



# Using the role model approach to improve malaria prevention and control

Lessons from Ethiopia

## Key learning

- Community ownership of role model activities was a key factor in community members' improved engagement with, and acceptability of, the approach. This has positive implications for its sustainability.
- Availability of health commodities such as long-lasting insecticidal nets, chemicals for indoor residual spraying, malaria drugs and malaria test kits are vital in motivating community members to engage actively in role model activities.
- The presence of existing, functional community-based structures — such as health extension workers and the health development army — has created a conducive environment for implementing role model activities, owing to the familiarity of these groups with similar behaviour change communication activities.



## Background

Despite the achievements in reducing malaria-related morbidity and mortality in Ethiopia, malaria remains the leading public health concern in the country.<sup>[1]</sup> The 2015 Malaria Indicator Survey revealed that, while communities demonstrated relatively good knowledge of malaria transmission, signs, symptoms and preventive measures, this knowledge was not being translated into their malaria prevention and health-seeking behaviours. For instance, the proportion of children under five who had slept under a long-lasting insecticidal net (LLIN) the night preceding the survey was 45 percent, below the Roll Back Malaria target of 80 percent. Similarly, use of malarial treatment services for fever episodes remained low, with only 38 percent of children with fever taken to a health facility, provider or pharmacy.<sup>[2]</sup>

The National Malaria Elimination Strategic Plan 2021–2025 and the Ethiopian Health Sector Transformation Plan II 2021–2025 both emphasise the importance of community empowerment and culturally appropriate, context-specific social and behaviour change strategies in improving the uptake of preventive and treatment services.<sup>[1,3]</sup> To sustain Ethiopia's progress against malaria, communities' prevention and control practices must be improved.

The role model approach is an innovative behaviour change communication (BCC) approach that builds on the existing strengths of the community. This interactive process can be used to identify individuals who, despite sharing similar resources and living conditions to others in their communities, have shown unusual, positive behaviours regarding malaria prevention and control — and these behaviours have resulted in healthy outcomes. The role model premise is that solutions to most health and social problems lie within the communities themselves.



Role model volunteers and villagers performing plays as part of project activities

## Project activities

With support from the James Percy Foundation, Malaria Consortium has been implementing the Strengthening Community-based Malaria Prevention and Surveillance Interventions, Southern Nations, Nationalities and Peoples' Region (SNNPR) project in the districts of Boloso Sore and Damot Sore (February 2019 – August 2022).

Over 12 months (2021–2022), we sought to improve understanding and uptake of malaria interventions by implementing the role model approach in selected *kebele* (wards) in the target districts. Collaborating with implementing partners including the SNNPR Health Bureau, Wolaita Zone health department, and the Boloso Sore and Damot Sore district health offices, we:

- selected role models from communities during community meetings, held at the village level. Selection was based on individuals' exemplary malaria prevention and control practices as observed by health extension workers (HEWs) and the health development army (HDA) — a network of women volunteers who regularly visit neighbours to teach them about health initiatives and encourage positive practices
- developed information, education and communication (IEC) materials (e.g. local sketches/visualisations of the identified desirable role model behaviours) and shared these with role models and the HEWs and HDA volunteers who are part of the role model committees at the *kebele* level
- provided training to a total of 32 role models (including four HEWs and eight HDA volunteers) over two days, covering key competencies such as communication and facilitation skills, how to organise and conduct role model sessions, and clarification of their roles and responsibilities
- conducted interactive sessions and individual household visits, organised by role model teams in the target *kebele*, to share encouraged behaviour with the wider community
- organised and conducted quarterly community-based competitions, such as drawing, role play, and song and dance competitions, to reinforce key malaria messages in the presence of community stakeholders
- organised a role model seminar at the end of the intervention to acknowledge volunteers, celebrate the intervention achievements, reinforce key messages and hand over the project to the communities in the presence of community members from the target *kebele*.

# Results

- There was a marked improvement in communities' perceptions of the cause of malaria, its signs and symptoms, and prevention and control methods, as well as improved treatment-seeking behaviour.
- Uptake of malaria interventions increased significantly: community members were found to use LLINs correctly, more frequently; adherence to antimalarial drug regimens improved; community cooperation with (indoor residual spraying) IRS teams improved and community members were proactively involved in environmental management activities.
- Role model activities directly encouraged communities to mobilise and cooperate with stakeholders and each other, leading to reduced malaria caseloads at health facilities.

# Lessons identified

- Innovative BCC approaches that promote interactive, community-led activities are generally feasible and acceptable to communities, and are key in changing their behaviour. In the context of the role model approach, this led to improved understanding and uptake of malaria prevention and control commodities and services, contributing to an overall reduction in malaria.
- Overall, community members responded positively to role model activities being undertaken in their localities. They felt that activities improved their knowledge of malaria and encouraged them to seek and use malaria services. This was due to the influence of role models, who inspired them to exercise these positive behaviours, and was reinforced through the recognition individuals received from health officials, role models and their neighbours.
- By engaging in project activities, role models became more knowledgeable about malaria prevention and control, thus enabling them to protect themselves, their families and their communities more effectively. This enhanced knowledge increased their credibility — and, therefore, their acceptance — among the community. Seeing improved positive health outcomes as a result of their activities also motivated role models to continue to serve their communities voluntarily.
- Achieving sustainable behaviour change requires continuous engagement with communities. Role model teams regularly carried out interactive sessions using participatory techniques including storytelling, conceptual games, group discussions and role plays. They also conducted individual household visits and community-based competitions to encourage targeted, ongoing behaviour change in malaria prevention and control.
- Community ownership of role model activities has been essential in ensuring that positive behaviours are practised and sustained. Recognition from governments and community members of

the efforts of role models and other volunteers has strengthened community ownership of the approach. Volunteers have been motivated to help fellow community members, with some suggesting that protecting others gives them a feeling of personal satisfaction.

- Community gatherings, such as those that community members use to support each other on social and economic issues, are a vital platform to reinforce role model activities, as they provide a space for individuals to share their experiences and exchange information.
- Seeing local leaders (influential individuals including religious leaders and respected elders) become involved in role model activities motivated community members to engage in positive behaviours.
- It took time to gain communities' trust at the start of the role model initiative, as they did not know whether implementation would meet their expectations. IEC materials and an emphasis on interactive components to improve engagement have been effective in helping to establish this trust.
- The success of the approach relies on the availability of health commodities such as LLINs, IRS chemicals, antimalarial drugs and malaria test kits, provided by the government. Some community members mentioned that absence of LLINs made them reluctant to be involved in activities.
- Existing community-based health structures, such as HEWVs and the HDA, facilitated the smooth implementation of the approach. Given that the role model approach is a participatory and focuses on communities, these structures, already familiar with similar BCC initiatives, were well placed to support implementation.
- Community members did not all adopt the initiative or develop an equal understanding of malaria at the same time. Through interviews with community members, role models were able to identify individuals who were slow to take up the desired practices, and engage them to a greater extent.



Community members produced IEC materials promoting the importance of cooperating with IRS spray teams, and early treatment-seeking

# Recommendations

- Health structures at various levels of government should conduct close follow-up and supportive supervision to make sure that role model activities are undertaken according to plan and that quality is maintained. This will allow early corrective actions to be taken to bring activities on track when problems are identified.
- Learning visits by neighbouring communities to targeted districts that have successfully implemented the role model approach should be encouraged, to allow communities to share their experiences and inspire wider uptake of this approach.
- Health authorities and other SBCC stakeholders should evaluate the role model approach in other communities to bring about better health outcomes.

---

## References

1. Ministry of Health, Ethiopia. Ethiopia National Malaria Elimination Strategic Plan (NMSP) 2021-2025. Addis Ababa: MoH, Ethiopia; 2020. Available from: <https://e-library.moh.gov.et/library/wp-content/uploads/2021/06/Ethiopia-Malaria-Elimination-Strategic-Plan-2021-2025-Agust-31.pdf>.
2. Ethiopian Public Health Institute. Ethiopia national malaria indicator survey 2015. Addis Ababa: Ethiopian Public Health Institute; 2016. Available from: [https://www.malariasurveys.org/documents/Ethiopia\\_MIS\\_2015.pdf](https://www.malariasurveys.org/documents/Ethiopia_MIS_2015.pdf).
3. Ministry of Health, Ethiopia. Health sector transformation plan (HSTP) II 2020/21 – 2024/25. Addis Ababa: MoH; 2021. Available from: <https://fp2030.org/sites/default/files/HSTP-II.pdf>.


### © Malaria Consortium / August 2022

Unless indicated otherwise, this publication may be reproduced in whole or in part for non-profit or educational purposes without permission from the copyright holder. Please clearly acknowledge the source and send a copy or link of the reprinted material to Malaria Consortium. No images from this publication may be used without prior permission from Malaria Consortium.

UK Registered Charity No: 1099776

Contact: [info@malariaconsortium.org](mailto:info@malariaconsortium.org)

Cover image: Award ceremony for competition to produce IEC learning materials

 FightingMalaria

 MalariaConsortium

[www.malariaconsortium.org](http://www.malariaconsortium.org)



**malaria  
consortium**  
disease control, better health