

ESTHER GRANT: PROJECT FINAL REPORT

APRIL 2017 – APRIL 2018

1. Pilot Project:

Integrated Primary Healthcare Project - as part of the Makoko/Iwaya Primary Healthcare System in Lagos, Nigeria

1.1 Context:

Makoko/Iwaya Waterfront (M/IW) Community is a marginalised informal fishing neighbourhood on the lagoon of the Metropole of Lagos, Nigeria. The community accommodates upwards of 50'000 inhabitants, the majority of whom lives below the poverty line of US\$ 2 per day. They have no access to reliable clean drinking water, electricity, sewage or other waste disposal, nor to conventional health care services. Most inhabitants rely on traditional healers (THs) and traditional birth attendants (TBAs) for their healthcare needs, more so for deliveries and postnatal care.

1.2 Project Goal and Focus Area:

The overall goal is the establishment of an integrated primary healthcare system of conventional and traditional medicine in the Makoko/Iwaya Waterfront community that is available, accessible and affordable, by harnessing the resources on ground and empowering the THs and TBAs. The focus lies on mother, newborn and child health and reproductive healthcare.

1.3 Project Components:

The pilot project rest on three components, which are interlinked and built on each other:

- I. Awareness raising, health promotion and capacity building (community, THs & TBAs and 'Health Champions')
- II. Community Health Centres (CHC or Health Posts) serviced by healthcare professionals and traditional health service providers
- III. Primary Healthcare Clinic (Pre-Hospital facility) with a special mother and child unit

1.4 Project Objective:

The ESTHER grant covered Component I. only (above), April 2017 – April 2018.

The following objectives pursued the realisation of the goals of Component I:

- a. Mobilise residents of M/IW community for full participation in the integrated healthcare project (Community dialogue events); see 2.1
- b. Mobilise and train youth in the community to become “Health Champions”; see 2.2
- c. Mobilise, train and guide the THs and TBAs in their service delivery and formalising their status with the relevant Lagos State institution (formal recognition and certification); see 2.3
- d. Conduct healthcare outreach programs and community healthcare events to improve health awareness and health literacy; see 2.4

The theory of change: By harnessing and empowering the traditional health-care ‘resources on ground’ (specifically the THs, TBAs and “Health Champions”), the outcome of the three project components of integrated healthcare delivery results in **available, accessible and affordable** healthcare provision, in better health for more people and especially in the mitigation of maternal, infant and child mortality.

Commencing with Component 1: Serves to prepare the community, THs & TBAs and HCs for development of integrated health services and propagate health awareness and health literacy among the residents of Makoko/Iwaya.

2. Activities, Outputs and Outcomes

2.1 Mobilization of Community: Awareness Raising and Health Promotion

2.1.1 Activities:

Monthly Community Dialog Forums. Issues relating to integrated healthcare services and general healthcare topics are issues discussed.

2.1.2 Output:

Community Forum Awareness-Dialogs: Conventional healthcare providers and traditional healers together engage residents at awareness raising dialog-sessions at different sites of the community to discuss and enlighten on conventional approach to health issues and relevant project issues.

Indicators:

- Constant high attendance and enthusiasm at meetings, with lively discussions on need assessment.
- Over **2'518 residents attendees reached**
- **A total of over 10'000 residents reached through meetings, public campaigns, Health Champions interactions, outreaches and TH & TBA contacts as well direct and indirect contacts.**

2.1.3 Outcome

- Many community members now acquainted with modern conventional medicine. They are more enlightened and more health literate after awareness raising dialog-sessions. They are better informed on issues of hygiene, nutrition, family planning, and some common diseases.
- Residents heed and respond to advice and counselling by “Health Champions”

2.2 Training of “Health Champions” (HCs) for Home Visits in Community**2.2.1 Activities:**

- Health Champions make home visits in pairs, twice monthly;
- Supervision meetings once monthly with professional Community Healthcare Extension Workers (CHEWs)
- Continuous training ongoing

2.2.2 Output:

- **Thirty-five** High School graduates within the community underwent two one-week empowerment trainings and supervision as “**Health Champions**” in communication, health education, awareness and community engagement. Specific topics included hygiene, nutrition, immunization and family planning.
- Health Champions educate and enlighten community members on these topics at visits in their homes.

Indicators:

- Data templates and record of deployment and operations at each visit.

- HCs completed over **200 visits** in community residents' homes.
- **Eighty-four** community residents referred by HCs to Iwaya Primary Healthcare Centre for healthcare services.
- **Seventeen couples** accessed institutional family planning services on the advice of trained HCs.

2.2.3 Outcome:

- HCs successful engagement in the community under supervision of Community Healthcare Extension Workers (CHEWs), of the Lagos State.
- Youth initiative groups in two of six sub-districts of the community initiated environmental 'Cleaner troops' for regular community cleaning activities. **Self-help!** The community is cleaner.

2.3 Seminars and Courses to empower Traditional Healers (THs) and Traditional Birth Attendants (TBAs)

2.3.1 Activities:

Seminars and courses were organized and offered by local lecturers and Swiss specialists (infection and hygiene specialist, midwife) with themes including

- General, personal and environmental hygiene measures e.g. in workplace and at home.
- Pregnancy care and related problems, birth attendance, obstetric emergency recognition.
- Patient record keeping and medical data collection.

2.3.2 Output:

- Three trainings out of four carried out within the grant period by specialists from Switzerland and local facilitators.
- Hygiene and sanitation indicators for assessing THs & TBAs operations have been developed and in use of monitoring standard.
- Medical data records templates have been developed and in use.

Indicators

- **89** successful births reported by 11 THs & TBAs
- **327** pregnancy related healthcare services offered by THs & TBAs from October 2017 to March 2018

- **739** healthcare services to residents by THs & TBAs from October 2017 to March 2018

2.3.3 Outcome:

- Number of participating THs & TBAs increased from initial **34** → **41**.
- **Twenty-six** THs & TBAs have achieved State registration and recognition! -> **Formalisation of Status!**
- **Monthly reports:** Birth and Death (Maternal and Newborn) **Registry** for the Lagos State since January 2018, officially established!
- **Formal statistical recording** of pregnancy, healthcare services by the THs and TBAs installed since October 2017 and ongoing.
- **Reduction of registration fee** of the Lagos State Traditional Medicine Board (LSTMB) for **Makoko THs & TBAs (- 25%)**.
- **Knowledge and skills transfer:**
- In recognition of the projects milestones, the Lagos State Primary Healthcare Board (LSPHB) included our partner organisation (AI) in committee to formulate the reporting tools and templates for THs & TBAs operating in the State.
- Recognition of project milestones by the Lagos State Traditional Medicine Board with request to conduct similar trainings in other areas of the State.
- The project influenced Lagos State Government to develop a medical record system for THs & TBAs across the State. The medical record template is ready.

2.4. Healthcare Outreach Programs and Community Healthcare Events

2.4.1 Activities:

- **Mobile community health promotion events:** The trained HC, Community Health Officers, staff nurses and medical doctors and the partner organisation (Arctic Infrastructure) on hand at each event

2.4.2 Output:

- Four mobile outreach events (twice each on water and on land) for residents who enjoy free medical consultations for minor ailments

- Free non-prescription drugs, vitamins and antimalarial drugs

Indicators

- **817** consultations at four health promotion events for minor and prevalent ailments. Check for hypertension, diabetes, obesity and malnutrition.
- **23** chronic ailments referred to State Institutions
- Field laboratory tests on **544** adult clients. No hypertension, one case of diabetes referred
- Somatometric measurements (Height and Weight) of **544** adult clients.
- **Six** community members of hitherto unknown status **tested positive for HIV** and referred to State Institutions for treatment and care.
- Few children with signs of malnutrition
- Immunization of **273** infants and children against common preventable infections (diphtheria, tetanus, poliomyelitis, hepatitis, measles and tuberculosis)

2.4.3. Outcome:

- Community health promotion with outreach programs by integrated conventional and traditional medicine services
- Community residents in direct contact with conventional medicine fostering trust, health awareness and health literacy
- Epidemiologic orientation on occurrence of hypertension and diabetes as well as HIV infection in community

3. Project Challenges and Constraints

- **Language Barrier:** between beneficiaries and many programs' operators and facilitators.
- **Logistics delay:** Delay in the project implementation due to constraints in planning time schedules (rainy season); inconstant capacity of local government.
- **Limited capacity** of local government infrastructure in healthcare provision.

4. SUMMARY AND CONCLUSION

Component 1 of this Pilot project, serves to prepare the ground until the goal of an integrated primary healthcare system is established which is available, accessible and affordable for all in the Makoko Community.

The lack of baseline information on the state of health in the community affects the effective measurement of changes and outcome in some specific aspects of the project component. Even at this early stage of progress, proportionally more people already access slightly improved basic healthcare provision because of this early achievement of this component.

5. Overall Transformative Impact:

a) Tools:

- Empowerment, awareness raising and advocacy in a difficult and unstable setting
- Analyse, harness and employ the **"Forces on the Ground"**
- Involving all stakeholders (Community, 'Target group' – THs and TBAs, - and government at all levels, civil society etc.)

b) THs and TBAs:

- **Formalisation of status** with Lagos State: 26/34 Trainees
- **Monthly** (Maternal/Newborn) Birth and Death **Registry** for the Lagos State officially established

c) Health Champions:

- Development of group initiatives to enhance their work in the community

Because of this Pilot healthcare project, **a new benchmark** in the general affairs and of Traditional Healers and Traditional Birth Attendants in the Lagos State has been set.



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