

DURING COVID-19

#### Contributor

Doctors for Madagascar

**Country of implementation** Republic of Madagascar

Start date of the initiative
April 2020

#### Track

From science to action

**Target audience** General public

#### Website

https://www.doctorsformadagascar.com



# Singing Sensitization: Delivering accurate health information to vulnerable and hard to reach communities using live music performances

# Summary of the initiative

The Republic of Madagascar has infrastructural and distributional inequalities that deprive some communities from access to timely information. Despite the abundance of unique flora and fauna, the country remains challenged in terms of prosperity, and remains one of the least developed countries in the world. Most of the rural Malagasy population have low literacy levels and lack a functioning mass communication infrastructure including access to radio, network coverage, and even electricity.

Health information mostly travels by word of mouth, which is prone to misinformation and misconceptions. Being exposed to misinformation, especially during a health emergency like the coronavirus disease (COVID-19) pandemic, has severe consequences for the audiences' health and well-being. To

address the information void, the locally active nongovernmental organization (NGO) Doctors for Madagascar initiated a project named 'Singing sensitization'. The project uses live music performances to disseminate evidence-based health information to rural Malagasy communities.

The project aims to raise awareness on health protection measures, educate the community on the risk factors of COVID-19, and debunk misinformation. Messages are communicated via songs in local dialects using a story-telling approach. Regular live performances are organized at central marketplaces in remote villages. The performances are followed by question-and-answer (Q&A) sessions guided by health care workers to provide people with tailored and reliable health information.

Above photo: Local singer performing for 'Singing sensitization' in the village of Anivorano, Ampanihy district, Atsimo Andrefana region, southwestern Madagascar. Copyright and credit: Doctors for Madagascar.



## Context and relevance of the project

During the measles outbreaks in 2018 and 2019, health care workers in the rural areas of southern Madagascar noticed a lack of knowledge and the spread of misinformation related to measles vaccination. To close this information gap, Doctors for Madagascar started to collaborate with the local singer/songwriter Ebera to initiate 'Singing sensitization' as a medium of health communication in rural areas. Together, they developed a song on measles transmission and prevention, which gained great popularity among the local population. During the first wave of the COVID-19 pandemic in April 2020, informal interviews to understand the impact of misinformation were conducted with community leaders, health care workers, and local health authorities during regular NGO activities. Drawing on the positive experience with the measles song, the team composed this time a song to disseminate health information on COVID-19, focusing on the origin, transmission routes, and protective measures against the disease. These cost-free live music performances took place at eight to nine locations each month (or bimonthly in each village) in Ampanihy until August 2021.

# Summary of the analysis



#### **Innovation factors**

Many Malagasy communities are in isolated geographic locations with very limited access to mass or digital media. This hinders access to timely and reliable health information, which is crucial to protect communities during health emergencies. This initiative addresses the infrastructural barriers by tailoring the content and means of information dissemination to their needs. The project considers the knowledge and literacy levels of the audiences and redefines the learning experience by turning it into a community-based, recreational activity. Singing sensitization translates evidence-based public health and social measures such as handwashing, wearing a mask, and physical distancing into accessible and meaningful recommendations. This enables local community members to make informed decisions about their behaviour and discuss questions and concerns in a trusted environment during the Q&A sessions.

While the project was initiated on a small scale and uses a traditional form of interpersonal communication, it is remarkably appropriate for the target audiences and their contexts. The project could easily be transferred to other remote and hard-to-reach communities, including in other countries.

#### **Accuracy of scientific information**

The project uses reliable sources to ensure scientific accuracy of information before developing the lyrics of the songs. Sources include the World Health Organization guidance and national guidelines from the Malagasy Ministry of Health. The lyrics of the songs are adapted and updated as new guidance becomes available or existing guidance is revised. Furthermore, the team uses a feedback mechanism to understand the knowledge gaps and identify any circulating misinformation. This is done via focus group discussions and interviews with key informants from within the community. The Q&A session with health care experts following the music performance addresses remaining questions of the community and opens a two-way communication.





## Impact on knowledge, attitudes and behaviour of the target audience

No formal assessment has been conducted to capture the impact of the project. As for most behaviour change interventions, it is difficult to assess the individual effect of the intervention as other public health programmes are being implemented in parallel. However, during the focus group discussions with community leaders after each performance, the leaders reported a positive uptake of the initiative by the local population, with an estimated reach of 60-70%.



Altea handbook user exercising based on tips to overcome symptoms of post COVID-19 condition, Switzerland, 2021. Copyright: Altea. Credit: Mirco Dalla Lana

## Gender equality, equity and human rights considerations

This initiative is a good example of "leaving no one behind", a universal value of the 2030 Agenda for Sustainable Development Goals. Finding a mechanism to translate evidence-based public health guidance into accessible, understandable and relevant information for rural communities with low literacy is a way to promote health equity and human rights.

Organizing the live performances at local markets further ensures an equitable access of men and women to the initiative. Participating women may also act as important amplifiers of the health messages by passing the behaviours on to family members including children and older people.







#### Limitations

Varying languages and dialects among the villages and tribes required an adaptation and translation of the lyrics, which was resource- and time-consuming.

Since the performances were live, they prompted gathering of people. As per government directives due to rising COVID-19 cases, performances had to be cancelled from April to September 2020 and April to May 2021 to respect physical distancing. An increase in performance frequency with fewer participants to maintain physical distance could have been an alternative to cancelling the sessions completely.



# **Looking forward**

Securing funding is critical to sustaining the project. In addition, the team suggested that a functional radio infrastructure in the area would enable the project to reach a larger audience. However, radio channels are limited in their ability to incorporate a feedback mechanism.

The team further envisages to expand the reach of the project by recruiting musicians and performers from other local communities. It is also planned to expand its scope by creating performances on other diseases.

## References

i. World social report 2020: Inequality in a rapidly changing world. United Nations Department of Social and Economic Affairs; 2020 (https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/01/World-Social-Report-2020-FullReport.pdf).

Illustrations by Sam Bradd

#### Disclaimers

The World Health Organization (WHO) has invited individuals, institutions, governments, non-governmental organizations or other entities to submit case studies of good practices and innovative solutions in the area of communicating public health science during the COVID-19 pandemic through a public call for submission. WHO has selected a few cases based on a pre-defined rating system and makes such publications publicly available on the WHO website (the "Website").

Contributors (authors) are solely responsible for their contributions, and readers are solely responsible for the interpretation of the posted contributions. The views expressed in the posted contributions are those of the authors and do not necessarily reflect those of WHO.

In no event shall WHO be responsible for the accuracy of information contained in the posted contributions and WHO makes no warranties or representations regarding the completeness or accuracy of any content included in the contributions. WHO shall not be held liable for any damages whatsoever arising out of the use of the contributions. WHO reserves the right to make updates and changes to posted content without notice and accepts no liability for any errors or omissions in this regard.

WHO accepts no responsibility whatsoever for any inaccurate advice or information that may be contained in the contributions or referred to in sources reached via links or other external references to the content of the contributions.

The contributions may contain links to resources on external websites. WHO is not responsible for the accuracy or content of any external link. The presence of any resource or external link in the contributions does not imply that the resource, or its author or entity, is endorsed or recommended by the WHO. These links are provided for convenience only. The designations employed and the presentation of content in the contributions, including maps and other illustrative materials, do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delineation of frontiers and borders. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Contributions are for use of the WHO and users of the WHO website. Reproduction or translation of substantial portions of the contributions, or any use other than for educational or other non-commercial purposes, require the prior authorization in writing of the relevant author/contributor.

World Health Organization 20 Avenue AppiaCH 1211, Geneva 27 Switzerland

epi-win@who.int



