic group in southern Ethiopia that make up less than three percent of the country's population. Their first language is Wolaitigna, an Omotic language, that is not spoken by the majority of Ethiopians.



Zenebech in her village in Boloso Sore district, her and her family speak Wolaitigna, the language of the Wolaita people

ZENEBECH'S STORY

"We are regular listeners of Wogeta/zanaqqa, FM 99.9 and FANA which broadcasts in Wolaita. We heard through listening to the radio about the transmission and prevention methods of malaria, like environmental control measures, how to keep our environment safe and clean, how to dispose of solid and liquid wastes and we also heard about proper use of LLINs and that children and pregnant women should be given priority when there is shortage of LLINs in the household. I also know very well now the symptoms of malaria.

Malaria has been a common health problem in my community, but it differs from place to place. My village is located around a swampy area and malaria used to be common around here. From the radio messages I have learnt that mosquitoes can easily breed around stagnant waters if no measure is taken to avoid this. I believe the community should be engaged in all malaria prevention activities and follow up visits should be done by bodies from higher levels. But the main key to prevent the disease is in the hands of the community. People should keep their environment safe, participate in prevention activities and properly use nets during the night because mosquitoes come and bite in the night time. If the community fail to practice these things, they will be exposed to malaria.

We have located mosquito breeding sites around our village and these have been sprayed - it is very rare we do not sleep under a net. Since then, no one from my family members or others in the village has got malaria. Malaria will not be common around households that are well prepared and ready to prevent it.

We also heard about the Coronavirus through messages on the radio. We heard about how it is transmitted from person to person contact while shaking hands, breathing and sneezing. The messages helped us to know the severity of the disease and that we are vulnerable to it and where we could go to get tested. We also heard about prevention methods like keeping at least one meter distance, not sharing meals together, no shaking hands and hugging, properly using face masks and also frequently washing hands with soap and water. I have prepared a hand washing facility at my gate so that people entering the house wash their hands before coming in. We are now using face masks and other preventive measures and we teach other people about this because you have no second chance to live - life is not something you can get from the market. Messages we hear from the radio helped us a lot to be informed about preventing malaria and COVID-19.

The advantage of listening to these radio stations is that people who don't speak Amharic language can listen to the radio messages being conveyed and understand the messages very well because it is in the local language. There is progress on the community's knowledge about malaria and I believe, as a result, people are much more likely go to the nearby health facility whenever they feel that they have symptoms of malaria."

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