Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation

Ministry of Health
The Gambia

UNFPA

Documenting Kababilo Baama and Faama Initiative as a Best Practice In Addressing Reproductive, Maternal, Child and Adolescent Health

SHARING BEST PRACTICES

Addressing RH, Population and Development Challenges

Case from THE GAMBIA

December 2020

Biography of the Consultant

Mr. Lamin Nyabally

Lamin Nyabally is a Demographic Statistician with a Masters Degree in Population and Development, University of Wales UK. Mr. Lamin has been in policy and programme development, implementation, monitoring evaluation and coordination for nearly 30 years During this period, he served as Director of Population Affairs and was responsible for the Population Programme which comprised of 8 project including Sexual and Reproductive Health and Family Planning, Gender and the Empowerment of Women, Population Family Life, Youth Empowerment, Harmful Practice including FGM and GBV, Networks of Traditional Communicators, Religious Leaders, Parliamentarians and Journalist on Population and Development, Advocacy among a series of interventions geared towards the goals of Population and Development of the country I also served as UNFPA National Expert and Adviser on Population and Development.

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Foreword

Partners in Population and Development (PPD) is an inter-governmental organization of 27 Developing Countries from Asia, Africa, Latin America, and Middle East and North Africa (MENA) regions, launched in 1994 at the International Conference on Population and Development (ICPD) held in Cairo, Egypt with the mandate to institutionalize and promote South-South Cooperation (SSC) in Reproductive Health, Family Planning and Population related issues for the implementation of the ICPD Program of Action. Through exchange of knowledge, experiences and best practices among its member countries and other developing countries, PPD contributed in creating opportunities for launching efficient and transformational SSTC programs, considered as best alternative approaches to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries.

In 2019, PPD and UNFPA jointly documented 2 best practices from Kenya and Tunisia which were published in UNOSSC South-South Galaxy (Volume 3: South-South and Triangular Cooperation for Sustainable Development). In 2020 and as the whole world experienced the social and economic disruption, particularly in health system caused by COVID-19 pandemic, PPD with the support of UNFPA has documented nine (9) best practices from Bangladesh, China, Egypt, The Gambia, Ghana, India, Morocco, Vietnam and Thailand, highlighting the issues related to reproductive health, family planning, maternal health, adolescent health, gender equality, population and development.

I strongly believe that sharing best practices is a key tool to promote South-South Cooperation and this document will help other countries to adapt and replicate the ideas to solve similar issues in the beneficiary countries.

I wish to express my sincerest thanks and appreciation to the Government of the Republic of the Gambia through the Office of the Vice President for their strong engagement to South-South Cooperation and continued support to PPD as witnessed by the documentation of the "***Kaabilo Baama and Male Action Group in The Gambia***" and the commitment to share it with other developing countries.

Adnene Ben Haj Aissa
Executive Director

Outline of Documentation of Best Practices

	General Information Sheet on the Country and Project setting:	
1.	Name of the Country	The Gambia
2.	Name of the State or Province in the Country	Kiang East and West Districts, Lower River Region.
3.	Type of Community	Mainly farming community with deep rooted traditions and over 99 percent Muslim
4.	Number of Beneficiaries	24 communities
5.	Kind of Intervention	Community based intervention for increased uptake of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services and empowerment of women and girls (Kaabilo Baama and Faama Initiative)
6.	Implementing Institution	Reproductive, Maternal, Newborn, Child and Adolescent Health Programme Unit, Ministry of Health and Women's Bureau of Ministry of Women, Children and Social Welfare
7.	Details of Institution with e-mail address	Dr Musa Marena, Programme Manager Reproductive, Maternal Newborn, Child and Adolescent health programme Ministry of Health, 00220 Email: musaobgyn@gmail.com
8.	Implementation Period	2012 to date

1. Introduction

1.1 Population Dynamics

The Gambia's population is estimated at 2.4 million and growing at a rate of 34 percent per annum. This rapid growth rate is underpinned by high levels of fertility and declining mortality which the country continues to experience. The Total Fertility Rate according to the Demographic and Health Survey, 2013 was estimated at 5.9 (GBoS,2016). With regard to mortality, the DHS, 2013, has shown that Under-5 mortality has declined from 109 per 1000 livebirths to 54 per 1000 livebirths in 2013. Similarly, infant mortality has declined from 81 per 1000 to 34 per 10000 livebirths. Additionally, Maternal mortality has declined from 1050 per 100,000 live birth in 1990 to 433 per 100,000 livebirths in 2013.

Poverty levels remain quite high in The Gambia. It is estimated that 48% of the Gambian population live in poverty, that is the percentage of households living below the poverty line of
$US1.25 /day (WFP, 2018) and 40 per cent of the population are also considered 'working poor', meaning that their earning capacity and standard of living is inadequate even for meeting basic needs and the persons living with disabilities are more vulnerable to poverty. An important feature of poverty in The Gambia is the female face that it wears as women constitute the majority of the poor and extremely poor, exacerbated by the fact they occupy a low socio-economic status.

Against the backdrop of the foregoing, the Government of The Gambia first recognized and expressed the need to address population and development issues in a 1979 cabinet paper entitled "Framework for the Development of a Population Policy". This led to the formulation of the first National Population Policy in 1992. The Gambia joined the rest of the world to discuss and reach a consensus on the ICPD Conference in Cairo, 199. As a country that adopted the ICP Programme of Action, The Gambia revised the national population Policy in 1996 with a view to integrating the recommendations of the Conference. Despite the formulation and implementation of Population and other Policies such as the Sexual and Reproductive Health Policy, Family Planning Policy, Education Policy and many, The Gambia registered significant successes in the implementation of these policies but also faced challenges. which include high unmet needs for family Planning (25%), high fertility rates (5.9), high levels of Maternal Mortality (433 per 100,000 livebirths) and the high prevalence of harmful traditional practices such as FGM.

1.2 Overview of Reproductive, Maternal, Child and Adolescent health

The Gambia has a very high maternal mortality rate. Though is on decline but is still among the highest in the sub region ranging from 1050/100,000 live births in 1990 to 433/100,000 live births. It is against this back ground that maternal and child health programme unit was established in 1975 by Ministry of health and Social Welfare then for coordination and implementation all maternal and child health services in the country. However, in 1994, the unit was expanded in scope and functions after the Cairo conference to cater for in addition neonates, adolescents/youths and all others within the reproductive age cohort including family planning.

The Gambia subscribed to 75% reduction of maternal mortality ratio (MMR). However, the reduction of MMR in the country has been very slow and remains the top priority of the country for the post -2015

SDG agenda. Majority of the maternal deaths in the country are as a result of avoidable direct obstetric complications, including hemorrhage (37%) hypertensive disorder of pregnancy (11%) and sepsis (11%) (WHO et al 2015). The main contributing factor include inadequate access to CEmONC and BEmONC services, lack of trained human resources, transportation and low socioeconomic status of the people. Addressing these challenges these and improving availability of and quality of CEmONC can contribute to at least 60% of maternal mortality reduction in the country.

In the country, 86% of pregnant women receive antenatal care services from a skilled provider with 78% receiving ANC4+ and 38% starting antenatal care during the first trimester. 63% of the births are attended at the health facility, with 57% being assisted by skilled birth attendant and 76% of mothers receive postnatal care in the first two days after delivery

Trends in infant and under-five mortality have shown a steady decrease in the Gambia. Under five mortality had declined from 109 per 1000 live births in 2010 (MICS2010) to 54 per 1000 live births in 2013. Similarly, infant mortality rate had declined from 81 per 1000 live births in 2010 (MICS 2010) to 34 deaths per 1000 live births in 2013.Neonatal mortality accounts for 41% of under-five mortality

Several efforts together with partners have been made to increase the contraceptive prevalence rate, reduce unmet need for modern contraceptives and thereby reduce the total fertility rate (TFR). The TFR of the country is 5,6 per woman. About 31% of women give birth by age 18 years and about half (49%) by the age 20 years. Almost one in five (18%) of adolescent women age 15-19 are already mothers or pregnant with their first child (GBOS. 2014)

2.0 Goal and Principles of Kaabilo Baama Faama

2.1 Goal

The Goal of the project is to contribute to improvement in the status of women and girls through improved RMNAH services and livelihood in the selected communities

2.2 Guiding Principles

The Kaabilo Initiative is guided by the following principles in design, and implementation.

- ***Good governance and country ownership:*** Good governance, national ownership, country leadership and leadership commitment for the provisions of comprehensive and high quality RMNCAH services.

- ***Right based approach:*** Respect the rights of the individuals to information and education and emphasizes access to accurate information in order that they take full, free and informed decisions.

- ***People-centered*** provide RMNCAH services, which are people-cent red, confidential and not to discriminate against any individual on account of gender, or social background.
- ***Affordable, equitable and quality:*** RMNCAH services are provided in a manner that ensures affordability, equity in access and quality corresponding to the needs of each individual.
- ***Gender responsive:*** equity and equality in access to national resources and services by all people regardless of their sex or social status;
- ***Men involvement:*** Men and women to take responsibility for their own sexual behavior, fertility, health and wellbeing as well as that of their partners and families;
- ***Privacy and confidentiality:*** RMNCAH services ensure privacy of the individual, and sensitive and responsive to the socio-cultural circumstances of the individual.
- ***Evidence based:*** Evidence-based interventions, which lead to provision of good quality of RMNCAH services within a continuum of care along the life course.
- ***Consistent:*** The RMNCAH service provisions will be consistent with other related national policies, legal provisions and relevant international agreements and conventions.
- ***Sustainable and universal access:*** Health system strengthening based on PHC to ensure sustainability for achieving equity and universal access to comprehensive RMNCAH interventions.
- ***Partnership:*** strong partnership with relevant programmes and sectors, development partners and stakeholders in RMNCAH to optimize coordination and collaboration that promotes transparency and accountability in achieving the RMNCAH goals and to ensure community participation.
- ***Community engagement:*** active community participation and ownership of the RMNCAH programmes from planning to implementation and monitoring and evaluation

3.0 Background and Justification

In Kiang East District where the project started, there is low institutional delivery, late booking of pregnant women for antenatal care, low male involvement and participation in Reproductive Health (RH) (BAFROW, 2012). Women leaving their family planning cards at health facility for fear of divorce or domestic violence were also identified as a challenge. In addition, blood donation was not accepted by men particularly during obstetric emergencies. Low uptake of modern contraceptives, underutilization of RMNCAH services in the District and low participation of male folk in RMNCAH

services were concern to RMNCAH program of the Ministry of Health and Social Welfare.

Data from health facility in 2012-indicated that at baseline, institutional deliveries were 38.4%, Family planning new acceptors- 21.6%, and Early antenatal care booking 14.8% which were lower than expected.

Against this backdrop, the Population Commission Secretariat and implementing Partners of the National Population Programme deemed it fit to implement a strategy coined as Kaabilo Baama and Faama with a view to increase access and utilization of RMNCAH services in the various Districts of the Lower River Region

3.1 Kaabilo Baama and Faama Initiative

Kaabilo is a Mandinka (one of the main local languages) word meaning a close-knit group of interrelated families and individuals who share common interest and values in a settlement. Baama on the other hand means Mother This is a community-based intervention strategy aimed at improving the utilization of RMNCAH services for better pregnancy outcome and empowering women with livelihood skills using traditional family structures in the villages/communities. The Initiative was referred to as Kaabilo Baama and Faama (otherwise referred to as Male Action Group given that the women and children were the target beneficiaries of the Initiative, it was deemed necessary to observe the gender dimension by giving equal space to men to increase their participation in the project by adding Male Action Group. The full name became Kaabilo Baama and Faama. This was crucial and added value given that the Gambia is a male-dominated society in which major decision on reproductive Health and other issues are normally dictated by men. For the modus operandi, each Kaabilo in the Settlement identifies women and a man to represent them in the project.

These Kaabilo representatives are then registered and trained using appropriate training manuals (pictorials) that can easily be applied. The training is two-folds RH training and Skills Development. For the RH training the theme includes: Early Booking for antenatal, Health Centre Delivery, Family Planning and Birth spacing, exclusive Breastfeeding, etc. At the end of their training, these representatives become the Focal Point for the various Kaabilos and are given their roles and responsibilities vis-avis the implementation of the initiative. In addition to serving as an advocate for access and utilization of RH services, these representatives, create awareness in their respective Kaabilos by making pictorial presentation of the thematic RH issues mentioned above. Given that most of the representatives are not literate, communicating messages pictorially has helped them understood the messages well. For Skills development, the Representatives were trained on appropriate skill that are easily marketable in the communities. These include Tie and Dye and soap making. UNFPA, provided seed money for the activity and all the representatives and a few Kaabilo members were trained, and provided initial capital as start-up. Most

representatives embarked on soap making since the demand is high and is more affordable. To ensure financial sustainability, a regulation was established within themselves which every Kaabilo member, particularly women would be given soap on loan to be paid at an agreed timeframe. This has helped the Kaabilo in the mobilization of funds. The Regulation also allows members of the Kaabilo to borrow money from the Kaabilo Account and repay without interest. The initiative was considered a Best Practice and replicated in additional 10 villages in 2015, in 2018 it is extended to an additional 7 villages making a total of 24 villages. In 2015 this initiative was identified among others by West African Health

Organization (WAHO) as a best practice. In 2017 a WAHO team was in The Gambia to support in development of proposal for the scale up in the North Bank Region, which has started this year.

3.2 Implementing institutions and Actors in the design and conduct of the Practice

The main implementing institution of the practice is RMNCAH of the Ministry of Health (MOH) and the Women's Bureau of the Ministry of Women, Children and Social Welfares, Department of Community Development and the Village Development Committees in the communities. Where a structured VDC is absent a village traditional structure is used as an entry point to the village/community.

3.2.1 Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

Responsibilities of The National RMNCAH Unit:

- Formulation of policy, development of strategic plan and guidelines for implementation of the RMNCAH activities,
- Overall coordination of Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) partners and the implementation of RMNCAH policies and strategies
- Advocacy for the engagement of all partners and stakeholders in the resources mobilization and implementation of this policy.
- Facilitate the timely and regular meetings of the National RMNCAH Committee,
- Preparation of quarterly and annual RMNCAH work plans and follow the timely development of Regional RMNCAH work plans
- Quarterly and annual monitoring and evaluation of RMNCAH services delivery performance of the unit and all regions.
- Resource mobilization for the implementation of RMNCAH interventions.
- Facilitate the procurement and distribution of RMNCAH equipment, supplies, commodities, tools and other necessary logistics.
- Needs assessment &building the capacity of health mangers and services providers at all levels.
- Mentoring of lower-level facilities and health professionals
- Collect, collate and analyze RMNCAH service data and provide timely feedback
- Conducting and supervising research activities in collaboration with Research Institutions;
- Provide regular supportive supervision to the Regional Health Management Teams (RHMTs) and service providers;
- Provide and disseminate relevant information on RMNCAH.

3.2.2 National Population Commission Secretariat

The National Population Commission Secretariat is the technical arm of the National Population Commission which was established in 1992 following the formulation of the first explicit Population Policy for The Gambia. The Secretariat among other duties, is responsible for policy and programme planning, formulation, coordination, resource mobilization, monitoring and evaluation as well as South-South Cooperation on Population and Reproductive Health issues.

3.2.3 Women's Bureau

This is a programme unit under the Ministry of Women and Children affairs. It is responsible for women affairs and highly engaged in gender issues and empowerment activates of women and girls. Their mandate includes:

- Review national and sectoral policies, and development frameworks and reports to determine their gender sensitivity and make public the outcomes of the reviews accordingly
- Provide technical advisory services to the national and sectoral structures for gender mainstreaming while ensuring that such services are secured and accessible.
- Promote the collection of gender disaggregated data, management of information systems and disseminate the data for national development planning.
- Establish and maintain a Gender Data base
- Identify key areas of research on gender issues, and ensure that the results of research are incorporated into national and sectoral development programmes.
- Coordinate advocacy efforts on gender and development issues;
- Mobilize resources for overall coordination and policy implementation;
- Establish linkages, partnerships and networks both internally and externally on gender and development issues;
- Strengthen institutional capacity for systematically and consistently taking gender concerns into account in institutional policies, programmes, budgets and plans;
- Monitor and evaluate the Gender and Women Empowerment Policy implementation;
- Evaluate the achievements of the Policy goals and objectives;
- Attend gender-related meetings, seminars, workshops and conferences at national, sub-regional, regional and international levels for purposes of updating on current and emerging discourses, sharing knowledge, information and skills in gender, and share outcomes of such meetings with colleagues and gender focal points.

3.2.4 Village Development Committees

These committees serve as the government of the village and are responsible for coordination of their subcommittees and facilitation of all development activities in the village. They are the entry point to the village/community

3.2.5 Donor Institutions

Under its current Country Programme, UNFPA is providing financial support to the Ministry of Health and Ministry of Women, Children and Social Welfare to implement the Gender component. Part of this support has been used to fund the livelihood component of the Kaabilo Baama Initiative. West African Health organization is also providing financial support for the expansion of the initiative.

3.2.6 Intended Objective of the Practice

- To increase the utilization of Reproductive health care services in the district.
- To promote male involvement and participation in Reproductive Health services,
- To increase the uptake of modern contraceptives.
- To empower women through livelihood skill development

4.0 Key Activities, Achievements, Outcome and Impact of the Practice

It should be noted that there was no baseline data collected directly from the targeted communities The Project used clinical records from the Management Information System domiciled with the various Health Centers in the targeted communities. Had there been such a baseline, the Results framework linking activities, outputs and outcome could have been much easier. Nevertheless, the activities, achievements, Outcome and Impact of the Initiative are detailed as follows

4.1 Activities

The activities undertaken for the implementation of the Project include:

Main activities undertaken by the project

- Identification of the communities
- Selection of the communities
- Assessment of the selected communities
- Sensitizing the communities
- Selection of the kaabilo representatives by community members(committees)
- Development of the tools
- Training of committees
- Provision of tools (guidelines)
- Provision of posters
- Follow up supervision after training and during implementation
- Home visits for awareness creation by different committees using pictorial flip charts at house hold level
- Presentations for awareness creation by committee during social gatherings in the community

4.2 Achievements/Outcomes

1. Increased awareness on reproductive and child health issues
2. Increased early registration of pregnant women at antenatal clinic for antenatal services
3. Increased skilled attendants at birth
4. Availability of revolving fund which is used to support the needy for transportation of obstetric emergencies to the health center.
5. Improved environmental sanitation in the community
6. Improved Infrastructure for the Initiative at the community level
7. Developed skills in soap making and TIE & DYE for income generation
8. Increased male participation in RMNCAH, Men in the communities would accompany their wives to the clinic, a practice that was very rare before the introduction of the Initiative
9. Increased knowledge on services and their importance at the clinic
10. Increased skilled attendance at birth as a result of increased clinical visits
11. Availability of a revolving fund for the support to needy members of the community for patient escort especially obstetric emergencies to the health center. This fund is paid back without interest
12. Acceptor rate for family planning increased and consequently birth interval increased
13. Increased knowledge on reproductive issues and compliance to advise offered increased.

A famous quote from a woman in a village called Sare Samba 'before the introduction of Kaabilo Baama and Faama the community was deaf, dumb and blind on health issues especially on reproductive health. Antenatal and infant welfare clinic attendances were not valued and antenatal women and infants are taken to the clinic only when they are ill but not for routine services. Now everything has changed since the introduction of the initiative. More knowledge on RMNCAH leading to tremendous attitudinal changes and consequently better pregnancy outcomes. Specifically the benefits as reported include:

4.3 Benefits/Achievements as reported by Beneficiary communities during visit of Consultants

a. Increased awareness on reproductive and child health issues
b. Increased early registration of pregnant women at antenatal clinic for antenatal services
c. Reduced deaths among women due to pregnancy and child birth
d. Increased skilled attendants at birth
e. Availability of revolving fund which is used to support the needy for transportation of obstetric emergencies to the health center.
f. Improved environmental sanitation in the community
g. Renovated a community structure for communal meetings
h. Developed skills in soap making and TIE & DYE for income generation
i. No maternal death registered in the beneficiary communities in the last couple of years
j. Increased male participation in RMNCAH, Men in the communities would accompany their wives to the clinic, a practice that was very rare before the introduction of the Initiative
k. Male folk support their wives in labour intensive activities like pounding, fetching water & f irewood
l. Increased knowledge on services and their importance at the clinic

m. Increased skilled attendance at birth as a result of increased clinical visits
n. Availability of a revolving fund for the support to needy members of the community for patient escort especially obstetric emergencies to the health center. This fund is paid back without interest
o. Acceptor rate for family planning increased and consequently birth interval increased
p. Increased knowledge on reproductive issues and compliance to advise offered increased.

4.4 Impact

- No maternal death registered in the beneficiary communities in the last couple of years
- Male folk support their wives in labour intensive activities like pounding, fetching water & firewood
- Well-being of the communities improved
- High desired attitudinal change registered.

5.0 Planning and Design: Experience

The initiative was under taken as a result of undesirable RMNCAH indicators of Kiang East. Utilization RMNCAH services including family planning. Attendances at RMNCAH service delivery points for antenatal, infant welfare, labour and delivery and postnatal services were poor. This included late booking of pregnant women for antenatal care 14.8%, low uptake of modern contraceptives 21.6%, high maternal deaths recorded, low participation of male folk in maternal and child health services to name a few. This necessitated RMNCAH programme unit of the Ministry of Health to implement the initiative in the districts.

The planning and design of the intervention was facilitated by community profiling of the selected villages in the area and the assessment of their reproductive health needs which was conducted through semi structured interviews with randomly selected, sample of women in child bearing age (15 to 49 years). This segment of the population constitutes about 24% of the total population of the area.

5.1 Criteria for Village Selection

The villages were selected using the following criteria:

5.1.1 Distance from the nearest health Facility.

The villages that are far from the Health facilities are usually disadvantaged and thus were considered in the selection of the villages

5.1.2 Safety of the road to the nearest health facility

If the road from the village to the nearest health center is remote and unsafe particularly for women, particular village would be considered

5.1.3 Population of the Village

To maximize the impact of the intervention, villages are selected based on their population sizes. A minimum population of 500 peoples is required for selection to the Kaabilo Project. However, some smaller villages were included and marched due to their location in doing so there have been other consideration like ethnic composition

5.1.4 Utilization of RMCAH Services

Through anecdotal evidence and Health Service records, villages that are under-utilizing RMNCAH services are identified. These villages have always been a priority for the Health Sector. In selecting the villages for the Kaabilo Project, underutilization of Health services became an important criterion

6.0 A synopsis of the findings of the Community Profiling

Community Profiling was seen as an important tool to unearth the issues surrounding the under-utilization of RMCAH Services in Kiang East The profiling used a combination of methods, a survey and FGD to collect the requisite information from men and women of the said communities. The findings of both the survey and the focus group discussions have crystallized the livelihood improvement and reproductive health needs of the inhabitants of Kiang East District. Specifically, specifically the research documented the livelihood activities in which women in Kiang East District engaged in, the constraints hindering their advancement, proposed solutions to these constraints, alternative priority livelihood activities and the strengthening of the livelihood activities of their men folk to generate increased income that improves the affordability of reproductive health services. Also documented are operational strategies, policies and practices at the community level that could enhance the sustainability of project benefits after project closure.

The current state of reproductive health services in the Kiang East District both in public health facilities and the primary health care system at community level have also, to a large extent, been ascertained. The level of understanding of RCH issues by women in child-bearing age in the district has been revealed. The training of health mobilisers to raise community awareness, which has been one of BAFROW's best practices in RCH services, will attempt to improve the level of knowledge on RCH targeting women in child-bearing age, youth and men support groups to sustain such anticipated project benefits.

Constraint in the way of safe delivery in the accessible health facilities and those associated with the current underdeveloped referral system have also been identified by both women and men groups. Preferred solutions to these constraints have also been put forward. Of the strategic importance has been the proposed strengthening of Kaif major health center by addressing its myriad of constraints to improve antenatal, delivery and post-natal services to the extent of minimizing the need for referral to soma health center and Farafenni hospital. The willingness of target beneficiaries to bear the cost of improves services such as the on-going expansion of staff quarters at Kaif by community help readiness to hire ambulance services and to contract a loan for the procurement of a vehicle from referral augurs well for the proposed project given its objective of economic empowerment.

7.0 Representativeness, Community Engagement and Local Capacity building

7.1 Representativeness

The Kaabilo Baama Initiative is implemented in the two Districts of Lower River which has a total of ??6 Districts. The two Districts constitute 28 per cent of the total population of Lower River Region. To ensure ethnic diversity, villages were selected based on the proportionality in terms of ethnic composition and tradition.

7.2 Community engagement

The Gambia's social structure have now become entry points for community interventions. These structure principally is the Village Development Committee (VDC). With the support of the Department of community Development, the RMCAH unit of the Ministry of health and other stakeholders met the VDCs of these villages and the village Heads to discuss the project and to obtain their blessings. Every Kaabilo in that village will then be informed of the Initiative so in effect the entire community in which the initiative is being implemented is involved.

7.3 Local institution building

One of the pillars of the Kaabilo Initiative is capacity building of the beneficiary communities. In addition to training of the Kaabilo representatives, the project builds the capacity of the women through live hood skills that can earn them a living and improve their well-being. These funds are usually demand-driven for marketable skills in the communities. The proceeds from the implementation of these skills are saved in an account and used to support reproductive, maternal and child health issues in the transportation of pregnant women in labour to the health facilities

8.0 Sustainability Mechanisms

Sustaining the implementation of the Kaabilo Baama and Faama Initiative at the community level will require innovative strategies. The measures for sustainability include the following:

8.1 Government or Local government Funding:

One way to sustain the operations of the Kaabilo Initiative is through Government Subvention or Local Government funding. However, an important pre-requisite for this option is that Kaabilo Baama and Faama committees may need to acquire a legal entity and be fully nationalized for Government to provide direct subvention. An annual allocation can be provided through the Ministry of Health to the Kaabilo Communities to ensure continuation of their activities. Alternatively, the Initiative can be integrated into the National Population or Reproductive Health Programmes. Conversely the Area Councils of the beneficiary communities could allocate part of their budget for the implementation of the Initiative.

8.2 Creation of Revolving Fund:

In the absence of Government funding, the alternative strategy for sustainability is for the communities to raise their own funds to implement and sustain the Kaabilo Baama Initiative. This could be done by creating a revolving Fund which the Communities have done. However, the mechanisms that would ensure viability of this Fund need to be robust and effective. To this end, its creation should be guided by the following imperatives: Firstly, the Kaabilo Baana and should have their local committees registered to be a legal entity; secondly resources have to be mobilized through the following strategies among others: Voluntary contributions, income from the skills acquired through the intervention; fund raising through musicians, cultivation of farms and plantations etc. It should also be noted that to make the Community more completive, their capacities in the skills development during the project should be built sufficiently.

Important pre-requisite for the viability of the revolving fund include: A research on viable marketable skills should be conducted to determine the products for the livelihood component of the Initiative. Capacity Building: The capacity of the communities particularly the Kaabilo Baama and Faama Committees should be built sufficiently in marketable skills to enable them be competitive in their business undertakings. Market outlets: A market research should be undertaken to identify the market outlets within and outside the beneficiary communities

8.3 Fund Management:

This Fund which is revolving will be used to principally to conduct RMNCAH activities in the communities, should develop a Standard Operating Procedure (SOP) which should include Terms and conditions for lending, repayment and interest rate where applicable.

8.4 Mobility for the Initiative

Even though priorities may differ from Kaabilo to Kaabilo, the overarching priority of the Kaabilo Baama Initiative is to improve pregnancy outcome and child and adolescent health. Against this backdrop an indispensable element in this Initiative transportation to health facilities which was reported as the biggest challenge faced by the Initiative. Given the potentially, enormous demand on the Revolving fund, it is imperative therefore for the Kaabilos to find the most cost-effective, viable and safe means of transporting patients to the health facilities.

8.5 Institutional Strengthening

There should be more participation of the Civil Society Organizations. More NGOs have to buy- in. At the Community level, the Department of Community Development which operates at the grassroots and is responsible for Community Development need to enhance its involvement so are the Village Development and Ward Development Committees. The active participation of these institutions will not only help in the implementation of the Initiative but will also help in its sustainability.

9.0 Visit to the Kaabilo Project Sites

Best practices are procedures that have been accepted or prescribed as correct or effective. However, in documenting a Best Practice for replication, it may be helpful to obtain firsthand information from the beneficiaries of the Practice. In this regard, the Consultants embarked on a two-day visit to the project sites to meet the beneficiaries of the Kaabilo Baama Initiative. The

visit covered 4 villages, two each in Kiang East and Kiang West Districts respectively. The methodology used was a Focus Group Discussion. The Discussions in all the 4 communities which had a fairly gender balance, with women slightly dominating men were participatory. The composition includes, Kaabilo Baamas and Faama Women, Youths and Village health workers

Focus group discussions in Kolior

Focus Group discussions with the Community of Jattaba, Lower River Region

9.1 Objectives of the Visit

The objectives of the Visit were as follows:

- To obtain information on the knowledge and understanding of the Kaabilo Baama Initiative
- To obtain information on the benefits of the Kaabilo Baama and Faama Initiative
- To identify the challenges and perceived solutions to those challenges
- To observe infrastructure or equipment for RMNCAH and Livelihood development respectively.

9.2 Knowledge on the Kaabilo Baama Initiative

Kaabilo Baama and Faama trained on the curriculum developed on RMNCAH. The knowledge and understanding of the Kaabilo Baama on this curriculum were discussed. Specifically, the discussion centered on the themes identified in Annex one of this report. When asked to explain the curriculum and modus operandi of the Kaabilo Baama, all the Kaabilo Baamas and Baamas were able to do it at ease. This signifies the extent to which these Baamas and Faamas are familiar with the Initiative albeit almost all of them are not literate.

9.3 Benefits/Achievements of the Kaabilo Baamas reported by the Communities

The discussions highlighted the following as the benefits of Kaabilo Baama and Faama initiative in the communities:

A famous quote from a woman in a village called Sare Samba 'before the introduction of Kaabilo Baama and Faama the community was deaf, dumb and blind on health issues especially on reproductive health. Antenatal and infant welfare clinic attendances were not valued and antenatal women and infants are taken to the clinic only when they are ill but not for routine services. Now everything has changed since the introduction of the initiative. More knowledge on RMNCAH with tremendous leading to attitudinal changes and consequently better pregnancy outcomes and decreased child mortality and morbidity among others

10.0 Partnership

10.1 Overview of Implementing Institutions.

The implementing institutions were the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) programme Unit of the Ministry of Health and, the Women's Bureau of the Ministry of Women and Children affairs. The Reproductive, Maternal, Newborn, Child and Adolescent Health programme unit is responsible for the coordination and monitoring of reproductive, maternal, newborn, child and adolescent health activities with the support of Regional Management Offices in all the health regions of the country, It is also responsible for identification of communities for the project intervention, development and production of guidelines and technical training and monitoring of the reproductive health activities in the project.

The Women's Bureau on the other hand for women empowerment including livelihood skill development and monitoring while Department of Community Development supports in linking the communities to other supporting partners, assisting in building and training of social structures like the Village development committees (VDC) on their roles and responsibilities the national population secretariat was responsible for coordination of funds provided by UNFPA.

The Government provides staff at both programme level for coordination, health facility level where cases from the community are referred for management and at community level for monthly supervision of community health workers in the villages by community health nurses. They are responsible for all the logistical support for case management and transfer of cases to higher levels if the need arises.

10.2 Civil Society

Civil Society organizations have been playing crucial roles in The Gambia in addressing reproductive and child health, At the community level, Women Groups of the beneficiary communities are involved in the implementation of the Initiative. However, participation of Civil Society Organizations is inadequate and needs to be enhanced.

10.3 Multilateral Agencies

Multilateral agencies provide funding and actively participate in programme monitoring. The initial funding of this project was wholly provided by UNFPA and continued to provide support for monitoring, training and retraining of the Kaabilo Baamas. The construction of a bore hole for availability of safe water supply to the facility was provided by UNICEF.

11.0 Monitoring and Evaluation of the Kaabilo Baama and Faama

Monitoring and Evaluation of the Kaabilo Baama and Faama Initiative are done at various levels as follows:

Circuit level: At this level the community health nurse visits the activities of the groups in his circuit on monthly bases to discuss with them their activities for the month and also create a forum for recall on what they were taught during the training as most of them cannot read or write and rely wholly on their memories

11.1 Regional level:

Regional Health Management Teams are responsible for the overall management of health interventions in their respective regions. The regional public health nurse and community health nurse tutor at this level are directly responsible for the supervision at this level. They mainly visit the health facilities and also visit community health intervention areas periodically on regular bases.

11.2 Institutional Level

Reproductive, Maternal, Newborn, Child &Adolescent health programme unit level
The RMNCAH Office conducts quarterly monitoring of communities benefitting from Kabilo Baama Initiative. This is aimed at improving performance by interacting with members to get firsthand information on their assigned roles and responsibilities. It is normally done with Regional Health Directorates and health facility staff. The visits look into Clinic attendance, institutional delivery, Uptake of contraception, Postnatal care, Nutrition, Immunization, referrals among others.

The visits also serve as an opportunity to know their challenges and to come up with recommendations. Additionally, the visits are used to educate the members on Danger signs in pregnancy, Birth preparedness, Blood Donations Nutrition etc.

11.3 Women's Bureau

The Women's Bureau under the Ministry of Women, Children and Social welfare is responsible for managing the loverhood component of the initiative and provides seed money and training for the beneficiary communities to sustain the operations of the initiative and improve their livelihood. Apart from their own scheduled monitoring which is done periodically, the Institution also participate in the Joint monitoring normally done on quarterly basis.

11.4 National Population Commission Secretariat

The National Population Commission Secretariat is responsible for population affairs in the country and are the coordinating body for UNFPA funds and funded activities in the country. On yearly bases the secretariat planned for joint quarterly monitoring visits to selected UNFPA funded intervention sites the team includes representatives from UNFPA office and heads of different programme units. During this information is collected with regards to their performances and the effects of their intervention in the community. The joint monitoring also includes visits to the various communities where the Kaabilo Baama and Faama are implemented.

11.5 Barometer for measuring success

The success of this intervention was measured through the information obtained from the Health Management Information System as well as monitoring visits by various Stake holders including the RMNCAH unit, Women's Bureau, Population secretariat among other. The visit of the consultants to the project site, on the other hand did corroborate the evidence gathered on the success of the project.

12.0 Successes and Lessons Learned

12.1 Successes

Numerous successes have been registered by the Kaabilo Baama Initiative and they include:

The kaabilo Baama and Faama has resulted to an increase knowledge and change in attitude and practice of community members to Reproductive, maternal, newborn, child and adolescent health care and services. Early antenatal care registration has increased to 85% as against 14.82% hence an increase by 70.18% has been observed. Facility delivery has increased to 61.41% as against 38.41%, hence an increase to32.55%. This has consequently led to reduction in both maternal and child mortality and morbidity in the communities as a result of early identification of cases and referral with provision of transport fares to those who are not able to provide.

Family new acceptors has increased to 78.4% as against 21,6%, hence an increase in the new acceptor rate of 56.43%. In addition, women have stopped keeping their family planning client cards at the health facility for fear been beaten or punished if discovered by their husbands as the practice was accepted by men equally in the community

Community empowerment, livelihood development participation for their own health were all promote. This is evident by periodic visit by kaabilo Baama and Faama in their respective households within the Kaabilos.

12.2 Lessons learned

A comprehensive baseline Survey through Household survey and qualitative techniques like FGDs should have been conducted in the beneficiary communities with a view to developing a more comprehensive monitoring and evaluation system for the Initiative. This would have made it easier to pin-point the results with better accuracy

The beneficiary Communities reported challenges in implementing the livelihood projects. This may have something to do with the choice of the skill. In this regard a Needs Assessment on marketable skills and their viability in the beneficiary communities ought to be conducted to identify the most suitable skills for the livelihood component of the Initiative.

Beneficiary communities lamented over the inadequate capacity building and lack of equipment to continue their livelihood projects. Few days have been allocated for the skills training and to make matters worse, the equipment used for training was not handed over to these communities and this has made it difficult for continuity of the livelihood component.

At the beginning, the Initiative targeted only women but later there was a realization that men were needed for the project to succeed given that they influence most of the reproductive health decisions. The men were then canvassed into the project and since then they continue to play an active role in the implementation of the project. There is near equal participation of men, women and youths in the project leading to greater successes.

13.0 Challenges and Recommendations

13.1 Challenges

- Soap Making is one of the Skills acquired through the Livelihood component of the Kaabilo Baama and Faama Initiative. A number of Discussants complained of the high input cost in manufacturing soap making their product less competitive in the market
- Inadequate training for Tie and Dye market & Dye is quite competitive with high quality products being imported from neighboring countries.
- Periodic unfriendly attitude of health workers when pregnant women are escorted to the facility for delivery
- Inadequate funding for the RMNCAH and Livelihood activities
- Lack of transport in the community for transportation of obstetric emergencies from the village to the health center
- Unavailability of adequate water supply for gardening.
- Inadequate modern farm implements leading to increased drudgery of women
- Inadequate skill training for income generation
- High cost of materials for tie and dye making

13.2 Recommendations

Market survey to determine the most marketable skills that can earn them an income.

Adequacy capacity for both RMNCAH and the livelihood skills should be built for the Kaabilo Baama and male action group Initiative to ensure sustainability of the Initiative.

Creating awareness and strengthening quality of Care among health workers to ensure better care and service from Health care providers.

Create and operationalize the Revolving Fund for RMNCAH activities.

Kaabilo Baama Faama should develop strategies for cost effective and safe ways of transportation to the Health facilities. Some of the transport recommended was scooters which consume less fuel and its user friendly for pregnant women.

Provision of water supply for women's vegetable gardens. This will not only help in generating income for the Kaabilo Baama and Faama Initiative but will also boost nutrition among children.

Provision of modern farm implements for women.

Involvement of other community structures like the Multi-Disciplinary Facilitation Teams implementation teams will pay a great dividend.

14.0 Future plans: extension that are currently being implemented

The intervention is extended to other 18 communities and community assessment in fifty of these communities including health facilities in some underserved areas of the country for expansion funded by West African Health Organization. Following the assessment, training of Kaabilo Baama Representatives has just been completed at Soma, Lower River Region.

15.0 Replicability and Scalability to promote South-South Cooperation

15.1 Pre-requisites for replication in other countries

1. Awareness creation and advocacy on the Kaabilo Baama and Faama Initiative
2. Political commitment to addressing Population and Reproductive Health issues
3. Availability of Human, Financial and Technical resources in the beneficiary country for the Initiative
4. Seek partnership with and support from Bi-lateral and Multi-lateral Institutions in the domain of Population and Reproductive health particularly UNFPA and the World Bank

5. Community profiling/Needs Assessment to ensure the Initiative is a felt needs in the targeted communities. Otherwise, sustainability might be challenged Perceived solutions to those needs should also be identified by the communities of intervention

6. Following the Community Profiling/Needs Assessment, a comprehensive project document should be developed in a participatory manner which should contain. Among others, a logical Framework, Implementation plan, monitoring and evaluation Mechanism as well as a proper institutional framework.
7. Resource mobilization for the implementation of the Initiatives
8. National and community stability
9. Community must be willing to accept the Initiative. The Kaabilo Baama must therefore be all inclusive, participatory and owned by the beneficiary communities to ensure its sustainability.

15.2 Experience in replicability in other South-South Countries

The RMNACH Unit of the Ministry of Health has not reported experience in replicating Best Practices in other countries through South-South Cooperation. However, in 2005, the Unit implemented an initiative which is considered a Best practice with Partners from United Kingdom called Maternal and Child Advocacy International in the Gambia in 2006. The objective of the intervention was to reduce and/or prevent maternal and newborn morbidity and mortality especially in the communities. The intervention two- fold and these are: 1. Training of health staff to enable them appropriately manage obstetric and newborn emergencies during transportation and at the facility and 2. Equipping the facility with basic equipment and provision of an ambulance serviced called the Flaying Squad which was used to collect obstetric and newborn emergencies from the community to the health facility.

Training was done by an expert team from United Kingdom comprising of obstetricians, pediatricians, nurse midwife and course coordinator and conducted in batches of 24 for a duration of 3days intensive lectures, scenarios and lifesaving skill demonstrations on various emergency situations.

The National trainers were later deployed to Liberia and Sierra Leone to conduct similar training for the health staff in those countries. So, in essence the RMNCAH unit has some transboundary experience that can be invaluable in replicating the Kaabilo Baama and Faama Initiative.

15.3 Suggested steps for replication in other countries

- Identification of a stable and peaceful country
- Identification of stable districts in a region
- With the use of statistics, identify communities with low utilization of RMNCAH services
- Conduct a Community Profiling in which Baseline data is collected using quantitative and qualitative methods
- Compile data from the health facility serving the targeted communities
- Analyze the data from the Profiling and Health Facility
- Develop a project proposal for the Kaabilo Initiative and male action group. The document should include a log frame, Results chain, baseline indicators, and a comprehensive Monitoring and Evaluation Mechanism
- Consult Village Heads the VDCs and CSO for them to accept and buy-in the implementation of the Kaabilo Baama Initiative

- With the guidance and support of the Village Head and community elders, conduct selection of Kaabilo Baamas (2 females) and Faama(2males) by the respective Kaabilos in the village
- Develop training materials. These materials could be in English or any other language. Pictorials/Posters should be developed for communities who cannot read or write
- Training of committees
- Provision of Guidelines
- Follow up supervision after training and during implementation
- Home visits for awareness creation on the Initiative by the Kaabilo Baamas and Faamas using pictorials, flip charset targeting the Households in the homes
- On-going sensitization and advocacy on the Initiative by the Kaabilo Baamas and Faamas at social gatherings in the communities

16.0 Potential Partnerships

The Gambia is committed to the promotion of South-South Cooperation in the context of Partners in Population and Development and would be willing to play an active role in any replication of the Kaabilo Baama and Faama Initiative. Both Government and NGOs who played a crucial role in the design and implementation of this community initiative may be willing to lend a hand. Additionally, UNFPA (the main Partners), the World Bank, WHO and other institutions supporting population and development activities could be mobilized to provide financial support in replicating the project., However, given the resources constraints of the RMNACH Unit and other Partner Institutions in this endeavor the Country may only be able to provide the following in any replication:

- Training Materials
- Personnel (no charges but travel cost and periderm should be provided)

Contacts

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ANNEXURES

ANNEX ONE

Topics covered in the training Kaabilo Baama and Faama

- PREGNANCY
- Booking early for your antenatal care (ANC) Visit
- Eat a healthy diet during pregnancy
- Take your iron folate tablets as prescribed
- Birth preparedness
- Recognizing danger signs during pregnancy
- LABOUR AND DELIVERY
- Signs of labour
- Delivery in a health facility
- Put your baby to your breast within one hour after delivery
- Three postnatal care visits for you and your baby
- CHILDHOOD
- Give only breast milk to your baby from birth to 6 months
- Good positioning and attachment
- Express your breast milk when you are separated from your baby
- Start complementary feeding when your baby reaches 6 months
- How to prepare an ideal complementary meal for your baby
- Ensure that your children receive adequate amounts of vitamin A either in their diet or through supplementation
- PREVENTION OF ILLNESSES
- Immunization
- Growth monitoring
- Sleep under treated mosquito net all year every night
- Wash your hands after defecation, before preparing meals and before feeding your children
- Appropriate home treatment of malaria, diarrhea and pneumonia
- Recognize when a sick child need treatment outside the home and seek care from appropriate providers
- Adolescents 15 _19 YEARS
- What is adolescent
- Changes that girls and boys experience during puberty
- How a woman becomes pregnant
- Delay and prevent pregnancy
- Using family planning
- Feeding at six months
- Acute malnutrition in children

Services offered by Kaabilo Baama and Faama

- Compound visits to discuss with families on reproductive health issues
- Registration of all pregnant women in the community.

- Monitoring of all antenatal for their clinic attendance.
- Awareness creation in the community on the importance of clinic attendance, voluntary and early registration of pregnant women, family planning, male participation, environmental cleanliness
- Informing the community of their clinic days(schedule)
- Escorting labour cases to the health center for skill delivery
- Tie & dye for income generation for the village
- Scheduled weekly activities/schedule
- Crowd arrangement and health talks at the antenatal clinics

Annex TWO

List of Communities in the Kaabilo Baama and Faama Initiative

KAIANG EAST PHASE ONE
1. KAIAF ..... 3 KABILOs
2. GENERRI ..... 4 KABILOS
3. TORANKA BANTA ... 2 KABILOs
4. MEDINA SANCHA .... 7 KABILOs
5. MUKUTALA ..... 2 KABILOs
6. NJOLFEN ..... 4 KABILOs
7. SARE SAMBA ..... 3 KABILOs

KAIANG EAST PHASE TWO
1. KOLIOR ..... 3 KABILOs
2. JASOBBO ..... 3 KABILOs
3. JOMARR ..... 3 KABILOs
4. JALLOW KUNDA .... 1 KABILO
5. SARE BABOU ..... 1 KABILO
6. SARE PATEH ..... 2 KABILOs
7. MEDINA CEESAY KUNDA .....
8. YOROJULA ..... 1 KABILO
9. MASEMBEH ..... 3 KABILOs
10. SARE MUSA ..... 1 KABILO

KIANG WEST PHASE THREE
1, JATTBA 4KABILOs
2. JIFARONG ..... 4 KABILOs
3. KULI KUNDA ..... 2 KABILOs
4. KARANTA ..... 4 KABILOs
5. JANNEH KUNDA .... 6 KABILOs
6. TANKULAR ..... 4 KABILOs
7. JALI ..... 4 KABILOs

TOTAL OF 77 KABILOs and 308 MEMBERS IN 24 COMMUNITIES FROM 2012 -2020

Annex Three FUNDING FROM UNFPA to RMNCAH

No	Year	Budget Total (GMD0
	2015	D576, 028, 00
	2016	D449, 899.00
	2017	D195, 000.00
	2018	D404, 800.00
	2019	D541,720,00
Total		**D2,167,447 USD 43,349.00**

It should be noted that UNFPA also provides funds for the Women's Bureau for the Kaabilo Baama and Faama Initiative. At the time of writing this report, the amount involved for that funding component have not been received for inclusion into the report.

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