

Background

Regular use of a long-lasting insecticide-treated bed net (LLIN) has been established by the World Health Organization as a best practice for preventing malaria. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Catholic Relief Services (CRS) is currently nearing completion of the first phase of a universal LLIN distribution campaign as part of a broader effort to bring malaria in The Gambia to the pre-elimination phase by 2015. However, the logistical challenges of obtaining universal coverage and ensuring that nets are used properly are significant, particularly in rural areas with limited infrastructure. Past campaigns have shown that distribution alone is not enough; the population must adopt proper usage and healthy practices to prevent and treat malaria. By selecting and training community volunteers through the traditional Kabilo social structure, CRS has been able to improve the distribution process and reach a large population with BCC activities.

The Kabilo Approach

The Mandinka word Kabilo refers to the traditional, highly organized social structure in The Gambia. Each community is home to a number of Kabilos, with the leaders making up a council of elders and each Kabilo providing support and guidance to its members. Originally conceived by Save the Children, the Kabilo Approach has proved successful in The Gambia in promoting healthy behavior change in the area of reproductive health. Using this strategy, the community health nurses in each community inform village leaders of the project and ask them



Child mortality from malaria can be reduced by 60% with the use of an LLIN. Morgan Cole for CRS

to select representatives among each Kabilo. Each selects both a male and female member to serve as their representatives, to best reach individuals of each gender. Those selected as representatives have demonstrated their motivation and commitment to the betterment of the community, and are thus respected within the group and are well-positioned to influence positive behaviors.

Distribution

CRS has adapted and further developed the Kabilo methodology to complement the recent LLIN universal distribution campaign and BCC components of the Round 9 Global Fund malaria grant. As of March 2011, the project had trained 764 Kabilo Representatives (KRs) from 6 regions in The Gambia (Upper River, Central River, Lower River, North Bank, West Central). A three-day training course offered basic technical knowledge of malaria transmission and prevention, counseling and adult learning techniques, as well as reporting and recording skills. All KRs were provided with illustrated educational aids to assist in raising their awareness of health education activities, as well as the reporting tools necessary to document face-to-face counseling sessions, net ownership and usage.

KRs performed a valuable role in the pre-distribution phase by informing their Kabilo members of the upcoming campaign and emphasizing its importance. Many households in rural villages are isolated or difficult to reach without local knowledge, yet the highest rates of malaria are in these rural areas due to ecological factors. For this reason KRs were an asset in



A recipient in front of her insecticide-treated bednet. Morgan Cole for CRS



During a training on proper bednet usage. Morgan Cole for CRS

enabling distributors to reach the entire population of their communities, while simultaneously increasing community ownership of the project. This allowed the project to complete a comprehensive household registration, issue vouchers, and later distribute nets during the mass distribution.

Behavior Change Communication (BCC)

While achieving universal LLIN coverage is a vital step in controlling malaria, the benefits of net ownership are diminished if LLINs are not used properly. Previous experience has demonstrated that many recipients will use nets incorrectly, care for them poorly, or neglect to sleep under them regularly. Usage decreases particularly during the hot season, when risk of malaria is perceived as low, many families spend evenings and nights outside, and the nets are thought to decrease air circulation. Therefore, the importance of BCC in combination with LLIN distribution cannot be understated, and the work of KRs in this domain was integral to the success of the hang-up campaign. Because the KRs are selected by

their fellow Kabilo members, they are well-accepted by the community and respected in their role as health agents. Many have pre-existing health-related roles in the community, further strengthening their credibility and motivation.

In the weeks following mass distribution, KRs performed door-to-door visits within their Kabilos to ensure that all households had received and hung their nets, were using them correctly, and understood the appropriate practices for preventing and treating malaria. Many KRs emphasized the importance of follow-up for actually changing the behavior of their Kabilo members, with one stating, “some people we have to visit over and over before they accept.” By March 2011, KRs had performed over 33,000 home visits with the goal of increasing LLIN usage.

Lessons Learned

Literacy is fairly low among community volunteers, including KRs, requiring that reporting tools be appropriately designed to ensure data accuracy. The project used pictograms on all reporting forms used by KRs, with sections to indicate the number of households visited, face to face counseling session, and individuals using LLINs. However, some volunteers did not correctly interpret the pictograms, leading CRS to consider revising the reporting tools and strengthening this aspect of volunteer training.

The importance of supervision and feedback for KRs became clear as the project progressed. Though supervisors’ responsibilities included periodic check-ins with the volunteers in their designated area to collect reports and provide feedback, some KRs stated that they had not received a visit from a field worker in months. Though not a widespread problem, this delayed the reporting process and decreased morale among volunteers who felt inadequately supported or supervised.

Looking ahead

The universal distribution campaign and BCC activities are two components of the Global Fund malaria grant that is also funding Indoor Residual Spraying (IRS), Intermittent Preventive Treatment (IPT), and Malaria Case Management components. With consideration of the three-year LLIN lifespan, coverage will need to be maintained in order to attain the overall Global Fund objective of reaching pre-elimination of malaria in The Gambia by 2015. To assist with future distribution campaigns, KRs can be provided with refresher training to resume their roles in the community.

The versatility of the Kabilo Approach allows its adaptation for use in a variety of projects. CRS will work with KRs in future BCC efforts, continuing to strengthen their capacity and provide important health services at the local level. CRS and its partners are currently employing the Kabilo Approach for a home-based care project, with KRs performing regular visits to the chronically ill to provide counseling and basic support.