

CASE STUDY

Ramba Kibondo (Live Long Child) Child Survival Program

Program Overview

World Relief/Burundi implemented the CSHGP Ramba Kibondo (Live Long Child) Program in four communes of Kibuye Health District, Gitega Province, in Burundi. The program implemented a community-integrated management of childhood illnesses (C-IMCI) program, using a care group model focusing primarily on nutrition (40 percent of the program's efforts), malaria (30 percent), control of diarrheal disease (20 percent), and immunization (10 percent).

Drivers of Integration

Although family planning was considered in the program's initial design, there were not sufficient funds for implementation. Interest and motivation to include family planning grew when the program did not see sufficient improvements in childhood malnutrition rates. Implementation also coincided with an important time in Burundi's history for the acceptance of the country's demographic challenges, especially by the religious and cultural leaders through the 2010 Gitega Declaration. In the declaration, leaders encouraged "the Government to engage in research and programs that are comprehensive and effective, while respectful of human and religious values." In 2011, World Relief received a Flexible Fund Grant, which allowed the program to integrate family planning in the last 9 months of implementation (from March to November 2012).

Integration Strategies

The program implemented two strategies to integrate family planning. At the community level, it used its existing community mobilization platform—the 209 care groups comprising close to 3,000 volunteers—as the entry point to deliver birth spacing interventions. The care groups were initially set up to deliver C-IMCI messages, including nutrition, and were involved in health education, data collection, and referrals to the health center. At the health center level, two providers per facility, primarily nurses trained in C-IMCI, including nutrition, were trained in family planning counseling and service delivery of modern and natural methods with funds from the Flexible Fund Grant. The figure



Ramba Kibondo Care Group (Source: World Relief, "Final Qualitative Assessment Report for the Flex Fund Grant to World Relief Burundi Ramba Kibondo CSP," cover photo)

Funding: USAID Child Survival Health Grant (2007–2012) and Flexible Fund Grant (2011–2012)

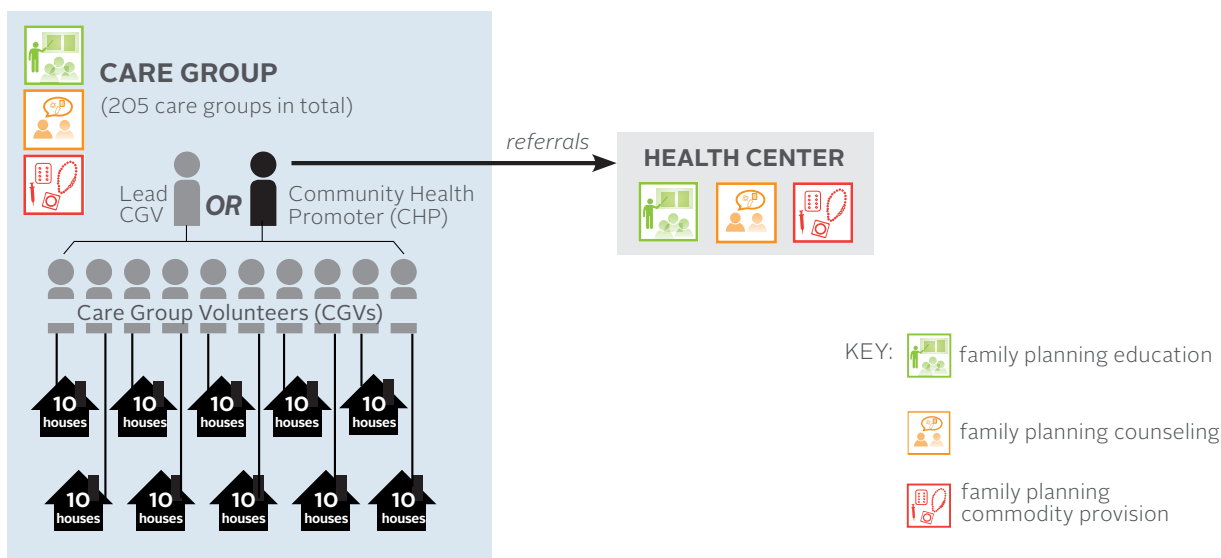
Goal: To reduce the morbidity and mortality among children under 5 years of age and women of reproductive age

Estimated beneficiary population: 87,269 children under 5 years and women of reproductive age

Objectives:

- Improved linkages between households, communities, and the formal health system
- Improved availability and access to essential health commodities at the community level
- Increased knowledge and adoption of key family practices for child health by child caregivers with support from community leaders and health providers

Platforms for Family Planning Integration



above outlines the various platforms used by the program for family planning integration.

Care groups consisted of 10 to 12 volunteer community health educators, mainly female, referred to as care group volunteers. Each care group was trained and supervised by a paid World Relief health promoter, who was in turn supervised by a World Relief supervisor. The program paired these promoters and supervisors with a health promotion technician in specific Ministry of Health (MOH) health centers to facilitate care group–health system integration. The program trained MOH community health workers, primarily male, who were integrated in the care groups and also served as the link to the health center. Some care group volunteers were also elected into health center staff management committees made up of community health workers, a primary school teacher or pastor, the head of the health center, and local leaders. Household and sub-commune data were collected through the care groups by the community health worker and/or the care group leaders under the supervision of the health promotion technician and management committee president. The data was aggregated and fed into the health center to which the care group is linked.

Each care group volunteer was responsible for working closely with 10 neighbors to share the information they were trained on and to encourage behavior change, thereby creating a multiplier

effect in reaching every household with women of reproductive age and/or children under 5. The community health workers and care group volunteers were trained in community case management of acute malnutrition and in promoting optimal infant and child feeding. Each care group also had a “light mother” who was responsible for following mild to moderately malnourished children for 2 months after they attended a positive deviance/hearth session. Using materials from Food for the Hungry (see image) that were adapted to the Burundian context, the program trained community health workers and care group volunteers on how to teach communities about birth spacing and on how to do community-based distribution (CBD) of family planning. For the 100 care groups without a community health worker, care group leaders were trained in family planning. Religious leaders, pastors, and church volunteers were also trained on integrating birth spacing messages.

The program used existing MOH training materials and guidelines to train nurses on how to deliver modern and natural family planning methods. Although community health workers and care group leaders were trained on CBD, the MOH stopped the CBD program in Gitega and other provinces soon after it began, following community concerns and resistance from religious groups. The government did not have a CBD strategy in place, but has since developed one and resumed training to roll out the CBD strategy at

the national level. During this program, the community health workers referred women to health centers for family planning services and worked with health center staff to follow up with dropouts. By the end of the program, 170 community health workers, 100 care group leaders, 50 health center staff, and 130 religious and local leaders were trained in family planning.

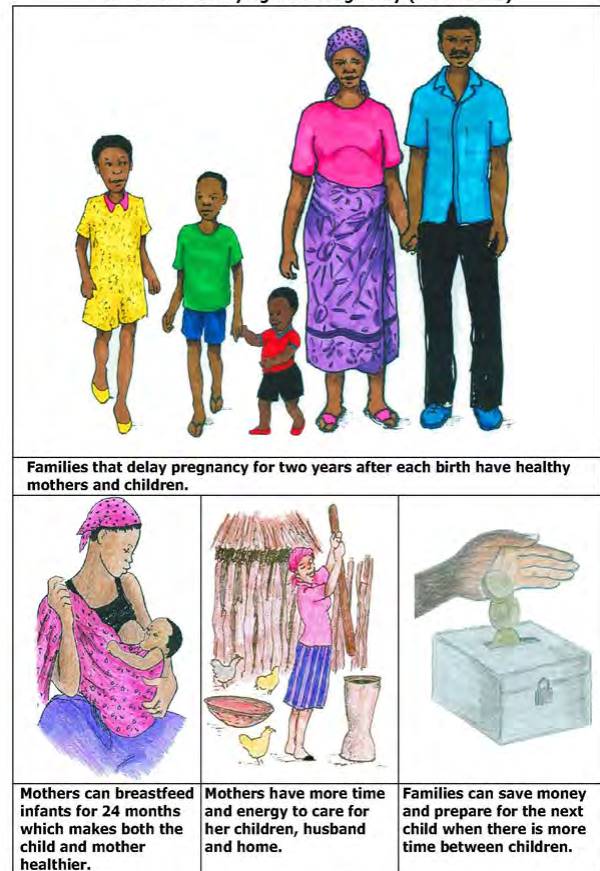
Results

According to the final evaluation report, the “care group model successfully reached every beneficiary household in the Kibuye Health District” and was successful in meeting targets set for all key nutrition indicators. For example, from baseline to final evaluation, the program reported that children who were underweight was reduced from 16.4 percent to 4.2 percent; children exclusively breastfed increased from 86.4 percent to 95.8 percent; and infants and young children fed according to minimum appropriate feeding practices increased from 25.6 percent to 92.7 percent.¹ Despite the short implementation period of 9 months, the program was able to increase the use of modern family planning methods from 16 percent at baseline to 42.7 percent at final evaluation.

Integration Facilitators

- **Existing community mobilization platform:** The existing care group platform facilitated the addition of family planning into ongoing activities. Since family planning was added toward the end of program implementation, care groups had already established trust among the community and this helped to initiate birth spacing discussions within communities where family planning was rarely talked about. Using the same people also helped to reduce costs.
- **Availability of training materials:** The program greatly benefited from the availability of existing care group tools on family planning from Food for the Hungry, which were adapted to the Burundian context. This was particularly helpful given the short implementation period for the family planning component.
- **Involving religious leaders and men:** It was critical to involve both men and religious leaders to introduce family planning in communities due to the strong cultural and religious beliefs around family planning.

Benefits of Delaying New Pregnancy (Picture 1.1)



Food for the Hungry's 2011 “Family Planning Flipchart” tool (p. 5 pictured above) was adapted and used by the program.

“When birth spacing is short, it has impacts on the last children... When you get more pregnancies... the consequence is that you don't have enough food for feeding the children.”

– World Relief Ramba Kibondo Child Survival Program Manager

¹ World Relief. 2012. “World Relief Burundi Ramba Kibondo ‘Live Long Child’ Child Survival Project, Final Evaluation Report 2012.” pp. 11, 17–18.

Having male community health workers as part of the care groups was also effective. In addition, the Flexible Fund Grant allowed the program, in partnership with the MOH, to hold a workshop for Gitega's local religious and administrative authorities to reaffirm the spirit of the Gitega Declaration. This 1-day workshop laid the groundwork for the series of dialogues that then took place through local-level workshops and the care groups, all aimed at gradually changing the opinions and behaviors around family planning in Kibuye District.

Integration Barriers

- **Social and cultural resistance to family planning:** The qualitative assessment of the Flexible Fund Grant confirmed that religious beliefs were the most important barrier to family planning promotion. The cultural preference for male children, religious beliefs that do not promote family planning, and rumors about family planning side effects all contributed to challenges in promoting family planning. While the program's wide community mobilization network was effective in increasing awareness and knowledge of modern and natural family methods among community members, especially in clarifying inaccurate perceptions and information about family planning that were prevalent, it was not without challenges.

“Some people...don't allow us to visit them and to talk about family planning...We are sometimes insulted. Even if we are insulted, we persevere despite the insults and some people adopt family planning.”

– Bukirasazi care group volunteer

Source: World Relief, “Final Qualitative Assessment Report for the Flex Fund Grant to World Relief Burundi Ramba Kibondo CSP,” p. 11

- **Short timeframe for family planning implementation:** The family planning component funded through the Flexible Fund Grant that was added in the last year of implementation only allowed for a short 9-month implementation period, which was limiting.

Lessons Learned

- It is important to begin family planning discussions with the need for birth spacing and consequences of short birth spacing rather than moving directly into family planning methods. Starting off with family planning methods can lead to resistance from communities.
- It takes time to convince some communities about the benefits of birth spacing and there is a need to understand, respect, and accept local cultural and religious beliefs around family planning to be successful. Longer-term programs involving religious leaders and including men-to-men peer support are all critical elements of success in such settings. Having trained individuals who are able to competently respond to queries and concerns about family planning and provide realistic examples from the community during discussions are also important factors to successfully achieve changes at the community level with respect to family planning.
- Care groups are an effective strategy to mobilize communities and integrate family planning messages into maternal and child health messages since they complement each other and offer a small-group, participatory forum which is critical to understand and share concerns around family planning.
- The various levels of partnership, collaboration, and health system linkages set up by the program through community health workers, management committees, and religious leaders was a key factor for success of the care group model. In communities with strong religious beliefs against family planning, more research on enhancing the credibility and success of natural methods is needed.

Read the complete *Desk Review of Programs Integrating Family Planning with Food Security and Nutrition* at www.fantaproject.org.

