



*Roll Back Malaria Partnership
The Constellation for AIDS Competence*

The 'Competence approach' in the battle against malaria in Togo and The Gambia

An approach based upon ownership
of the struggle by the communities.

An investigation in these two countries

October-November 2008.

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Meet all of the actors

***on Malaria Competence in Togo
and The Gambia on the CD and at
www.malariacompetence.org***

Introduction

"Now, in Health Centres, we can find empty beds during the peak of the malaria season..."

"Women no longer have miscarriages because of malaria, and we have had no deaths of children for two years..."

You can hear such sentences in many places today in Togo and in The Gambia, two countries where the struggle against malaria has been particularly successful during recent years.

Since 2005, Togo, The Gambia and 8 other West African countries have been experimenting with, and integrating into their existing strategies, an approach to social mobilisation called 'Malaria Competence' and its main tool, the Self Assessment. This is a framework with which a community assesses itself to establish its degree of knowledge about malaria, its present behaviour, and the ways to progress and the actions to undertake. Its use is based on the conviction that no major health issue can be faced without communities taking ownership of the fight, and that communities have capacities to take such ownership, to identify their vulnerabilities, to build up their own Action Plans, to check the results and to exchange experience with others.

This approach has been implemented in more than 20 countries by the Constellation for Aids Competence and it has now been adapted to malaria with the support of Roll Back Malaria. After its presentation in Banjul to the Ministers of Health and Health Programme Directors from 8 countries, in 2005, a group of facilitators (two from each country) was trained in Mombasa in July the same year. Their challenge then was to experiment with the Competence approach in their own countries.

Three years later, Roll Back Malaria asked the Constellation to carry out a field investigation in Togo and the Gambia, two countries (one anglophone and one francophone) that had used the approach particularly effectively.

Two members of the Constellation would look for answers to the following questions:

- What had been the added value of the Malaria Competence approach to existing strategies, in terms of social mobilisation, change of behaviour and results?
- How has this approach and its Self Assessment tool been implemented?

- What, if any, are its other social benefits?
- What lessons can be learned from these experiences, concerning implementation, sustainability and scaling up?

We undertook this mission from 25 October to 9 November 2008. Along our 1800 km journey within the two countries, we met village communities, health workers, school children, women and youth groups, opinion leaders, drama groups, government and NGO representatives.

Our hosts in Togo were the Togolese Red Cross; and in The Gambia they were the State Department of Health and the Nova Scotia Gambia Association.

In this document, we shall try to bring the answers we gathered to the questions mentioned above. And we hope to do justice to all of those who are achieving remarkable community-centred actions in these two countries. What we have seen and witnessed is that when communities take ownership of the Competence approach and use its Self Assessment tool, they get involved much more in the struggle against malaria, they change their attitude and they undertake actions that significantly reduce the morbidity and mortality associated with malaria

Jean Legastelois
Philip Forth

November 2008

Two assets for Togo: The Red Cross network The women

*"A lot of intelligence remains asleep in communities.
It is our job to awaken it."*

Blaise Sedoh

Mr Tindandjoa Doguene, a farmer in Djangou in the Savanes region, had kept silent during the Self Assessment meeting. In contrast, many of his neighbours had spoken up, the women in particular. And that was new! But at the end of the meeting, Mr Tindandjoa Doguene stood up and told the assembly, "Now I have understood that malaria is brought by mosquitoes. Therefore I will sell my cock and buy a bednet."

Up until now, Mr Tindandjoa and many of his fellow countrymen thought that malaria was caused by the heat of the sun, or for the severe cases, some curse sent by hostile neighbours. Of course, the village had received more scientific information, but the message has not been well understood. In 2004, 866,000 insecticide treated bednets had been distributed during an impressive national campaign financed by the Canadian Red Cross (4.5 billion CFA francs).

The Togolese Red Cross had been on the front line of this campaign with its 15,000 volunteers. But as Mr Norbert Paniak, President of The Togolese Red Cross put it, "It is one thing to distribute bednets, and another to use them. In the struggle against malaria, it is most important for people to be aware of the problem, for them to acknowledge the problem and for them then to take charge of it."

In 2004, this was not always the case. Mr Lucien Lokou, Red Cross agent in Soutouboua remembers, "Some people were reluctant. They complained about how hot it was under the bednet, and some would even say that lying under a bednet made them feel as if they were 'in a coffin'. "There we were," says Mr Lucien Lokou, "with our volunteers, but our messages were not really heard, and those broadcast by the media had little effect."

The Togolese Red Cross was anxious to maximise the impact of this campaign. And so it launched a follow-up operation called 'Keep up'. Its purpose was to check that the bednets were being used, and also that the population was implementing all of the actions to prevent and to cure malaria.

But how could this be done successfully?

Blaise Toulassi Sedoh, National Coordinator of the Red Cross in charge of the HIV/AIDS and Malaria programme, and deputy national coordinator of the 2004 campaign, was convinced that community mobilisation was vital. He had experienced, for HIV/AIDS, the effectiveness of an approach based on the ability of the community to deal with this issue. This approach had been initiated by The Constellation for AIDS Competence, an NGO that worked in more than 20 countries. Its rigorous methodology, its tools, particularly the Self Assessment framework, had just been adapted to the struggle against malaria with the support of Roll Back Malaria. Blaise Sedoh had been one of the facilitators running the workshop in Mombasa where the methodology had been adapted for malaria.

Blaise was convinced that the Self Assessment tool was the perfect answer to the follow up concern of the 2004 campaign, and he had it integrated into the community mobilisation strategy of the Togolese Red Cross.

In January 2005, he trained 22 'district coaches' coming from all regions of the country. Each of them then had the mission to transmit the good use of the Self Assessment tool to 30-40 local coaches in their district (a Red Cross local coach oversees the different activities of the Red Cross volunteers in his community), often together with local volunteers - and also to the innumerable Red Cross Clubs for Mothers who were to play a leading part in the campaign.

"From then on," remembers Blaise, "we used the Self Assessment tool systematically, throughout the whole country." And the Malaria Competence approach became fully integrated into the Togolese Red Cross culture.

The same vision

This did not happen by chance, but because the Togolese Red Cross and the Constellation share a common vision of man. All Red Cross coaches, whether district or local coaches, will express the same profession of faith, "Man is the central element in any solution. If you don't put man at the centre, there is no solution." And the Constellation acts, throughout the world, to promote communities' responses to the challenges they must face.

Another major point is that the Malaria Competence approach and its Self Assessment tool, far from being just another programme concocted by some far away senior management team, fits naturally into existing strategies and gives them a boost. "National programmes have always been top down," recalls Blaise Sedoh. "But having a programme is not enough. If people are not motivated, if they don't participate, there are no results. Self Assessment makes it possible to start from ground level. The community gets ownership of the struggle. This is the only security that action will be effective and sustainable."

Self Assessment used by all

From Lomé to Nanergou (in the far north of Togo, only 20 km from Burkina Faso) passing through Tsévié, Gbota Assigamé, Atakpamé, Doumé, Soutouboua, Aloukpabountou, Sokodé, Djangou et Dapaong, all the communities we visited, all the Regional Coordination staff of the Red Cross we met, had used the Self Assessment framework as their main tool for creating awareness of malaria and stimulating action to fight against it.

But what exactly is this tool about? It is a document, a framework that allows the community to self assess its level of competence in the struggle against malaria, to decide its priorities and to build up the Action Plan that will allow its members to reach the goals they have set for themselves. The Self Assessment framework includes 14 good practices, ranging from acknowledgement of malaria as a disease, to resource mobilisation, going through to use of bednets, antenatal visits, etc. Five levels help communities to see where they stand in each of these practices.

This awareness leads communities naturally to set priorities, to adopt an Action Plan and to take effective action: use of bednets, cleaning of environment, etc. Soon, a virtuous circle is established: the village sees that malaria cases get fewer and the dynamic of action is strengthened.

The Self Assessment is an opportunity for rich discussion, a powerful tool for freeing speech. Of course, we are here in a society where people have always been discussing, within families or neighbourhood groups. They talk about politics, land issues, women issues. "But all these matters are splitting ones," we were told. "When we self assess our Malaria Competence, we talk about issues that bring us together, make us closer, mobilize us."

Dr Kuami Battah is head of the Togolese Red Cross Health Department. When we met him in Sokodé, he stated that he had definitely decided to extend the use of the Self Assessment to the whole country on the occasion of the next follow up campaign, from 2009 to 2011, that will follow the national bednets distribution (December 2008). "We will go on using this tool systematically and extend it to all places where the Red Cross has activities, because it allows ownership of the malaria issue by the communities. They diagnose their own situation and they set their own targets."

Adelassissi Aremu, Regional Coordinator of the Red Cross in the Savanes region adds, "The Self Assessment is a simple tool. It is not necessary to have a doctorate to use it. It is within the reach of a peasant."

In Aloukpabountou, the local nurse underlined this point. "The Self Assessment is very, very useful to us. Before we used it, we did not know where we stood in the struggle against malaria. Now we do. And you barely have to remind the community about the Action Plan to have everyone begin to take action."

Results

Public health doctor Hyacinthe Atobiank is responsible for the Swiss Red Cross programme in the Central Region (each region of the Togolese Red Cross is supported by a foreign Red Cross). In 2008, he was asked to measure the impact of the Malaria Competence approach and of the use of the Self Assessment tool. To do this, he compared the results of communities supported by the Red Cross and who had carried out a Self Assessment (Group 1), with those who had received no support from the Red Cross (Group 2).

Bednets in the houses

Group 1: 78%

Group 2: 60 %

Prevalence of malaria among children under five.

Group 1: 37%

Group 2: 54 %

Use of insecticide treated bednets for children under five.

Group 1: 68 %

Group 2: 48 %

“These observations,” concludes Dr Atobiank, “fully justify that we keep the Self Assessment tool and that we develop its use.”

In all the communities we visited, the message was the same:

- Mme Katerita, in Gboto Assigamé said, “Before, malaria killed a lot of people; now mortality has gone down dramatically.”
- Evegno Lomi, a school boy in Doumé said, “In my family, we were often sick because of malaria. Now that we know the cause of this disease, we have dug a cesspool sink to drain waste water, we sleep under insecticide treated bednets, and we have not had any malaria cases for two years. And when someone doesn’t feel well, he goes right away to the Health Centre. Most of my school friends behave the same way.”
- An elderly man from Djangou said, “Before the Red Cross made us aware of what malaria is, there were many sick persons. Now, the level of sickness goes down. We have understood that malaria does not like cleanliness. So, men hoe around the houses; women sweep; we bury all empty cans and everything that could contain water; we dig cesspool sinks; all families have bednets.”
- An elderly woman from Nanergou said, “In the past, diseases were innumerable, particularly malaria. I congratulate the women from the Club of Mothers, they have cleaned up our environment.”

The Clubs for Mothers The Trojan horse of Malaria Competence

In order to stimulate awareness and to awaken this 'intelligence that lies asleep in communities', the Togolese Red Cross exploits all of the existing methods of communication within in its own network and all of the structures that are in place in communities:

1. At regional scale: the regional coordinators of the Red Cross (employees)
2. At district scale: the district Red Cross coaches (employees in some districts, volunteers in others).
3. At community scale:
 - ... local Red Cross coaches (all volunteers). In a village, the local coach is the volunteer who coordinates the activities of the different Red Cross groups : prevention, first aid, etc. He gets three days training to learn to prevent and to treat malaria, including a day on Self Assessment.
 - ...the different groups of Red Cross Volunteers
 - the Village Development Committee
 - the drama group
 - and above all, the Club for Mothers.

This last one represents truly a political choice as Blaise Sedoh explains, "The Togolese Red Cross has chosen the creation of groups of women as the lever for development."

Today, there are nearly 700 Red Cross Clubs for Mothers in the whole country ranging in size from 30 to 70 women. More than half of the clubs have already done their Self Assessment for Malaria Competence and are now implementing their Action Plan.

"This practice has truly helped us to integrate women in the search for solutions," remarks Gladys Tay-Agbobli, who gives support to these clubs throughout the country. "Now, it is the women who look for ways to protect the health of their children. And their own health too! For if the mother gets sick, the whole family is sick!"

Aziawo Kokou, district coach of Zio South (Maritime region), can't stop singing the praises of the Club for Mothers in Bolougan. "Before we started working together, women in this village thought that malaria was a matter of witchcraft. But once they understood what it really is, they decided to act. At the beginning, they didn't have the money to buy bednets, so they started to cultivate maize and manioc in a community field, and eventually they bought bednets with the income from the sale of these products."

In Gboto Assingamé (Maritime Region) the thirty women from the Club for Mothers welcomed us warmly one evening. They all held their copy of the Self Assessment framework. "It is our guide!" exclaimed Mrs Katerita. "We refer to it when we meet

every Thursday. Children read it to their illiterate parents. It helps us to decide what we are going to do during the week to fight malaria." And this is how they decided that each of them would contribute 40 CFA Francs every fortnight. With this money, they buy ten bednets every month.

Also, they systematically visit families to inform them and to convince them to use bednets. "Some sorcerers had forbidden their wives to sleep under the bednets, but this is over now."

Kokoko Gapoti, a great and respected sorcerer in the village brings confirmation. "In the past, many persons were sick because of malaria. Women did not go to antenatal visits. There were many miscarriages and also many deaths among young children. Since we started to discuss this together, there have been no more miscarriages. Pregnant women go to their antenatal visit every 3 months. I brought my own wife for her visit."

Behaviour Change

Every Club for Mothers chooses a name for itself, which must be approved by the Red Cross. In Djangou (Savanes Region), the club chose to call itself 'Monlebde' which means 'change of attitude'.

In all of these clubs, the most important change has been the awareness that malaria is a disease brought by mosquitoes, and not the result of witchcraft.

In most of the educational dramas performed by local drama groups, you can see a father running to the sorcerer with his sick child and asking him to banish the curse. And then there will be an argument with his wife, or with better informed neighbours. The message is that sorcery does not work. But when they go to the Health Centre, that does work. And so then the family adopts all the good prevention practices.

There has indeed been a change in attitude. An elderly woman remembers, "Before, when we were 5 months pregnant, we did not go to the Health Centre. The husband would visit the sorcerer and we would sacrifice a hen to the ancestors to protect the foetus. Nowadays, mortality has gone down dramatically because women go for their ante-natal visits and use bednets. Thanks to the Club for Mothers, they now understand that the sorcerer does not cure malaria."

And they decide to act. In Djangou, in the far north of the country, the Action Plan of the Club for Mothers states what they will do in November: home visits to encourage people to dig a cesspool sink to drain waste water; provide information on the right way to set up bednets; follow up on the effective use of the bednets; information and counselling meetings for pregnant women.

Adelassissi Aremu, Regional Red Cross Coordinator for the Savanes Region, bases his activities around the Clubs for Mothers. "The Red Cross is present in nearly all 400

villages of this region. This means that there are 16,000 women with whom we are building a real force in society.

As soon as a club is created and approved by the Red Cross, the members carry out their Self Assessment on malaria. "This tool is very important," says Adelasissi Aremu. "It starts the discussion. It encourages women to talk. And then, they take ownership of the information about malaria and start to act. And when a woman says, 'Yes', she acts! We would never have been able to get such results with men."

In Aloukpaboutou (Central Region), these dynamic women take along the whole community. On their Action Plan for October to December 2008 that they present to us, we read the following:

- Destroy breeding sites for mosquitoes
- Clean the wells
- Put in new insecticide treated bednets
- Clean around the houses.
- Dig cesspool sinks.

"The whole community takes part in this," chief Kola assures us. "At the end of October all that was left to do was to dig the cesspool sinks."

The women speak in public!

One of the most impressive results arising from the use of the Self Assessment is that women dare to speak in public, in a society where they do not traditionally take on this role.

"Before, only the men used to speak," remembers Lamboni Kouami, Chair of the Red Cross Regional Committee of the Savanes Region. "Women feared that they would be beaten up once back home, when their husbands would ask them, 'How did you dare to speak?'"

Today they speak fearlessly before the chiefs! Believe me, God lit the way when we created the Clubs for Mothers."

For Blaise Sedoh, this is a major change, "In our background, women had nearly no right to speak. The man would take all the decisions. But when, during a Self Assessment, a woman understands the risks malaria means for her child, she enters into dialogue with her husband, "Even if you do not care about me, care about your child." And the husband starts to do what must be done ...

Gladys Tay-Agbobli adds, "Today women express themselves, even when the chiefs are there. Five members of our Clubs for Mothers even ran to be representatives to the National Assembly recently. They were not elected but they have decided to run again."

Of course, at first, this move of liberation caused some anxiety. A chief asked, "But if women sort things out themselves, won't they claim to be chief some day?" He was told not to worry, "No, they are only concerned with health issues, nothing more."

All the village heads that we met were congratulating themselves on the women's dynamism. They were seeing for themselves the benefits of a clean environment and all the good practices that were preventing and curing malaria.

More generally speaking, we noticed a growing recognition of women's role and dignity. Take, for example, this initiative of Adlassissi Aremu, Regional Red Cross Coordinator for the Savanes Region, "Here most women have no identity papers, not even a birth certificate. In order to give them a first formal identity, we created a card for members of the Clubs for Mothers."

More peaceful communities

The dialogue initiated within communities by the use of the Self Assessment tool had other effects.

First, here are two examples within couples. In Gboto Assigamé, Amouzou Voudou answers without any hesitation when asked what she has gained, personally, from using the Self Assessment. "These days, my husband and I don't argue with each other, because we have got into the habit of listening carefully and replying patiently."

A woman from Aloukpbabountou said, "Nowadays, at home, we discuss and we share issues with our husbands. For example, we talk about birth control. In the past, the man was the one who decided how many children we would have. We were supposed to have as many children as possible, As we could not afford to raise them properly, we ended up with thieves and delinquents. Now, we talk and we decide together how many children we want."

Many of the people that we met added that these group conversations about malaria brought peace to the villages. And the reason for this is very clear. Severe cases of malaria produce impressive and frightening symptoms - convulsions, eyes rolled upwards, dribble, etc – and it was very common to attribute these symptoms to sorcery. And the sorcery was often linked to another community member, suspected of being jealous, who would have sent a curse to the unfortunate 'victim'. And this is why some families had fallen out and hated each other. The identification of the real cause of malaria has brought peace to many communities.

And finally, the results of these group efforts have brought confidence and good will to the community. Blaise Sedoh notices, "People now see the value of a shared effort. In a community that has done the Self Assessment, it is easier to find people who are ready to act together."

Sustainability

From the start, the Togolese Red Cross was concerned, not to say 'obsessed', to make the Malaria Competence Approach sustainable. The management of the Red Cross is convinced that today's action will not last unless support is received. However, district coaches who have been working with communities for two or three years will have to move on to support others who have not yet been involved in the Malaria Competence approach.

For this reason, in Sokodé, Central Region, the Red Cross Regional Committee, supported by the Swiss Red Cross, is considering grading communities as very competent, competent or with little competence. "With this system in place," reflects Dr Atobiank, "we will be able to reduce support to the very competent and to increase it to those with little competence." And he adds, "Sustainability of action generated by the Self Assessment is now our challenge. But we think that some communities have reached such a high level of ownership in the struggle against malaria that they can go on without outside help."

And Blaise Sedoh states that communities have two large advantages to ensure the sustainability of the process. First, each of them has, among its members, a local coach and his always present apprentice, both well trained. And secondly, the Club for Mothers represents a great strength for community action.

Some advice from Togo

What advice can be drawn from the experience in Togo, to help a country or a region willing to adopt the Malaria Competence approach? Blaise Sedoh makes some suggestions:

- To begin with, the project needs to be executed by one or more people who are convinced of the value of the approach. The people must have operational responsibilities and they must have staff who have been trained in the approach. People in charge of programmes must understand that the Self Assessment is not a replacement for existing programmes, but is a way of coordinating them.
- From the start, the process must be based on community participation and training of community members. That has to be the starting point! And also make sure that field work makes up a part of the training programme!
- Make sure that there are people who concern themselves with coordination and follow up. Keep checking to see what is happening in the field. Give support!

Two assets for The Gambia

National commitment A community based approach

*"The Self Assessment tool
arouses massive community
participation."*

Kevin Hughes

Two years ago, Mrs Isatou Mboob would barely see her husband. "He was being called ten times a day, and at night also. He had no time to rest and to talk to his family. No time either to work in the fields as he should. But now, this is over. My husband barely leaves home once or twice every other week. Our life has really changed and that makes me very happy."

Mrs Isatou Mboob's husband is the ambulance driver in Madina Bafuloto. And if he had to drive sick persons so often to the Health Centre, it was because there were so many cases of malaria.

His life has become much more comfortable lately because the situation has changed dramatically in The Gambia, during the last two years. In the Department of State for Health, in Banjul, Chief Nursing Officer, Mr. Ismail Njie, in charge 1500 nurses, captures in a few words the advances made in this field, "Now, even during the rainy season, and this means during the peak malaria season, you can find empty beds in the Health Centres."

These local results have now been confirmed in spectacular fashion by a paper in the Lancet entitled "Changes in malaria indices between 1999 and 2007 in The Gambia: a retrospective analysis" authored by members of the UK Medical Research Council. Here is one headline statistic. In the four sites that the group studied, the proportion of malaria positive slides declined between 1999 and 2007 by 82%, 85%, 73% and 50%. Here is their interpretation of their findings. 'A large proportion of the malaria burden has been alleviated in The Gambia. Our results encourage consideration of a policy to eliminate malaria as a public-health problem.'

So, what has been going on?

A national ambition

Support from the Global Fund for Malaria has allowed a large number of insecticide treated bed nets to be distributed, increased access to prevention of malaria in pregnancy services and availability of more effective antimalarial drugs (Arthemether + Lumefantrine) used for the treatment of uncomplicated malaria instead of chloroquin which has become less effective over the years. Community involvement and participation have also increased with stronger partnership at community level.

Everyone emphasises, also, the exceptional commitment of the President of the Republic and of his government. Both have made the struggle against malaria a national ambition. The introduction of indoor residual spraying by government, the institutionalisation of monthly cleaning exercises, and the launching of Operation Eradicate Malaria all highlight national commitments in the fight against malaria.

“But giving people bednets and getting them to use them are two different things,” says Mr Malang Fofana, Manager of the National Malaria Control Programme. His colleague, Mrs Adama Jagne Sonko adds, “The National Malaria Control Programme alone can never eliminate malaria in this country. Community commitment is a vital key.”

In Essau, North West Bank Region, Regional Health Officer Mr. Baba Njie agrees. “We used to design programmes and then go to communities to give them knowledge. But there were more and more malaria cases.”

How did this improvement come about? According to Mr Baba Njie, “It all started two years ago when the Nova Scotia Gambia Association (NSGA) team came to this region.” This Canadian not-for-profit organisation works hand-in-hand with the National Malaria Control Programme.

The NSGA facilitators introduced the Malaria Competence approach to the Regional Health Team in a week. They showed them how to use the Self Assessment tool. M. Njie remembers, “As we were using it in communities, we could see them getting ownership of the malaria issue and of the information. And then we saw them making their own Action Plan to fight malaria.”

The spread of Competence

Two women have brought the added value of this approach to the existing strategies in the Gambia: Mrs Adama Jagne Sonko, Deputy Programme Manager in the National Malaria Control Programme and Miss Marie Chorr, NSGA Project Manager. Both of them attended the Malaria Competence workshop in Mombasa, in 2005, and both were convinced that the Self Assessment tool was relevant to their work.

Once back in The Gambia, they started to use the Competence approach within their own organisations, and then in a first community, Sohm. A few months later, thanks to funding from the AWARE, they trained 30 facilitators: regional health staff, nurses, teachers, NSGA staff members among others. During the following two years, these facilitators implemented the Malaria Competence approach in three of the six regions of the country: 16 communities in the Western region, 15 communities and 15 schools in North Bank West and North Bank East Health Regions.

In each village, they started by talking with the *Alkalo* (village head) to give him information and to ask for his consent, which he always gave. Then, they started to help the Village Development Committee to self assess its competence in Malaria. There are about 20 members in such a committee, each of them representing a group of influence in the village: Alkalo and elders, religious leaders, heads of women and youth groups, etc.

After that, the NSGA facilitators did the same with several other groups and persons :

- The Traditional Communicators.
These are women who have had difficulties in having children. They form a distinct group and they specialise in entertaining the community. They perform in various ceremonies because of their social beliefs regarding infertility. They have a special responsibility to transmit the Alkalo's decisions to the population or any other information to be transmitted across the village. They also bring humour to a variety of village ceremonies.
- The local drama group (many villages have one).
- The village health worker. A community member who has received some basic medical training.
- The Traditional Birth Attendant or local midwife (who has been trained to help give birth to the third and subsequent children in a household).

The Key Village Community Health Nurse, who is in charge of ten villages, is also integrated into this process.

A systematic approach

Mr Kevin Hughes, NSGA Programme Manager for West Africa, greatly values the Self Assessment tool. "We use it systematically. It leads to massive community participation, and especially to women's participation. In this traditionally male society, the women's voices were lost and the Self Assessment has made it heard."

Mr Kevin Hughes emphasises that this tool also provides information about issues that are difficult to measure, such as the quality of communication and ownership of the fight against malaria by the communities. "It is a way to know if our

interventions have a real impact. I was impressed by the sense of ownership I saw in the communities, the level of involvement of children in the schools, and the confidence of the women who now speak so confidently before the chiefs.”

So in The Gambia, a powerful social change process has been implemented since 2006, supported at the highest state level by the President himself and the Ministry of Health.

And from then on, the struggle against malaria could acquire a new energy.

Views from the community

Our investigation to look for results, with representatives from the National Malaria Control Programme and the Nova Scotia Gambia Association (NSGA), led us to the very spots where the Competence approach and its Self Assessment tool had been introduced during the two previous years. First, in Sohm, south of Banjul, then along the north bank of the Gambia river, in Barra, Essau, Madina Bafuloto, Kerewan, Salikene, Illiasa, Parafenni and Maka Farafenni.

In Sohm, an average of five young children died from malaria every year. “Since we have been helped by the Self Assessment, no child has died,” states Mrs Sera Badjie, the Alkalo’s wife.

She explains that people were linking malaria to witchcraft. It was impossible to discuss this matter due to lack of knowledge and awareness. “Now, our group of women can easily communicate on these matters with the community, discuss the causes of malaria, symptoms and means of prevention and treatment. The Village Development Committee has made by-laws to change behaviour in a way that is hostile to the mosquito.”

M. Lamin Badjie, chair of this Committee, admits that before making its Self Assessment, the community ‘barely knew’ what malaria was. “We are very fortunate that Adama came to us! We have acknowledged the way of transmission of malaria, and how important it is to clean the environment to get rid of the breeding sites of mosquitoes.”

Some people in the village could not afford a bednet. But because the Village Development Committee is aware of the importance of sleeping under insecticide treated bednets, they took an initiative to help villagers to acquire them. The Committee first created a credit fund to help them. Then, its members contacted a NGO who provided bednets. “We have not had a severe case of malaria for two years,” concludes Mr Badjie.

In Bara, on the other bank of the river, the Alkalo, Mr Kenbugul Faye is positive. “The struggle against malaria has never been so easy. We will never stop the fight!”

He remembers the numerous miscarriages of the past and the sadness of the families.

"This does not happen any longer because the pregnant women go to the Health Centre for the ante-natal visit." And if the Alkalo admits that some villagers did not use their bednets in the past, he adds that they changed their minds, and their behaviour, when he threatened to take back the bednets!

Farther westward, in Madina Bafuloto, we meet the Head Teacher of the school together with representatives of different village groups. He tells us that he participated 'with enthusiasm', last year, in the Self Assessment process. He quotes a measurable result of the Malaria Competence approach. Every year, the community gets a grant of 1000 US dollars from a German NGO. This money is dedicated to support malaria consultation fees for the Health Centre. Five dollars per visit are given to those 18 years old and more, and one dollar for those under 18. "Two years ago, we used to spend this grant within two months. This year, it lasted six months!"

Mrs Kalsoum Jankou, wife of one of the marabouts, is head of the women's group. She brings her own figures. Soon after she had done the Self Assessment with eight members of her group, she organised a larger meeting with 200 hundred women from the village. "For the very first time, we had the opportunity to talk about malaria prevention, and to persuade those who did not use insecticide treated bed nets. Then we went from house to house to go on with the counselling. And one day 300 of us gathered together to remove from the village all the empty cans and old tires that provide breeding sites for the mosquitoes."

In Madina Bafuloto, NSGA facilitators also trained Bubacarr Ay Jallow, in charge of the youths, together with eight members of his group, in the use of the Self Assessment tool. Then, they were given the mission to run Self Assessments in eight nearby communities. This was a very rewarding activity according to Bubacarr Ay Jallow. He gives an example. "Two families were permanently fighting. Each of them was convinced that the cases of malaria hitting its members were devils sent by the other family. Today they are reconciled."

In Salikeni, when we arrived at the Basic Cycle School, the 800 pupils were gathered in front of the main building. Once the prayer finished, the Head Master declared with pride, "Even the BBC has announced that malaria has been reduced in our country!" Then, he exhorted the children to take the struggle against malaria seriously, and he handed over to the Peer Educators. This group of 13 girls and 12 boys has been trained by NSGA to provide information to their colleagues about malaria. The youths started singing, "We have been using the Self Assessment tool to roll back malaria..." Then they performed a drama in which we could see a couple, their relatives and neighbours arguing about the case of a sick child. The school children were listening and frequently laughing. They were clearly getting the messages.

The Maths teacher, M. Demba Marana, and his colleague who teaches English, lead this group. "I ask them to tell me what they know about malaria. Starting from that we write the little dramas they will perform, here at school, but also in the nearby villages."

Each drama carries a particular message: recognise the symptoms, go directly to the Health Centre, attend the ante-natal visits, get rid of stagnant water, use bednets, etc.

"I gave a copy of the Self Assessment framework to each member of the group," says Mr. Demba Marana. "This is a big help for them to start a conversation about malaria at school or in the communities. This tool really helps us to communicate."

Once every three months, the group performs in Salikene and in the surrounding villages. "Last time," reports Mr Demba Marana, "the parents were so proud to see their children bringing these good messages in perfect English that some of them started singing and dancing!"

The Alkalo of Salikeni greatly appreciates the impact of the drama group. "Before these performances and these public awareness actions, malaria was a terrible nuisance... it created social division within the community. Many people believed that malaria had something to do with witchcraft and that some community members were responsible for it. Using the Self Assessment tool has made us free from such beliefs. When someone shows symptoms of malaria, people no longer go to the marabouts to get rid of the curse. They go to the Health Centre."

"Since the community gathered to clean the environment," adds the Alkalo, "there has been a massive reduction in malaria cases." And he states, "I am convinced that we will succeed in eradicating malaria completely."

Small children are taught about malaria too. As we arrive in Illiasa, ten boys and girls aged 7 to 10 welcome us singing this song, "Malaria arrived, it is a dangerous illness. Let us throw it out before it invades our community. It is a dangerous illness."

And they answer our questions without hesitation:

What brings malaria ?

- The mosquitoes. They breed in pools of dirty water. If they bite us, we get sick.
- *Where do you sleep?*
- In our bed, under a mosquito net.
- *What must we do to get rid of the mosquitoes?*
- Keep the house and its surroundings clean.

Mr Tamba Jemmey, school teacher in Illiasa and member of the local drama group comments, "These children bring all these messages home. Through them, we reach the parents."

At the local Health Centre, the nurse, Mrs Bakari Kinteh appreciates all that has been done to make the population aware of malaria. She points out that before the NSGA facilitators came, she would see patients non-stop from 8:00 am to 2:00 pm. "Now, the last patient leaves at 10:00 am. Morbidity and mortality have been dramatically reduced."

Drama Groups

There have been drama groups in Gambian villages from time immemorial. They are part of the life of communities.

This is why they were seen as an excellent potential carrier of communication in the struggle against malaria.

"We trained the drama group members in Malaria Competence, focusing on key interventions with tailored messages," says Adama Jane Sonko. "Now, they write their own little dramas. They write songs to transmit all the prevention messages." These groups are systematically invited to join the local meetings to provide information about malaria. And the National Malaria Control Programme signs small contracts with them. For a modest fee, they perform in their villages and they also perform where there is no trained drama group.

NSGA has developed great expertise in this area. Its professional drama group performs in different places, brings life to meetings, and trains local groups.

"A drama group is a very powerful tool," states Abu Carr Sisawo, NSGA facilitator. "With a small drama, you can summarise the content of the Self Assessment framework. Another advantage is that dramas are always performed in the local language (and there are plenty of those in The Gambia!). Drama groups keep on illustrating the same main themes, but they enrich them with allusions to what is being lived in the community. Their plays are not recitations: they invent, improvise, and enjoy very much performing."

And the pleasure is fully shared by the community!

In Maka Farafenni, all the population was gathered at nightfall. There were hundreds of persons. The NSGA facilitators had set up a large screen. And soon, thanks to a generator brought on top of our car, everyone could watch small NSGA films about malaria. Then, it was the turn of the local drama group to perform. The play showed a family. The child was sick. A friend arrived and the discussion started. Should the child be brought to the marabout? Should we give him paracetamol? The child was getting worse and the discussion sharper... and often hilarious. The viewers did not miss a word of it!

Finally, reason - and health - won. The message, this time, was about not using paracetamol for a malaria fever because, after a short improvement, the state of health of the patient gets worse. He or she must be brought right away to the Health Centre.

"As you can see," insisted Abu Carr Sisawo, "they are not reciting a lesson. They have taken ownership of these messages and the stories are their stories."

An extreme respect for traditions

There is no doubt that if the facilitators trained to use the Self Assessment tool have been so well received by the communities, if they could easily convince the local drama groups to forward messages about malaria, it is because they always showed the greatest respect for local traditions.

A village head told us about this matter, "The Malaria Competence process has not been imposed on us. The NSGA and National Malaria Control Programme people started visiting us, the heads. They asked what we would like to know about malaria. Then they explained what they wanted to do. We agreed immediately."

Abu Carr Sisawo, Lamin Fatty, Yancouba Bojang, Souleiman Manneh and the other facilitators take great care to listen to the communities, to get to know their traditions and taboos. For example, none of them would think of saying, "Don't go any longer to the marabout." Marabouts are part of life. Everyone consults them before a journey, a marriage, an exam or for the success of a commercial deal. "We only show people," explains Abu Carr Sisawo, "that, as they can see themselves, the marabout does not cure malaria, and that the nurse at the Health Centre does cure it."

Here is another example, this time about HIV/AIDS. In a community, it is not proper to talk about sex before the elders. In another community, during a screening, it would be improper to play music at a too high level. "We must greatly respect communities. We must be close to them and at the same time know our place. We must always allow them to take ownership of their destiny with regard to malaria. Self Assessment is of great help in these matters. It is a tool for discussion and negotiation."

Sustainability

The same word comes up again and again in conversations with National Malaria Control Programme and NSGA facilitators and also in the WHO head office in Banjul: sustainability.

Everyone remembers short-lived information campaigns, public awareness programmes with no sustainability, health initiatives that come to a halt with the end of outside funding. And you can hear this sentence in West African countries, "Many assistance programmes are two years long. Then, the partner goes back to their country. But the mosquitoes remain!"

"Our main concern is the sustainability of the struggle against malaria," stresses Dr Thomas Sukwa, WHO representative in The Gambia. "This is the reason why we run awareness campaigns directed at the children, the youngsters. In this way, we hope to have, in the near future, a generation of young adults with real Malaria

Competence, a generation that will be able to go on, by itself, with prevention and care.”

This generation has already started to do that in Maka Farafenni. During the night of the film show, after the great performance of the local drama group, Lamin Fatty, one of the NSGA facilitators was delighted. He said, “The last time we visited this community was in March. Nine months ago! And you can see how deeply they have come to own the information about malaria and how they invent their own way to get the messages across to the community.”

NSGA Programme Director Kevin Hughes, insists, “We do not want to build a culture of dependency. On the contrary, we want the communities to take ownership of the necessary competence to make malaria roll back. And this is where the power of Self Assessment stands: ownership.”

Mrs Adama Jagne Sonko, Deputy Programme Manager in the National Malaria Control Programme is confident that if resources are continuously available to scale up interventions and to consolidate the gains then, “The Gambia will have the capacity to control malaria. And we will move towards pre-elimination. Our target for 2010 is pre-elimination, and then elimination.”

More funding will have to be mobilised to scale up the approach to cover the whole country, but the Gambians are confident.

As he was bidding us goodbye, WHO Dr Thomas Sukwa, called out to us, “We will roll back malaria to the ocean!”

Some advice from The Gambia

What advice can be drawn from the experience in the Gambia, to help a country or a region willing to adopt the Malaria Competence approach? Mrs Adam Jane Sonko makes some suggestions:

- Convince people that the approach works and is effective in mobilising local action against malaria.
- Build the capacities of communities and allow them to take the lead in facilitating the process and determining their own competence levels and drawing their action plans (problem identification and finding solutions).
- Partnership at all levels is crucial for the successful implementation of the approach and programmes.
- Recognise and use the comparative strength of each partner
- The programme requires constant monitoring, follow up and supervision to serve as a catalyst for communities and to renew efforts.
- Promote learning and transfer within communities to create more interactions and interest between communities

We asked this same question (what advice?) to a group of women, in the village of Sohm. And they answered with happy enthusiasm, “Take along twenty of us to the country interested in Malaria Competence, and we will explain to them what it is all about!” And everything that we have seen convinces us that they would do exactly that with great success!