# Fostering Health Behaviors Through Ward Development Committees

## The Yarbese Community Example

For more than 20 years, 65-year-old Muhammad Samma has been constantly worried about the state of the health of his community. Samma is a local leader in Yarbese, a rural area in Kebbi State in Northwestern Nigeria where primary health centers are the major sources of access to appropriate health care. However, most community members, especially in Northern Nigeria, do not access primary health care services due to various barriers, including gender and cultural norms, distance to health facilities, inability to afford the cost of health services, and the lack of commodities at the health facilities. These challenges have contributed to poor maternal and child health rates in Nigeria, especially in the northern region.

---

*At this health facility, aside from donkeys, there was nothing in it. There were no drugs, people were not coming to the health facility, pregnant women due for delivery were not coming to deliver in this facility. So, we've faced all those problems a lot.*
— Muhammad Samma, WDC Chairman, Yarbese

---

Such is the situation in Samma's community, where medical supplies in primary health centers are often insufficient, and centers are hard for some people to get to. Moreso, gender and cultural norms do not permit women to be participate in community coordinating leadership structures, including Ward Development Committees (WDCs). This hinders the promotion of health-seeking behaviors that mostly affect women, such as childbirth spacing, antenatal care (ANC) attendance, child delivery at health facilities, and postnatal care.

---

*We [women] lack the agency to sensitize other women on health issues, such as childbirth spacing and exclusive breastfeeding, through house-to-house visit[s].*
— Hajon Garba, WDC member, Yarbese

---

USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

Breakthrough ACTION, the United States Agency for International Development (USAID)'s global flagship social and behavior change project, addressed these problems in three states in Northern Nigeria (Bauchi, Kebbi, and Sokoto). The project collaborated with the National and State Primary Health Care Development Agencies to train 75 WDCs on developing and implementing Community Health Action Resource Plans. These plans enable the WDCs to define and resolve priority health challenges within their communities. The plans also include recommendations to alter WDC leadership structures to ensure female representation and provide agency for understanding and advocating for health issues that mostly affect women. Following the training, all the WDCs developed and began to implement their action plans in September 2019.

After the training, Samma and other WDCs modified their membership and leadership composition to ensure at least 35% female representation. They set up emergency transport systems to help pregnant women access health facilities for ANC, deliveries, and postnatal care. They also raised money to purchase medical supplies and provide missing infrastructure needed to help community members easily access primary health centers.

---

*Before now, in this health facility, patients laid on bare floors; sometimes [health workers] used cartons or brought two benches together to lay patients [upon]. Breakthrough ACTION-Nigeria taught us how to come together, and, as such, we were able to unite and construct [maternity] beds, procure examination apparatus, [and] provide free [medication].*
— Muhammad Samma

*The Breakthrough ACTION-Nigeria training strengthened me such that even in the middle of the night, no matter the hot sun or rainfall, when I am called upon, I will pick up my umbrella to get to my car and start going. I am conveying people, they are happy, and I myself am happy.*
— Mohammed Danmalan, Emergency Transport Driver, Kebbi State

---

The Yarbese primary health center recorded a remarkable increase in ANC visits and facility-based child delivery within one year of implementing a Community Health Action Resource Plan. The average monthly ANC visits increased from 28 visits as of June 2019 (before the intervention) to an average of 47 visits as of October 2020. Facility deliveries also went from zero to an average of 17 within the same period. All WDCs have achieved similar results.

---

*Before, I had no [interest in] childbirth spacing, ANC, and routine immunization, but the WDCs have been instrumental in my conviction to visit the health facility.*
— Salamatu, businesswoman, Kebbi State

---

All 75 WDCs have raised over $15,000, which they used to provide and maintain emergency transport systems and water supply, improve access roads, renovate primary health centers, and purchase medical supplies. As a result, 5,558 children accessed routine immunization, 1,773 pregnant women delivered at health facilities, and 1,538 pregnant women attended ANC. Over 80% of the WDCs now have at least 35% female representation in their leadership to ensure gender inclusion in the collective decisions for improved health outcomes within their communities.

> *Before now, women didn't come for ANC, but now they are, and not only in Yarbese, but even from villages. For example, in Tungan Maru, all their women come for ANC here because we [female WDC members] tell them the benefits of it. Also, when a woman is in labor, they rush her to the primary health center also.*
> — Hauwa'u Ango, Yarbese WDC Treasurer

Breakthrough ACTION-Nigeria will further strengthen WDCs' capacity to include women in their leadership structures and build understanding of women's health issues. The project will work in the Federal Capital Territory and Ebonyi State using learnings from the three northern states to promote appropriate health care-seeking behaviors with the hope of improving maternal and child health indicators in Nigeria in the long term.

This success story is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.