THE GAMBIA: COMMUNITY RESULTS BASED FINANCING (cRBF)

North Bank West River Region: Stories of Change

Empowering communities to take action!

Report Produced: Abdou Aziz Ceesay ***(NaNA SBCC Manager)***

*Elizabeth Mago****(RBF Technical Assistant)***

*Stories collected and recorded: Seku Bah****(North Bank West Region: Community Development Officer)***

MCNHRP Background

The Ministry of Health and Social Welfare(MoHSW) inThe Gambia and National Nutrition Agency (NaNA) are jointly implementing a five year-Maternal Child Nutrition and Health Results Project (MCNHRP: 2014-2021) using the Results Based Financing for Health approach. The project aims at improving the utilization of a minimum package of health and nutrition services, through a demand and supply side RBF.

The Community Results Based Financing in The Gambia works with community partners, community structures, community health extension workers and individual women to improve participation, ownership, caring practices, accountability for maternal and child health, food and nutrition security. With three years of project implementation, the project has a fully-fledged community RBF in existence in 151 communities, which has so far brought positive changes to the health and nutritional status of pregnant mother and children under 5 year old.

The Community Results Based Financing Approach

The Gambia Community RBF goes far beyond payment of community results to improve maternal, child and nutrition health results outcomes, to deliberately and intricately working with communities to increase their capacities to take control of their own development processes. Using a performance based contract, the Department of Community Development (DCD), a local government structure, and lead agent in community development is contracted to closely work and guide communities to conduct Participatory Rural Appraisal (PRA) processes. Involving the DCD is the project's strategic way of ensuring synergy of project community action plan within the broader framework of the community development plan. Similarly, RHD is contracted to provide technical support and oversight of VDC-VSG health and nutrition functions in the community.

Through a dual performance based contracting relationship, the Village Development Committees (VDC) is contracted for a set of predefined indicators[1] that promote the community's adoption of 12 key

[1]dumpsites; hand-washing stations; household latrines; referral evacuation system; Proportion of women who can cite 4 examples of breastfeeding; Proportion of Women 15-49 years who can cite at least three danger signs during pregnancy; proportion of women 15-49 years who consumed foods from at least 4 recommended food groups during the previous day; proportion of mothers with children 6-23 months who cite at least 4 practice of good complementary feedingchildren 6-23 months who consumed foods from at least 4 recommended food groups during the previous day..

health behavioral practices in infant optimal health and nutrition maternal health. Amongst these indicators is the establishment of designated functional community dumpsites, household hand-washing stations, sanitary facilities; and maternal community referrals. A fee for performance is paid to the community for each indicator. A payment buffer or maximum earning per community is further regulated by the size of the community. In the implementation of cRBF, the project supports a multi-sectorial approach to community planning, project implementation and monitoring. Social and Behaviour Change Communication (SBCC) is systematically woven and implemented to create demand for utilization of Maternal, Child and Nutrition Health services. PRAprocesses enable communities to holistically assess their challenges and needs, and prioritize the needs in view of the project objective. According to the project design 20% of community incentives is used for remuneration to incentivize the VSG, whilst 80% is for community development in line with approved community health nutrition plans.

In implementing cRBF, communities are categorized under small, medium and large size depending with their sizes. Small populated with less than 1 000 inhabitants; medium is more than 1000 to 3000; and above 3000 population is large. A quarterly maximum financial earning is placed on each community, with different community indicators costed differently corresponding with these categories.

Progress Overview of Community Investments (2015 to 2017)

Cumulatively, 344 communities against 800 planned, have been targeted by the project URR, CRR, LRR, NBRE and NBW. These communities have identified 218 sub-projects, of which 174 sub-projects are completed, representing 80% and 44 sub-projects representing 20% is in progress. Highest amongst the sub-projects implemented are; community referral facilities (motorbike and horse cart ambulance) and milling machine, followed by rehabilitation of RCH facilities. Others include construction of dumpsites, seed stores, community market and public toilets.

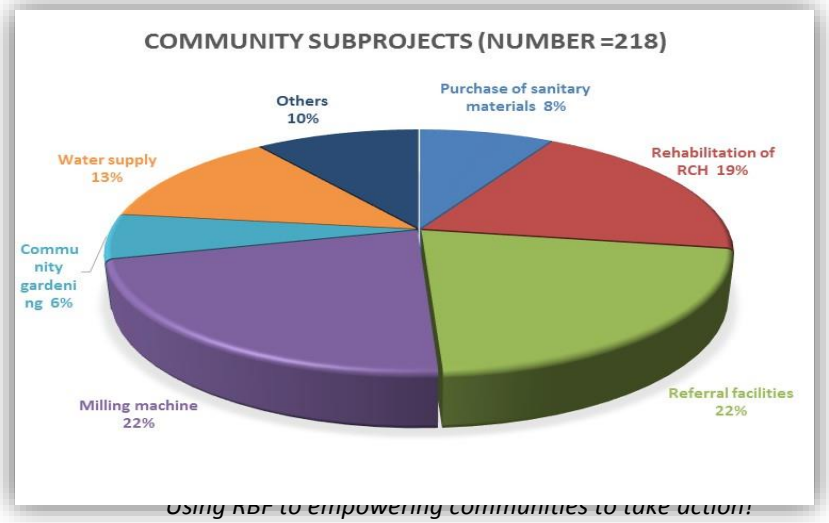

Figure 1, pie chart shows the categories of community-sub projects that have been implemented for the past 2 years in the project across the regions.

NORTH BANK WEST REGION

Profile of North Bank West

The North Bank West Region is one of the smallest Health Regions by size but one of the most densely populated regions within provincial Gambia. The region has a population of 122,215 (ref GBOS pop census 2003). Fifty-eight percent of the total population equally to 71,464 are women of child bearing age and children under five.

The region has three districts namely Lower Niumi, Upper Niumi and Jokadou, stretching from Barra in the West to Kerewan Miniminiang Bolong in the East and to Abreda in the North along the River Gambia and to Amdalai at the border with Senegal in the South. The region has one Major Health Center, five Minor Health Centers (all public except one- Ndungu Kebbeh), seven Community Clinics and sixteen Primary Health Care (PHC) Key Villages delivering Village Health Services (VHS). The RBF MCNHR Project is targeting 1 major and four minor facilities.

Community RBF is being implemented in 75 communities in NBW, with 22 due for exiting in 2017. Communities prioritise their community investments based on their pressing health needs and in view of the project objective. These investments have been accompanied with community mobilization,participation and ownership in monitoring and sustaining the initiative beyond the life span of the project. Most communities have prioritised labour saving devices (36%) to include rice and coos milling machines, borehole rehabilitations; as a community priority sub –project , and evacuation systems (29%).

Community Action Planning (CAP)

In the MCNHRP, the communities embark on a quarterly cycle of action planning, contracting, implementation, assessment and payment. This is similar to the familiar 'RBF quarterly cycles' on the supply side of health services. CAP is a participatory comprehensive development planning process done to explore community needs, come up with home grown solutions, and link empowerment and value community cultural diversities. By paying for community results on a quarterly basis, the communities

are empowered and given autonomy to utilize their subsidies according to the priorities set and approved in their community action plans.

There is a sense of commitment and ownership of the vision and plan for the community-wide effort of improving maternal nutrition and child health. Developing shared decision making processes, and ensuring that community members play key decision-making roles does not come naturally, but requires project effort in building community confidence in the objectives of the project.

A 57 year old grandmother, from Tambana village, NBW confessed, ''*Involving all of us in community planning make us realize that community health problems are our problems and we need to solve them. It is everyone's business that we promote hand-washing to avoid ill health; that the pregnant mother delivers at the facility; and that we improve the health status of our children and grandchildren!*''

STORIES OF CHANGE

By Seku Bah: Community Development Assistant

PASSY CHALLY COMMUNITY

Background Information

Passy chally is a small populated community located in upper Niumi and is 6km away from Ndungu Kebbeh. It is predominantly a wollof community but it also has minority tribes such as fulas, Bambara, Wollof and Serere. As a usual Gambian rural community, the people of Passy Chally depend mostly on farming as a source of livelihood.

Despite their hard work, the community of Passy Chally with a population of about 1000 people, are not endowed with basic development resources. They are among the few communities in Upper Nuimi that don't have a pipe borned water supply. In addition, the people of Passy Chally have to travel for 15km to access health service at Kerr Cherno.

The community is fortunate to be part of the MCHNRP. The project has impacted positively their lives through many ways and most importantly the provision of a vehicle ambulance for community referrals.

Before the Project

Access to Kerr Cherno health centre has been the most burning issue for the people of Passy Chally especially women. They have openly revealed the difficulty they went through in the past.

According to them, referrals were done by a horse or donkey cart (which is most popular), or on foot. There are serious conditions that could not be referred on foot so the horse cart was their primary referral system which would take about 35mins to reach the health facility at Kerr Cherno.

'***We used to board horse carts to go to Kerr Cherno which was uncomfortable and painful for pregnant women. From here to Kerr Cherno which is 15km, you the victim will think that its 100km because of the pain and how slow the horse cart is'*** (MaimunaJallow). ***She continued, 'infact the most painful part was when you are in labour and your husband doesn't have a horse /donkey cart, he would go round and round to borrow a cart until sometimes when the delivery is due, we would just call the Community Birth Companion to attend to her (CBC)'***.

According to the people of Passy Chally, at that time institutional deliveries were very limited because of the poor evacuation system and the inadequate knowledge on the importance of delivering at the facility.

The CBC stated that: '***Before the project, I was the CBCand every month I used to conduct home deliveries because of the distance to the clinic and the uncomfortable donkey cart, mode of transport. Pregnant women would beg me and beg me to help them deliver. It was very risky but I pray to Allah to help me***' (CBC). She concluded that, ''***They only would go when there are complications'***.

'Before the project, there used to be many serious complications in pregnant women. Sometime some die or their new babies die but that now is a history in this community'. (Mamud Njie: VDC Chairperson).

What is the change?

Since the inception of MCNHRP intervention in Passychally in 2016, a lot of positive changes are evident in the community. Among the benefits, is the motor vehicle Ambulance which they term as a significant change /benefit they have achieved from the project.

According to them this ambulance has come to improve their health and also ensure equal access to referral for everyone in the community. They have all agreed that the vehicle will not be used for any other purpose except for referrals. An agreement was also reached unanimously that every referral will pay GMD350 whereby GMD250 will be on fuel and GMD100 will be saved for the maintenance of the vehicle. In this case, someone may think that the cost for referral is high but according to them, they regarded this contribution to be part of the community's involvement in this initiative. CBC will keep monitoring the pregnant women and if they are due for delivery, she will ask their husbands to start preparing for institutional delivery (i.e by saving some money for referrals).

"***The horse/ donkeycart is a thing of the past. It's only the vehicle that we use. Even complicated cases we use the vehicle and most women now prefer to go to the facility***.''(said Amie Gai: CBC).

"***My name is Marie Faye, a native of this village. This baby on me was delivered at Kerr Cherno. The CBC escorted me, we got a safe and convenient drive up to the H/C and I delivered successfully. During my pregnancy, when I think about the vehicle that will be used to transport me to kerr Cherno, my mind get steady and I even feel happy".*** She continued***, "May be that is why in my current pregnancy my feet were not swollen due to high blood. Peace of mind is everything, so I think ambulance came to give us peace of mind especially women in reproductive age.*** (Marie concluded).

The people of Passy Chally cannot hide their love for this project because it has addressed one of their major community needs.

Challenges and lessons learnt

**the sustained use of the community ambulance for referrals needs to be accompanied by continued health promotion efforts on the importance of early booking and skilled deliveries. The VSGs stated the challenges they initially met from young pregnant women in promoting early booking, due to religiously and culturally engraved reasons. The use of the pictorial charts and discussion cards on key maternal and child nutrition family practices has greatly addressed the barrier on conservatism in discussing different issues. While there has been a gradual realization amongst women on the importance of early ANC bookings, the message on institutional deliveries has been welcomed as it addresses cost burden, and access.

SAMBA NJABEH COMMUNITY

Background Information

The community of Samba Njabeh is a small populated community, 3km from Samba Kalla on the high way from Barra to Kerewan in Lower Nuimi district. The inhabitants are Wollof and Fulas who all depend on farming for survival. It has a population of 547 inhabitants.

This community is one of the best performing communities in the region especially through its quarterly LQAS and water and sanitation results. The establishment and use of pit latrines yielded positive results owing to the SBCC component which the VSG eagerly delivered and monitored.

The construction of the latrine and hand-washing stations had a no cost charge to the community earnings.

Before the project

Five years ago in this community, only six households could be counted as those with latrines. Households without latrines used to use open defecation. At that time, open defecation is not term as something abnormal/inappropriate. Children will go to the backyard while elder go to the nearby bush at night. For the young ones who used the chamber pot, it was thrown at the backyard indiscriminately.

According to the revelations from the community, the people of Samba Njabeh especially children were vulnerable to diarrhea, malaria, and skin rashes due to playing at backyards. They were spending their limited income on health service which could be prevented.

"Four years ago, diarrhoea and dysentery were rampant in this community."(said Wally Ndow, VDC chairperson). ***''We spend most of our income in medication because our children used to get sick all the time. Our backyards used to be littered with human feaces.''*** Community members shuddered how insecure it was to use open defecation during the night. ***"Before my husband dug this toilet, there was a night my strangers got a running stomach. This was around 3am. After using the backyard to defacate, she got seriously wounded by a broken bottle on her way to the house. If we had had a toilet then, I believe we would not have gotten into this incident.''*** (Community member: Amie kebbeh.)

Notwithstanding, the community of Samba Njabeh was fortunate to be part of community lead total sanitation(CLTS) programme which helped in building latrines and knowing the importance of having a household toilet.

What is the change?

The significant of maintaining a proper/ well managed toilet is not something the people of samba njabeh will be told anymore. Open defecation and indiscriminate disposal of child faeces is now not an acceptable conduct in the community.

This change is as a result of numerous meetings with the RHD, VDC and VSGs on the importance of having a functional and well managed toilet. Continuous SBCC on the importance of using latrines has helped in sustaining positive behavior.

The construction of the toilets has afforded the community especially women with the secrecy and dignity they always wanted. The positive effect of the toilets in reducing diarrheoal cases has been complimented by the promotion of hand-washing stations. Communities are incentivized for establishing and maintaining functional hand washing stations. After the use of the toilet people now wash their hands with soap and water. VDC and VSG work together in monitoring this practice and thus sustaining the behavior.

Yama Taal (CBC), ''*Before the project, no one thinks about using soap after going to the toilet but now in this community, everyone uses soap after visiting the toilet*".

Someone can now assume that the people of Samba Njabeh are saving money indirectly because the cost that they used to spend on medication as a result of diarrhoea has reduced. Furthermore, there is a clear physical indication that defeacating at the back or anywhere around the compounds is a thing of the past.

Challenges and lessons learnt

**Sustaining community behaviors to continue using hand-washing stations (soap and water) and latrines after establishing them has been a challenge in this community. Resultantly, community performance (which assesses 'functionality') has fluctuated in these 2 indicators from quarter to quarter. The VSG and VDC out of their own initiative took up the responsibility to follow them in their houses in order to sensitize them on the benefits of a household toilet. This improved and steadily maintained the performance of these indicators for the past 1 year.

**It was noted that some toilets collapse due to heavy rains but efforts are in place to maintain them. There is need for more technical insight and guidance of regional contracted entities in community projects so as to build community capacities of implementing and sustaining innovative health gains.

ALBREDA COMMUNITY

Background Information

The Community of Albreda is a medium populated community located in Upper Niumi District, North Bank Region West of The Gambia.

It has a population of about 2000 people who are of different ethnicity such as Mandinka, Wollof, Serere, Fula and Manjago. These people embark on farming, fishing and petty businesses as a source of livehood.

The significant changes or benefits of the project emanate from the positive effects of the dumpsites and the provision of clean drinking water in this community.

Before the Project

Before the intervention of the project in 2015, health practices in this community were at a minimal rate. General village cleaning exercise was not a frequent routine as it took over 12 months for a cleaning exercise to be done. Waste that was collected from compounds/ households were discriminately thrown beside the houses, at the back yards or any other places in the surrounding. During this time, they have admitted that there was high prevalence of diarrhoea and malaria. Many under 5 deaths were as a result of diarrhea and/or malaria especially during the rainy season.

On the other hand, the community of Albreda was faced with inadequate clean drinking water. There were taps but only 20% of the community can access those taps because they are within the old settlement area in the community. So the remaining 75% fetched water from open wells or travelled for over 300m- 800m to queue for about 1hr 30m in-order to access clean drinking water.

KaddySanneh: community woman said,

"I am a house wife so I have to take care of everything in this compound. Before this tap was brought here, I used to travel for 400m to access clean water. I used to take along 10 gallons of 20liter and I will queue for over 1hr 30m to get my gallons filled one by one. If any day I am not fortunate to get water from that tap, I would fetch from our well which we would use for bathing and laundry. For drinking we would filter it or boil it. All my time was wasted in queuing for water because if I instructed my children to fetch the water, they ended up fighting at the tap with others who did not follow the queue.''

What is the Change

Water expansion sub-project

Using the community action planning process, the community prioritized the provision of clean water to address water borne diseases common in the community and the burden on women in accessing clean water. During the implementation of this initiative there were numerous general meetings held by the VDC/VSG with the community to update on the progress and give advice. The whole community monitored the implementation.

Water pipes were purchased and installed and an expansion from the old settlement. Currently there are accessible taps amidst the people residing in the new settlement, with over 30 compounds (ie. about 500 people) having access to clean drinking water. Due to the high cost of this project, the community acknowledged that though the expansion was able to cover only 25% of that gap, it has reduced the distance that others who were disadvantaged need to travel to the water collection points. This has also reduced the frequency of water borne diseases in that area of the community.

Establishments of dumpsites

With the promotion of environmental sanitation by the project, general cleaning exercise for the whole community is now on a monthly basis. The community participated in locating a central place to establish a dumpsite and the households monitor each other to ensure the continued use of this site. Waste gathered from the cleaning exercise and household wastes are all disposed off to the constructed dumpsites.

According to the community, dumpsites have reduced diarrheal and malaria cases. '' In my compound, it has been over 14 months now that my family has not had any malaria or diarrhea case. That is why

even if the project ends our VDC and VSG will ensure this monthly cleaning exercise continues.'' (Community member)

Albreda is one of the cleanest communities in NBW.

Challenges and lessons learnt

**Albreda community has many foreigners that do not pull together with the other residents in concerted efforts to earn more as a community. The existence of functional hand-washing stations is an indicator that initially did not equally perform like others, and yet is paid for.However, realizing this challenge and the possible future threat for the success of the project, the VDC and VSG took up the responsibility to meet them house to house and explain to them the importance of concerted community efforts in the project.

**Initially the community was not eager to participate in the project due to tension and conflict arising from misunderstanding of the staff bonus for VSG. The community regarded the project as a VSG and not their project. VDC, VSG and local leadership had to mobilize and disseminate correct project information. To sustain community trust, they share information every quarter and give space for community views, concerns and recommendations for better transparency and accountability.

SAMI COMMUNITY

Background information

Sami is a medium populated community of several ethnic groups such as Fulas, Serere, Mandinka, Wollof and Bambara, with a population of 1 311.

It is bordered with Essau on the Barra-Kerewan highway. The community has accommodated many new settlers who are attracted by Barra business centre. The indigenous depend on farming as a source of living.

During the second roll-out, Sami was fortunate to be selected and since then, the community has realized lots of benefits ranging from early booking, having a well-managed dumpsite, household hand washing stations among other things.

Notwithstanding this, they have regarded their sub-project (multi-purpose coos milling machine as having significantly changed their lives.

Before the project

Since the people of Sami are predominantly farmers who survive on their farm produce, it has been a nightmare for the women in the process of preparing coos/ millet for meals. Despite that it is an inherited practice to use the pestle and mortar process coos, both men and women view this practice as tedious, painful, time-consuming and laborious.

In the case of preparing coos, the people of Sami were left with few undesirable options. This includes using pestle and mortar or going to Barra, Kanuma, Kerr Gallo, Mbollet and Mayamba.
Regardless of the distance to travel to these communities, many women preferred to go to those communities to process their coos. This had increased frustration on them because they wanted to graduate from mutter and pestle which they termed as 'un-godly'.

"*There was a day I took my coos to Kanuma and found a very long queue, from 1pm-6pm and shortly before my turn, the operator said he has to close for the day as it is late and he is exhausted. Imagining the distance from Sami to Kanuma and going back without the service made me frustrated; I cried on my way home while walking on foot. I arrived around after 8pm*'' (Mariama Corr: Community woman). '' *The next morning, I had to rush to Barra to mill in order to be able to cook breakfast for my children*,'' she concluded.

For the elderly or pregnant women who could not walk to Kanuma or pay fare to Barra decided to stick to their traditional mutter and pestle which was tedious before desired texture of the coos is met.

Jainaba Samba,'' *I got married here three years ago since then I have being pounding daily. Look at my hands with bruises; despite the coming of this new milling machine you could see the marks. It's very dry and I feel ashamed to shake people's hand.''*
Despite the difficulty of pounding, women had to do it because it is there role to prepare food and feed the family, and they thus had no choice.

What is the change?

The coos milling machine has brought freedom and peace of mind to the women of Sami. The machine they call a 'time saviour' is now enabling them to engage in more productive activities because even their children can take the coos for milling without mothers being involved.

Haddy Ngum ''*I am 15yrs old, from Essau and my mother send me here to pound coos. We eat "chere" so much that we mill coos frequently so as to make it. This machine is saving me from hard laour because pounding is very hectic that's why I walk from Essau to here to mill my coos. Since this machine came I have never been late for school. Before this machine, I used to pound early morning before going to school which caused me to be late. But now I come and have it pounded at this machine in the evening and take it for mum to store for tomorrow use*.''

Realizing its significance, the users of this machine which includes but not limited to the people of Buniadou, Kerr Gallo, Mbollet-Ba, Mayamba, Kunuma and Sami did not care much about the price attached to the processing. In addition to all the benefits highlighted above the machine is also generating income for the community. They have saved up to GMD13,000.00 which is in the bank.

According to them, this money will be used for future village development after deducting all the expenditures like fuel, payment of operators and cost of maintenance. The balance will remain at the bank and will surely be used for village development activities. There is clear manifestation that the people of Ssami are going in the right direction towards the attainment of the project objectives.

Challenges and lessons learnt

****During the prioritization of health needs and strategies, the community later realized that they had not planned well the processes before the strategies. For example, coos milling machine needs a shelter which had not be planned or budgeted for. This realization led the community to discuss how the community could contribute to the construction of the shelter at a minimal cost. The community donated labor and other local materials, whilst cash was assigned to cement and other issues. Technical insight and guidance is needed through-out community action planning.

Conclusion

In conclusion, the project would like to take this opportunity to thank all parties in the collection, and collation of the success stories and testimonials from individuals. This documentation is showing remarkable efforts ranging from community participation through the involvement of community leaders and structures such as VDCs and VSGs in the implementation of its activities at community level.

As identified above, this is a positive gain as a result of the concerted efforts of all stakeholders in the effective and efficient implementation of both the CM and the SBCC Strategy at all level.

The level of community participation previously witnessed was limited and was not guided by a systematic approach of engaging communities and expanding the participation continuum by reinforcing community ownership in the past.

With the current shift in thinking and behavior change practices, the team is optimistic that it may bring about ultimately the sustainability of the project results which is one of the corner-stone of the CM Strategy.

Thank you