

ONE | Malaria Policy Center, Washington, D.C.

Event 1 Report: Radio Presentation on Malaria and Long-Lasting Insecticide Nets (LLINs)

Malaria Advocacy Project Spring 2012



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Introduction

Malaria Advocacy and Communication is among the best strategies involved in the fight against malaria. This report presents a malaria advocacy and communication event carried out in the North West Region (NWR) of Cameroon within the framework of the Global Malaria Advocacy Project run by ONE and the Malaria Policy Center¹ in Washington, D.C. The event was implemented in close collaboration with the National Malaria Control Program in the NWR (Malaria Control Unit, Bamenda) and Health Development Consultancy Services (HEDECS), the Civil Society Organization (CSO) selected to execute The Global Fund Round 9 - Malaria Project² 2010-2015 in the Bamenda Health District in the NWR. This collaboration was as a result of the fact that Cameroon is currently carrying out unprecedented action against malaria and is making remarkable progress. The National Malaria Control Program run by the Ministry of Public Health in partnership with multinationals³ and thousands of local CSOs including HEDECS have already reached the entire population of Cameroon with malaria education and distributed LLINs to over 80% of the people. The goal is to achieve a 50% reduction in malaria morbidity and mortality by 2015 through:

- Malaria advocacy and communication / behavior change communication
- Free treatment of simple malaria in children under five in all health facilities (HFs)
- Free and universal distribution of Long-lasting Insecticide Nets (LLINs)- mosquito nets
- Home-based Management of malaria (HMM) by community health workers or relays
- Monitoring and evaluation of malaria prevention and control activities
- In the nearest future use of rapid diagnostic tests and indoor residual spraying

There is currently huge political and social mobilization on the ground and even very hard-to-reach areas have been visited by trained community health workers. The goal is to reach 80% of the population with LLINs, IPTs, ACTs and rapid diagnosis of malaria under the home-based management (HMM) program. In the NWR alone, the Ministry of Public Health and some 10 CSOs including HEDECS are now working with over a thousand Community-Based Organizations (CBOs) to implement the various strategies of malaria prevention and control including advocacy, information, education and communication. This pushed my activities into an enjoyable partnership and collaboration with all these stakeholders.

¹ A project by Malaria No More USA with headquarters in New York

² Scaling Up Malaria for Impact – SUFI Project: The project sponsored by The Global Fund to fight Tuberculosis, AIDS and Malaria

³ RBM/WHO, Malaria No More, Cameroon Coalition Against Malaria, PSI, The Global Fund to Fight Tuberculosis, AIDS & Malaria among others

Event One: Two (2) Interactive Radio Programs on Malaria and LLINs

Objective: Promote the correct and consistent use of LLINs by everybody in the NWR of Cameroon

Dates: April 23 & 25, 2012

Location: Radio Hot Cocoa (FM 94.0), Bamenda, North West Region, Cameroon

Presenter and Resource Persons:

- Ms. Nancy Bolima (left), Coordinator of HEDECS, Bamenda, Cameroon
- Mr. Eric Ndofor (center), Malaria Advocate, Malaria Policy Center, Washington, D.C., USA
- Mr. Muma Jude (Right), Radio Animator and host of the Program, Bamenda, Cameroon



**From left to right:
Ms. Nancy Bolima, Mr. Eric Ndofor
and Mr. Muma Jude**

This radio event was somewhat a behavior change communication with the people of the NWR to adopt health seeking behaviors, specifically to continue sleeping under LLINs every night in a consistent fashion. The correct and consistent use of LLINs is essential because it is one of the best ways to prevent vector (*Anopheles*) mosquitoes from transmitting malaria. And prevention is better than cure. Accurate information about malaria and LLINs transmitted at the right time to the entire population and other stakeholders sets a strong base for malaria advocacy and behavior change. In order to quickly and easily reach out to a sizeable portion of the population with accurate and updated malaria messages especially on LLINs and the cause we are fighting for, two radio programs were used for mass communication. Local FM radio stations like Radio Hot Cocoa are widely listened to for their animation, style and diversity.

The two radio programs each lasting an hour (9-10am) was coordinated by Mr. Muma Jude and presented by Ms. Nancy Bolima and Mr. Eric Ndofor. Radio Hot Cocoa was chosen because it has a significant coverage in the NWR and about the highest number of listeners. Animated by music, the first part of the program on April 23, 2012 was a presentation on what malaria is, the theme of the 2012 World Malaria Day (“sustain gains, save lives, invest in malaria”), celebrated on April 25 each year and LLINs- what they are, how to obtain one, handle and use it properly and consistently. The message our listeners took home was that since we have made significant progress in reducing malaria morbidity and mortality, it is important to sustain the gains so that we can easily invest more on malaria and save more lives. We need to continue to save lives by investing more in malaria personally and collectively. If we can’t sustain the present gains, it will be very difficult to further invest in malaria let alone saving lives. We all are liable to knock out malaria by sleeping under a LLIN every night while also encouraging or ensuring that our kids, siblings, parents, friends and other relations do same. Free mosquito nets can be obtained from CBOs, community-health workers and relays during scheduled health visits and it is important to follow strictly the directions on how to handle, use and maintain the LLINs.

LLINs was described as the acronym for Long-Lasting Insecticide Nets, mosquito nets that must be hung over any sleeping space such as a bed, mat, mattress, in the fields under a tree or open space, farm houses, etc. Under the universal distribution of LLINs campaign in Cameroon, each and every house supposedly received one or more LLINs depending on the number of members and beds in the family. For example, homes with 1-2 occupants received a LLIN, 3-4 occupants received two LLINs, 5-6 occupants received three LLINs and so on. These mosquito nets are impregnated with insecticides that can last 3-5 years if properly handled and maintained.

Handling and maintaining LLINs was explained carefully and in detail. A LLIN package must be aired under a shade for 24 hours to eliminate any unpleasant smell or dust that may cause catarrh, irritation or other. The LLIN (mosquito net), which is rectangular, is then hung under a sleeping space using the four straps on it. The loose part of the net should run down the four

sides of the sleeping space and tugged in under the mattress, mat, etc. at night while sleeping. A LLIN can be washed up to 20 times, that is, about four times a year with regular washing soap called “savon” in Cameroon. Under no circumstances should a detergent be used as it will wash off the insecticide in the LLIN. After washing, the LLIN must be dried under a shade without exposure to sunlight.

The second part of the program on April 25, 2012 (World Malaria Day) involving the same crew was more interactive. It began with a recap of the preceding program on April 23, 2012 on malaria and LLINs followed by a quiz to see if people truly know what LLINs are and how to use and maintain them. The quiz query was “Explain how to correctly treat, use



and clean a LLIN”. It was interactive because listeners called in to say what they know and practice regarding proper handling and use of mosquito nets. The best respondents were those who gave the more details especially hard facts like airing the net for 24 hours prior to usage.

In all we had 15 callers throughout the one hour radio program, 8 men and 7 women. Based on our resources, we could only have two winners who happened to be a lady and a man. Each of the winners earned airtime credit worth 2,000 francs CFA. We had a couple of questions from listeners all centered on where and how LLINs could be obtained by anyone who did not receive a LLIN during the universal distribution campaign proper. Listeners were informed that there are provisions for those who were not present at home during the distribution of the LLINs as well as for those who were present but did not receive LLIN(s) due to shortages. The latter category of persons should have vouchers given to them by the distributors for follow-up.

During the hang-up phase of the SUFI-Scaling up Malaria Control for Impact (Global Fund Round 9-Malaria) Project, LLINs will be provided to all households with vouchers but who received no mosquito net. Meanwhile, those without vouchers would be registered and followed-up. The hang-up phase would involve monitoring and evaluation on the proper use of LLINs in homes.

In the course of the second radio program, we reminded listeners what malaria actually is and dismissed all myths and misconceptions about the disease. We encourage them to always visit the nearest health facility or take advantage of health visits to their communities by community health workers also called community relays during which suspected malaria cases are rapidly diagnosed and treated. Interestingly, community health workers or relays are now well trained to diagnose and treat malaria at home as well as provide good health education to individuals, families and communities.

The outcome of this event was huge as we shared accurate information with the people of the NWR on what malaria actually is and how to manage simple malaria and better still prevent it. We are convinced that people now know better than ever before how to obtain, treat, use and maintain a LLIN for 3-5 years. However, a small limitation to the event was that the message did not get across to the very hard to reach areas. But we believe that this is a national campaign and those who heard us would spread the news to their loved ones in such difficult areas. However, we look forward to the hang-up phase in the next few weeks where the entire population would practically demonstrate their knowledge on LLINs and how they use it with some technical assistance from community health workers or relays, CBOs and CSOs.

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