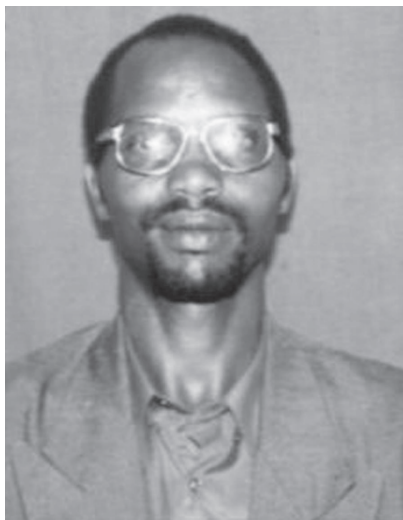


COMMUNITY VOICES

An Interview of Albert Mutai



Albert Mutai is the Deputy Head Master of Kaitui Secondary School in Kenya and Chairman of the Village Health Committee in Kaitui. He and others in his community have been working with the School of Medicine at Moi University and with the Ministry of Health in addressing the health problems of their community. I interviewed Mr. Mutai by email and telephone during the early months of 2003. Following the “Background” is an abridged, edited summary of our conversations.

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Background

Students at Moi University participate in a program called Community-Based Education and Service (COBES). In 2000, through action research that they conducted during their 6-week community attachment, fifth-year students discovered that malaria accounted for 30% of the deaths in the 13 districts in which they were working and learning. For more than 5 years malaria had been ranked the number one cause of morbidity and mortality. The number of deaths was increasing because the most prevalent species of malaria (*P. falciparum*) had developed resistance to a number of anti-malarial drugs, including chloroquine. Efforts to curb the 1999 “highland epidemic” were uncoordinated and excluded the community.

The students recommended that the Medical School work with the Ministry of Health and local communities in trying to create a programme that would

reduce the morbidity and mortality from malaria. The students determined that Kericho and Kisii Districts had the most frequent malaria epidemics.

Mabel Nangami coordinates the COBES V Program. She is Head of the Department of Health Policy and Planning in the School of Public Health. As a next step Nangami and her team of faculty members visited the districts where they consulted with a Ministry of Health team and collected detailed data. Together the University and Ministry of Health teams identified Kaitui in Kericho as a target location. The teams wanted the community to have a high sense of ownership of any intervention, and they wanted any intervention to be sustainable, so they approached the committee that ran the small health centre as well as community leaders, including Albert Mutai.

Interview

Mr. Mutai, could you please briefly describe your community?

We are of the Kipsigis tribe, which is one of the Nilo-Himites. There are 173 homesteads with mud-walled houses and either grass-thatched or iron roofs. There are very few permanent structures. The community occupies four villages with a central market place that has 50 tenants. There is an average of six children per homestead. Disputes in the community are solved by a village elder (“Boiyob Kok”).

Most of the people are peasant farmers and grow tomatoes, maize, sugar cane, beans, and bananas. Some farmers have one or two cows. Breakfast consists of a mug of porridge made of maize and millet or a cup of tea. Other meals are mainly of maize meal, vegetables, milk, meat and a little fish.

About 25% of the community members have never attended school. Fifty-three (53) per cent have been to primary school, 14% to secondary school, and 8% have had post-secondary education.

The residents obtain medical attention from a dispensary. Those who are very sick are referred to the district hospital at Kericho or they can seek treatment from private dispensaries. Most people get sick with malaria, especially in the months of May, June, July, and September.

When and how did you and your community get involved with Moi University?

We had a public meeting on 9 May, 2001. Moi University’s contact with our community at Kaitui was timely because we were in dire need of assistance. We had had several severe outbreaks of malaria between 1990 and 1999. Malaria has claimed many lives of the young and adults alike.

During a public “baraza” (meeting), speaker after speaker presented the day-to-day problems. We then prioritized our problems. The number one problem was malaria. The second problem was water pollution, which leads to typhoid, dysentery, amoebiasis, and other diseases. A third problem was HIV/AIDS, which has claimed few lives but is expected to top the list since we

suspect that a significant number of people must have it in the incubation stage. This is a problem we hope to address in the not too distant future.

What are the main causes of malaria in your community?

Mosquitoes that breed in standing water, some of which collects in tins, polythene bags, and banana leaves. The problem is aggravated by the lack of treated bed nets and the lack of affordable anti-malaria medication. Also, the onset of rains usually coincides with the time when most people experience a shortage of food. People use the little money they have to buy food and spend less money on medicine. This results in the under dosing of drugs.

Please describe your problem with water pollution.

Most of the water for the community comes from two contaminated rivers. The rivers are used for washing clothes and bathing. Animals drink from them. Also, there are other sources of contamination upriver. During the rainy season, there are problems because of the run off.

Mothers and young children bring water from the rivers to the homes. A few families have water piped into the homes, but this water is untreated and totally unsafe for drinking. People are learning about the need to boil the water, but even when they do that, they sometimes contaminate the water with utensils that they have used.

I understand that baseline information about your community was gathered.

Yes. In March, 2001, prior to the baraza, Moi University students conducted a survey in 30 out of the 210 households. Twenty-six (26) per cent of the people had been ill with fever in the past 2 weeks. Of these, 65% sought help at the clinic. Ninety (90) per cent of those interviewed understood the signs and symptoms of malaria and preventive measures at individual, household, and community levels. However, 76% had never used preventive measures. Seventy-five (75) per cent used water from unprotected sources.

Were there any health workers in your community prior to your partnership with Moi University?

There was just one public technician who is a Ministry of Health employee. He covered a large area, including ours.

What did you decide that you needed to do in order to address malaria and other health issues?

Our goals were to:

Help community members become aware of the causes of malaria.

Set up a community pharmacy.

Enlighten people on their health needs.

Develop alternative ways of generating income to buy daily requirements including drugs.

Help community members become aware of the causes and treatments of other diseases.

Devise cheap and affordable ways of combating diseases.

After the meeting a health committee was elected to help coordinate work on the project. There are two village health committee members (VHCs) from each of the four small villages plus three others. Also, there are two community health workers (CHWs) from each village. One village is bigger so it has one extra person. The committee has 20 people in all. All are responsible people in the community.

What is the role of the community health workers?

They act as a link between the health services and the community. They provide basic treatment and refer complicated illnesses. They counsel community members on disease prevention, treat mosquito bed nets, identify weak and high-risk groups, help run the community pharmacy, and motivate the community for better health.

What are the responsibilities of the village health committee members?

They provide support for community health workers, monitor the community health status, initiate and manage community income generating activities, and provide feedback to the community on all aspects of the programme, including the needs and progress.

What are your responsibilities as chair of the health committee?

I chair the village health community meetings; communicate with our partners (the Ministry of Health and Moi University); oversee the implementation of decisions that have been made; and work closely with the treasurer.

Did you and the other committee members have any preparation for your roles and responsibilities?

Moi University got some money from SIDA (the Swedish International Development Agency) for 3 weeks of training for our committee of 20 people. The training took place in August of 2001. The focus was on primary health care, information gathering, immunizations, personal hygiene, environmental sanitation, malaria and mosquito control, family planning, AIDS control, etc. In September the group received certificates.

What are some of the steps that you and the community have taken to combat malaria and meet your other health goals?

Our committee conducted a house-to-house campaign to enlighten the residents on the cause of malaria and ways to eradicate it. We held public meetings and mobilized the community to adopt a participatory approach. We also set up a community pharmacy so that we could make drugs, especially anti-malarial drugs, available cheaply.

Now we pay regular visits to community members, checking on the level of awareness and the progress they are making at the individual level. We map and destroy the mosquito breeding sites, and we assist with the work on intervention projects. We also compose songs and plays that have messages on the project intentions.

That's a lot of wonderful work. Who composes the songs and writes the plays?

The songs and dramas are composed by talented people in the community. The people at Moi University have helped us. The performers are community health workers and sometimes school children. The songs, which have health messages, are performed at public meetings and at public gatherings like closing days for schools. After the singing, the key issues in the songs are highlighted.

What are the roles and responsibilities of the Moi University students?

The students, in the company of the village health workers, interview and advise community members. The purpose of these visits is to assess the level of awareness and change that has been realized so far.

The students also assist the clinical officer who is in charge of the local dispensary, and they participate in the construction of intervention projects. They have demonstrated how to drain breeding sites, and they have taught community members how to use insecticide-treated bed nets. In addition, students monitor the group's progress. When sick people have not responded to treatment, the students advise them on the next course.

What have been the roles and responsibilities of Moi University faculty members?

The faculty members obtained the funds that we used in the training of our committee. They donated a Macintosh computer to assist with record keeping and with information retrieval. They channelled some support from SIDA to assist with financing intervention projects, like the Ferro cement tank at Kaitui Primary School. This tank, which is designed so that insects can't get in it, is meant to show an alternative source of clean water.

Faculty members pay us visits to encourage us and check the progress. When they are here they supervise the students. Faculty members also arranged for me to attend the Network: TUFH's annual conference, which was held in Eldoret in 2002.

Yes, I understand you gave a keynote address about your community at that meeting. What are the roles and responsibilities of your other partner, the Ministry of Health?

The University identified University staff and students on COBES attachments to work with the Ministry of Health as facilitators during

the training. The Ministry of Health provided technical support, especially during the construction of latrines and water jars and the task of protecting the springs. The Ministry worked with the other stakeholders in monitoring and evaluating activities undertaken by the community health workers, and they coordinated the CHWs work with the plans of the Ministry and various non-governmental agencies in the administrative area. The Ministry of Health team included the District Medical Officer of Health and the District Public Health Officer, as well as the Divisional Officer and technician.

What are some of the challenges you and the others have encountered?

It is hard to find meeting time from our committee of 20. The teachers and the community health workers are busy during the day. In the evenings members have family responsibilities. It is difficult to travel around so members often aren't punctual when they do attend meetings.

Some of our other problems are...:

Outdated traditional beliefs regarding the cause and treatment of malaria.

People expecting the government to provide medication.

The government's failure to cooperate where necessary.

Too much bureaucracy in the government.

The failure to pull together enough resources so that the community pharmacy can be self-sustaining.

The lack of a person who has sufficient training and experience to dispense drugs.

The suspiciousness and indifference of the local political establishment. (During election time they thought anything new was coming from the opposition.)

The lack of work gear, especially gear for the rainy seasons.

The lack of identification for community health workers, for example T-shirts, caps, or badges.

The low income of the majority of people, which means they can't buy mosquito nets.

How have you been dealing with these challenges?

We have been reducing the agenda at the meetings and prioritizing the tasks. We've been enlightening the people regarding the government's limitations, and we've been selling mosquito nets on credit so that residents pay over a span of time.

An additional challenge is that the community health workers have too much work. We gave them each a specific area to cover, but they are still having problems because they have too many people to deal with. We want to increase the number of CHWs but not many people are interested. Many community members are farmers and can't spare time for additional responsibilities. Once

the project is fully operational, we think more people will be willing to serve as community health workers.

What are some of the benefits, if any, that your community has derived from working with Moi University?

We've had intervention projections, such as getting the Ferro cement tank. There is an increased awareness on the causes of malaria and ways to prevent it. Some people now appreciate the difference between treated and untreated bed nets. People are becoming more open about discussing health-related issues. The use of Chloroquine has decreased.

Has there been a reduction in the number of cases of malaria?

Morbidity and mortality rates dropped slightly compared to the 2001 peak malaria season. And we expect more improvement.

What benefits do you think that the students and faculty have derived from being able to work with you and your community?

The students are being exposed to a practical, real life situation. They have a better understanding of the health needs of the community. They have acquired skills in promoting health. The faculty staff have had a chance to visit locals in their home set-ups. This has helped the faculty see the relationship between poverty and the occurrence of health related problems.

What lessons have you learned that might be helpful to people in other communities around the world that are working with schools in the health professions?

Mobilizing a community to realize their needs and find ways to solve their problems can be an exercise that needs a lot of patience, time, and sacrifice. Constant contact with partners is important in attaining goals.

If you were just starting your collaboration with Moi University and the Ministry of Health would you do anything differently?

I would suggest that the Ministry of Health may need to have clear policies in place so that it plays its role as an active partner in implementing the action plan. I believe they may not have been prepared to handle such a partnership, it probably being the first of that kind.

Involving multiple partners in improving the health of communities can certainly be challenging. Thank you for sharing your experiences. Best wishes to all of you. I hope that in the future you and your colleagues will update our readers on your progress, including any steps your community takes to address your common concerns about HIV.