

Case Studies: Improving Community Response against Malaria in Kaduna State



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The **Improving Community Response against Malaria (ICRAM^{+K})** project commenced in 2014. The goal of the project was to establish a combined approach to management of malaria in the community through the promotion of rapid diagnostic testing, uptake of ACTs and use of Long-lasting Insecticidal Nets (LLIN) by Community Health Agents. A strong advocacy and sustainability elements were incorporated in the project to mobilise government to ensure access to health services and supplies as well as build the capacity of citizens and community development committees to increase accountability and responsiveness of the healthcare system. The project tagged **ICRAM^{+K}** in Kaduna, was implemented in ten (10) Communities in Kajuru Local Government of Kaduna State by Christian Aid partners, Nazarene Rural Health Ministry (NRHM) and Archdiocesan Catholic Healthcare Initiative (ACHI-DACA).

The ICRAM^{+K} project was largely successful in Kaduna State; some of the successes are listed below:

- Through advocacy learned at trainings conducted by Christian Aid partners, Community Development Committees in many of the communities are presently able to advocate for the health rights of members of their communities.
- The CDCs have in many cases tasked themselves to satisfy needs identified in the health services of their communities. Some of the CDCs have successfully engaged with the local government to supply some of the health needs of their communities.
- There is evidence of increased use of nets in project communities and a visible understanding of the importance of usage of LLINs among community members.
- Members of project communities have also demonstrated positive health seeking behaviour by seeking testing and treatment at health centres instead of using traditional medicines
- The Community Health Agents largely responsible for bringing about the required changes in behaviour, knowledge and attitude and the Community Development Committees led on advocacy to Local Governments for provision of quality healthcare services across the health facilities in the supported communities.
- Through the ICRAM^{+K} project, a quality service committee was constituted to provide a forum for members of the communities to have face to face contact with health staff of their local government; the committee is made up of Community Development Committee Chairmen, LG Roll Back Malaria Manager, Assistant Roll Back Malaria Manager, the Local Government Monitoring and Evaluation Officer and LG Head of Department Health. The Quality service committee meets bimonthly to discuss the health needs of the different communities.

Community Development Committees improving access to sustainable and appropriate healthcare services by themselves and with the government

Advocacy to State and Local governments for improved access to sustainable and appropriate healthcare services and health supplies was a key objective of the ICRAM^{+K} project. To achieve this objective, Community Development Committees were formed in ICRAM^{+K} project communities and trained to increase accountability and responsiveness of the healthcare system while advocating for quality health services and supplies.

Community Development Committee and rehabilitated facility in Gefe Community



Gefe Community Development Committee got staff to be posted to their health facility, constructed benches for the facility and repaired the facility's toilet and borehole. Credit: Christian Aid/Nneoma Anieto

In Gefe Community, the Community Development Committee through advocacy training received from Christian Aid partner ACHI-DACA, have successfully engaged their local government to provide services required at their Primary Healthcare Centre. In addition, the CDC has undertaken self-help projects and partnered with other stakeholders in the community to address needs at the healthcare centre which deterred members of the community from accessing healthcare.

The health facility at Gefe had one staff managing the centre; the health centre also did not have enough seats for pregnant women who came to the hospital for antenatal care; the facility had no access to water; the toilet facility constructed alongside the PHC was never completed and had to be used as a store while the existing toilet facility constructed by the community was dilapidated.

For these reasons, members of Gefe community did not use the Primary Healthcare Centre preferring to purchase herbal medicine. The women gave birth in their homes without visiting the healthcare centre as well.

The CDC was tasked with resolving the problems at the health centre and convincing members of the community to adopt health seeking behaviour. They wrote a letter to Kajuru Local Government requesting for three (3) healthcare personnel to be posted to the health centre, their multiple visits to the Local Government yielded fruit as 3 healthcare professionals were posted to the health centre. Next, the committee contributed their resources to repair the dilapidated toilet and construct benches for the healthcare centre.

Putting their advocacy skills to work, the CDC requested for support from the 3 churches in Gefe community for the rehabilitation of the facility's borehole.



Borehole reconstructed by Gefe Community. Credit: Christian Aid/Nneoma Anieto

With problems at the healthcare centre addressed, the CDC went into the community through the churches, the mosques and the community groups to mobilise members of the community to access healthcare at the centre. They also went round with loud speakers announcing the improved services at their health care centre.

Their efforts have been rewarded with increased visits to the healthcare centre by members of the community. Many mothers have accessed antenatal care at the facilities. Many others have been tested and treated for malaria as well.

Makyalli Community Development Committee fight for accessible healthcare

Before the advent of the ICRAM⁺K project, members of Makyalli Community did not know the importance of visiting health centres when they fell sick, they patronised herbalists and “chemists”(medicine vendors) and became even more sick from the pills they were given at the chemists. With sensitisation on the ICRAM⁺K project, members of the community understood the importance of visiting the healthcare centre and started to visit the health facility closest to them which was one hour away by foot. They also had the option of paying N100 to get to the facility on a motorbike; those who were too sick to trek or could not afford the ride stayed home.



Makyalli CDC in front of their health facility. Credit: Christian Aid

Understanding the importance of having a health centre within easy reach of the community, the Community Development Committee met with the Village Head and communicated the need to get the local government to complete their healthcare facility which was abandoned by the contractor. A community leader was nominated to accompany members of the CDC on a visit to the Director of Primary Healthcare at the local government. The building was completed after their visit to the local government.

Now the CDC faces a new challenge of getting the local government to supply hospital equipment and post healthcare professionals to the completed healthcare centre. Since the Sole Administrator was changed after their first visit, they plan to pay another advocacy visit to the newly appointed sole administrator and request for their facility to be made functional.

Spreading healthcare, Afogo Community Development Committee unite to construct a healthcare centre at Sabon-Gari Afogo

Though Afogo Community has its own health centre, Sabon-Gari Afogo, a community derived from Afogo has no healthcare centre. The new town (as Sabon-Gari means) has a health camp which is situated in a room donated by a family inside their home and is inadequate to the needs of members of the community. The health camp also poses great health risk to members of the family in event of disease outbreak.



Jonathan Makama, Chairman of Afogo CDC recognised the need for a healthcare centre at Sabon-Gari Afogo. Credit: Christian Aid

Recognising the inadequacy of healthcare in the new town, the Community Development Committee in Afogo (old town) met with the District Head of the communities and the Village Head of the new community and agreed that a health centre would be constructed for Sabon-Gari Afogo.

Eager to get the project underway, a member of the new community has donated a piece of land where the health centre will be located. Members of old Afogo Community and Sabon-Gari Afogo have also met and decided that every member of the two communities will donate to the building project; the men have been asked to pay the sum of N500 while the women have been asked to pay the sum of N250 to support the building project.

Jonathan M. Makama Chairman of the old Afogo Community Development Committee said the CDC has informed the local government of its intentions to build a health centre for the new community. Jonathan said the information was passed to the local government at a Quality Service Committee meeting which had members of the local government and CDC chairmen in attendance. The local government, according to Jonathan has advised the CDC to sign a certificate of occupancy agreement with the owner of the land to avoid land issues and have requested a copy of the agreement to be submitted at the local government headquarters.

Spreading ICRAM+K messages through Traditional Rulers

The ICRAM+K project runs in two communities out of the thirty communities under the leadership of District Head Gajere Dantawaye. Gajere Dantawaye who is the district head of Afogo District has used his position to ensure that ICRAM+K messages are spread to other non-project communities under his leadership through their village heads.



District Head Gajere Dantawaye believes malaria has been controlled in the 30 communities under his rule. Credit: Christian Aid

According to Gajere Dantawaye, before the ICRAM+K project, members of communities under his rule did not understand that malaria was a disease. They did not visit health facilities in their communities and took herbs when they fell sick. Malaria was viewed as witchcraft attacks and if a woman lost a child due to malaria in pregnancy, she was thought to be a witch by members of communities under his leadership.

As a result of suspicions of witchcraft for every case of malaria, communities spent time and money on traditional medicine vendors which did not improve their health. Many of them were affected socially and economically as a result of constant illnesses, the people who were branded witches or who were said to have suffered witchcraft attacks suffered psychologically as well.

When ICRAM+K project commenced in two of the thirty communities under his rule as the first malaria intervention ever brought to his district, he felt the benefits reaped by those communities had to be extended to other non-project communities. To support the dissemination of information received from the ICRAM+K project, Gajere holds monthly meetings where Village Heads (Sarkis) of the communities under his rule meet and are educated on benefits of net use, visits to health facilities for testing and treatment in case of illness and environmental sanitation as a means of combatting malaria. Gajere Dantawaye also ensured that nets were distributed in non-project communities and has made laws to ensure that the communities under his leadership use the nets.

Community Health Agents Drive Increased and Consistent Use of Nets in Project Communities

One of the objectives of the ICRAM+K project in Kaduna was to promote 'net culture' among members of project communities so that mosquito nets are valued and used consistently especially by vulnerable groups. To achieve this objective, Community Health Agents were formed in project communities to:

- Distribute Long-lasting Insecticidal nets in Communities
- Monitor usage of the LLINs
- Educate project communities on seeking malaria diagnosis and treatment

In most ICRAM^{+K} project communities, the Community Health Agents have passionately carried out their duties and have created enthusiasm for net use among community members. The Community Health Agents' have been so successful they have inspired open requests for nets by community members and inspired opinion leaders in the communities to promote the cause.

Increased net use in Idon Community

Asabe Pius, a 37 year old farmer and her group of Community Health Agents were nominated by the District Head with support from community members to work as Community Health Agents on the ICRAM^{+K} project. After their nomination, Asabe and her team were trained for three days by Nazarene Rural Health Ministry, Christian Aid, partner on the ICRAM^{+K} project. They were trained to offer malaria health education to members of Idon Community and given a manual on interpersonal communication/malaria education to support their community enlightenment efforts.



Asabe, demonstrating use of the malaria education manual with other CHAs.
Credit: Christian Aid/Nneoma Aniето

Asabe and her fellow agents have registered changes in the community as a result of their work. Most members of the community now use mosquito nets and do not fall sick with malaria as often as they used to. Members of Idon community now know where and how to get tested and treated for malaria and are now able to save funds previously spent on drugs which do nothing for them. Children in Idon do not fall sick as often as they used to and members of the community can stay longer at their farms and are able to produce better crops with which they feed their families.

Evidence of increased net use and its benefits can be seen in Idon Community; Rahila Joseph and her family received nets from the Community Health Agents. She said her family fell sick frequently before they got the nets but do not fall sick any more with malaria. They sleep peacefully at night as well, she said “now we hear the mosquito, but it doesn't bite us.”



Rahila Joseph with her daughter. Credit: Christian Aid/Nneoma Aniето

Tanyi Kadashi, an elderly member of Idon Community already had a net which she did not know how to hang. Tanyi said the Community Health Agents taught her how to use the net properly so that mosquitoes do not find their way in.



Tanyi learned from the CHAs, how to use a net she already had. Credit: Christian Aid/Nneoma Anieto

John Maigwa and his wife Felicia John said they normally fell sick during rainy seasons, now they say they don't fall sick anymore, regardless of the season because they use their mosquito net all year round.



John and Felicia no longer fall sick, whatever the season. Credit: Christian Aid/Nneoma Anieto

In Angwan Rana Community – A culture of net use

The Community Health Agents in Angwan Rana Community have learned lessons from the ICRAM+K project. By their accounts, they always heard of nets but did not know the importance of net use till the project began. Now they are educated and can educate other members of their community on use of nets. The Community Health Agents also said they had become trusted members of the community and trusted sources of health education for members of their community.



Community Health Agents in Angwan Rana have become trusted sources of health information. Credit: Christian Aid/Nneoma Anieto

The lessons learned by the CHAs particularly on net use have been spread to members of Angwan Rana community creating a net culture in the community. Comrade Ransome Kwassau a civil servant said he owned a net prior to the CHAs education in the community. He was however sometimes too lazy to let the net down at night and his children did not sleep inside nets since he had only one.

He said his children often fell sick and since he could not ignore their health he spent money taking them to health facilities. After the education from the CHAs, he received nets for every bed space in his house. To fight bedtime laziness, nets in his house are not folded up in the mornings but are permanently let down ready for use.



A net is hung at every bed space in Comrade Ransome's house Credit: Christian Aid/Nneoma Anieto

Comrade Ransome who is also a member of the community school's Management Committee reported that as a result of the ICRAM+K project, attendance at the community's primary school was more regular. "Pupils no longer fall sick and now come to school regularly" he said. He commended the project and said "It (ICRAM+K) has touched the life of members of this community"

Having lived and worked in Kaduna city before relocating to Angwan Rana community, Lawal Danbaba, a carpenter, was enlightened enough to understand the importance of mosquito nets and its benefits to the health of his children.

He was however only able to purchase 2 nets for his children's use while the rest of the household – his aged mother, his wife, his brother and himself – slept without nets. Sleeping inside mosquito nets was a luxury only his children could enjoy. Despite using nets, his children still fell sick with malaria because the nets purchased by Lawal had big holes which allowed mosquitoes to come through.

After receiving nets from the Community Health Agents, Lawal was able to change the nets used by his children; the rest of his household now sleep inside mosquito nets as well. Nets have ceased to be a luxury in his house.



Before the ICRAM project, nets were a luxury only Lawal's children could enjoy. Credit: Christian Aid/Nneoma Anieto

Ayuba Tukura, a traditional bonesetter in Angwan Rana Community learned the importance of protecting not just himself but his aged mother and his patients from mosquito bites. Ayuba who practices his bone-setting in his compound uses one of the rooms in his house for his patients and ensures that his patients who have to spend nights under his observation sleep inside the mosquito nets at night. "It won't be good for them (his patients) to come for treatment and go with another sickness" he said.



Ayuba Tukura makes sure his mother and his patients sleep inside nets at night. Credit: Christian Aid/Nneoma Anieto

Community Agent Reward System Boosting the Economic Capacity of Community Health Agents

The Community Health Agents who ensure net use and health education in communities and the Community Development Committees who advocate for the health needs of communities are not paid for their efforts.

As a way of appreciating the selfless service of the community volunteers (CHAs and CDC members) and to reward their hard work, enhance their economic capacity and improve their livelihoods, the Alternative Reward System was devised with the ICRAM+K project. The Community volunteers were allowed identify income generating activities and to request for goods or materials that would enhance their earning power and improve their lives. These items were purchased by Christian Aid partners in Kaduna and distributed at a reward ceremony. Many of the Community Volunteers have utilised their rewards and have reaped financial gain from the rewards.

Sunday got the “most highest” reward

Sunday Audala, a Community Health Agent in Angwan Mission community says of all the agents rewarded, he got the “most highest reward”. Audala, a welder, requested for a welding machine to support his business during the alternative reward.



Sunday Audala poses with machines made with his welding machine. Credit: Christian Aid/Nneoma Aniето

Before the reward, Audala said he had an old welding machine which was difficult to work with, he also trained apprentices but they were unable to practice so they only watched him work with the old welding machine. He described his production as slow and low. Audala’s productivity has increased with the new machine given to him. His apprentices can now practice with the old machine while he works with the new one. He said “I will buy land and build a house with the money that I will make, let my children know that this work that I do (community volunteering) paid me”.

Asabe Pius, Multiplying Peanuts



Asabe sold bags of groundnut to purchase her grinding machine. Credit: Christian Aid/Nneoma Aniето

Asabe Pius, a Community Health Agent at Idon Community said she never knew she would be rewarded for her work as a Community Health Agent. She was pleasantly surprised when she was asked to pick a reward, so she requested for bags of groundnut because she knew she would make enough money for herself and for her husband from retailing the groundnuts.

To increase the value of the groundnuts, Asabe shelled them and sold them in batches at a nearby village market. From selling some of the groundnuts, she got enough money to buy bags of fertilisers which she gave to her husband for his crops. She shelled and sold the rest of the groundnuts and with the proceeds purchased a grinding machine. Now the groundnuts are all gone, but Asabe has a steady source of income from grinding grains for members of Idon community at a price. Her husband also looks forward to a bountiful harvest from his farms. Asabe said "I used to ask my husband for feeding money and sometimes he would not have; now I can buy food for myself and for my children".