Malaria Social and Behaviour Change during COVID-19 Case Study: The Call of the Trumpet, Ethiopia

Tapping into community practices leads to innovative local solutions.

Context
In rural Ethiopia, communities traditionally deploy trumpeters to convey important messages to community members. “Community-Based Awareness and Behaviour Change to Reduce Malaria Burden in the Amhara Regional State of Ethiopia,” a project funded by the U.S. President’s Malaria Initiative, built on the existing social capital of these trumpeters to reinforce insecticide-treated net (ITN) use and care-seeking for fever during the COVID-19 pandemic.

In Ethiopia, as in most malaria-endemic countries, campaigns to prevent the spread of COVID-19 urged people to “stay at home” if they felt feverish. However, malaria messages encouraged community members to seek prompt care for fever for themself or a family member. The conflicting messages confused people who were feeling ill or had a sick family member and created a barrier to prompt care-seeking. Moreover, people assumed that malaria services at health facilities were interrupted due to the pandemic.

The Ethiopian Ministry of Health enforced a restriction on in-person social mobilisation and gatherings to reduce the spread of COVID-19. This made it difficult to reach rural areas with malaria social and behaviour change (SBC) interventions and reassure communities that malaria services were still being provided. Ensuring maintenance of appropriate malaria prevention and care-seeking behaviours during the pandemic required urgent action.

Social and Behaviour Change Approach
To adapt to these challenges, project staff quickly modified their malaria SBC approach, leveraging existing community structures called “Idirs.” Idirs are traditional Ethiopian burial societies that assist in organising funerals and provide solace in grieving. They are found in every village. Idir collectives have evolved over the years into social support groups that offer more than end-of-life services. Each Idir has village criers called “Trumba Nefi,” or trumpeters, who inform the community about important news. Customarily, each household is expected to take action after hearing an announcement.

Recognising the prominent position of the trumpeters in Ethiopian society, the project staff trained trumpeters to remind people to sleep under ITNs every night and seek prompt care for fever. These messages went out through this well-trusted, reliable channel in remote, hard-to-access areas.

Project staff and trumpeters tailored messages to each village’s malaria context. For example, to reduce imported cases, trumpeters reinforced messages to get tested for malaria in villages where seasonal/migrant workers had just returned home.
**Current Status**
Since April 2020, trumpeters have disseminated messages in the Amhara region at villages and households in six districts and 141 kebeles (localities). Although trumpeters typically call out early in the morning, they now also disseminate messages during the day in remote areas with no road access.

The project has adopted multiple approaches to reinforce messages. In villages with accessible roads, mobile vans play music on market days. Community members watch local folk dances and enjoy the music. Performers weave messages similar to the ones relayed by the trumpeters into their work.

**Monitoring**
Adapting to the new normal, the project staff utilised a virtual monitoring system. Due to poor internet connectivity in rural areas, staff organised conference calls with participants, including district officials and health extension workers. Each call lasted 15–20 minutes, and discussions included exploring the malaria situation in the district and kebele, the impact of COVID-19, and issues related to malaria services. Callers also discussed routine service utilisation, such as antenatal care, immunisation, family planning, and other challenges. Call organisers randomly selected two households for every kebele and contacted them by phone to monitor and check if project interventions reached the community.

In addition, the project coordinated efforts with the COVID-19 community-based surveillance team. Volunteers and malaria health extension workers accompanied the COVID-19 team house-to-house to monitor ITN use, encourage household members to seek care, reassure community members that essential health care services were not interrupted, and explain preventive measures were in place for both clients and service providers.

**Impact**
The project covered nearly 850,000 people (171,000 households). Given COVID-19 restrictions, the programme anticipated that care-seeking behaviours might decline significantly. However, routine monitoring data indicated no observed reduction in care-seeking behaviour. The project observed a slight increase (2–3%) in care-seeking behaviour within 24 hours for children under five years of age. Monitoring data also indicated no change in ITN use in the project areas, which is currently greater than 85%.

**Lessons Learned**
Community structures have evolved over the ages to cope with dire times. These structures are robust and resilient. Tapping this social capital in health emergencies through nudges with technical assistance is a cost-effective, efficient approach because the structure is owned by and works for the community.

The potential to replicate such local innovative solutions exists, provided social support groups with trusted outreach channels are available in malaria-endemic regions.

**BUDGET:** The project did not require additional funds since the budget for mass mobilisation campaigns, marketplace interventions, and road shows was approved prior to COVID-19. Flexibility of the project budget allowed for modification of both the communication approach and its message dissemination tools to use trumpeters.

For additional case studies and to review malaria social and behaviour change materials in the context of the COVID-19 pandemic, visit: https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19