

## **Saving Burundi's Children, Village by Village**

### **Summary**

*In the poor, densely-populated, landlocked country of Burundi, children suffer the most. Most Burundians are subsistence farmers, making the population highly vulnerable to food shortages, malnutrition and disease. The farmers who do raise cash crops often depend on a single crop – making them highly vulnerable to market fluctuations.*

*More than a million Burundians were displaced from their homes, many fleeing as refugees to neighboring countries, during the country's decade-long civil war. In 2006, the conflict ended, but Burundi continued to struggle with poor infrastructure for health, education and other public sector services. Burundi's health indicators rival the worst in the world.*

*Burundi is making great strides towards establishing peace, and World Relief is one of the few international non-governmental organizations expanding beyond relief focused activities. Child Survival represents one of the most promising initiatives, addressing a foundational need in Burundi and providing hope for future generations. The Child Survival program relies on a unique Care Group model which trains local volunteers and mobilizes entire communities to protect children from the diseases that threaten young lives.*

*World Relief's success with the Care Group model has garnered international attention, and the United States Agency for International Development (USAID) has funded Child Survival programs in many nations, including Burundi. Today, we are seeking a grant of \$25,000 to help provide World Relief's required match for the program. Your support of this ministry in 2011 will help dedicated volunteers continue to make a generation-changing difference for children in Burundi through Care Groups.*

### **Need: Extreme Poverty Puts Children at Risk**

In Burundi, the facts are stark when it comes to many vital health measures. Life expectancy is 44 years, the under-five mortality rate is 231 per 1,000 live births, and the maternal mortality rate is 1,000 per 100,000 live births. These statistics are the result of years of instability in the country. Burundi survived over a decade of violent conflict. A regional ethnic conflict, spurred on by the assassination of their first president, left the nation in shambles. Since peace has come to the nation, Burundi has slowly been getting back on its feet.

The nation of Burundi is slightly smaller than the state of Maryland, with a population of over 6 million. Poverty is endemic, with a stunning 55% of the population living on an income of less than \$1 per day. The HIV/AIDS epidemic is also an ever-present reality in Burundi, with 3.3% of the adult population known to be infected with HIV. This complex

web of social problems is a familiar scenario in Africa, crippling development and leaving the most vulnerable at risk of disease and death.

Collectively, these negative factors conspire together to keep children from living healthy. Poverty leads to malnutrition and stunted growth, and lack of education contributes to an environment in which knowledge of basic health and disease transmission leaves children prone to illness.

### **Solution: “Live Long Child” Ministry Relies on the Care Group Model**

World Relief has established an impressive track record in this tiny nation. When World Relief began work in Burundi in 2004, more than one million Burundians had been displaced by the violent conflict. In response, World Relief and local churches launched a variety of vital ministries. In partnership with the U.S. Bureau of Population and Refugee Migration, TearFund Belgium and Habitat for Humanity, World Relief helped build than 1,750 new homes, offering safe and secure shelter to 8,800 people. World Relief’s other ministries include an agricultural program where live goats are raised for food, breeding and income by 600 families; a vocational training program for ex-soldiers; a microfinance program that now serves 7,700 clients; and *Mobilizing for Life*, World Relief’s well-regarded AIDS-prevention project, which has now reached 120,000 youths.

In addition, World Relief is bringing life and hope through an ambitious Child Survival initiative. In Burundi, malaria and diarrhea are the leading killers of children under five. The Child Survival outreach began in October 2007, as World Relief implemented its effective Care Group model of community health. Through Care Groups, volunteers learn health lessons and pass them along to their neighbors – saturating their communities and directly benefitting more than 90,000 mothers and children with lifesaving health information.

The *Ramba Kibondo* (“Live Long Child”) Child Survival Project is managed by World Relief in Gitega Province. The project’s goal is to achieve significant and sustained reductions in mortality and morbidity among children under five years of age and women of reproductive age. A total of 189 Care Groups with 1895 volunteers have been involved in health education, referrals and data collection. And the data is promising; there has been an increase in key indicators since baseline data was collected, with some indicators more than doubling, including:

- more mothers wash their hands at the appropriate times and give more and appropriate fluids to their children who have diarrhea
- vaccination coverage has exceeded project targets
- mothers recognized at least two signs of needing to seek care for their child.

### **Child Survival is a Grassroots Effort**

World Relief works with churches, grassroots communities and government health services to tackle entrenched and complex problems of poverty that affect health. World Relief’s Care Group model was an innovation developed by Dr. Pieter Ernst, a South

African physician who first introduced the concept in Mozambique, leading to outstanding results. Today, Care Groups represent a movement that has revolutionized community health. Training groups of 10 to 15 community health volunteers to go out and educate their neighbors, the model saturates entire communities with lifesaving health messages. World Relief's Maternal and Child Health programs now serve more than 3.8 million people in 9 countries.

Working with the Burundian Ministry of Health and other partners, World Relief serves 38,176 women of reproductive age and 24,376 children under five years to reduce maternal and childhood death and sickness. The project assists the Ministry of Health to implement a comprehensive strategy for improving the health of mothers and children in the community. This approach, recommended by the World Health Organization, is called Community-Integrated Management of Childhood Illness (C-IMCI).

### **Methodology: Care Group Ministry is Sustainable and Cost-Effective**

In order to make implementation of C-IMCI possible, World Relief uses the Care Group model to train local volunteers and mobilize entire communities to protect children from the diseases that most threaten young lives. World Relief's health interventions are equitable, affordable, sustainable and scalable.

- 1. Care Groups provide improved linkages between households, communities and the formal health system.** Linking communities with the health system is necessary both for encouraging the use of available health services as well as for promoting health system responsiveness to the needs and priorities of communities. World Relief health promoters work closely with community members and leaders to build trusting relationships, create opportunities for dialogue, and increase the flow of health information between communities and health facilities.

The Care Group model capitalizes on the highly relational nature of African life, where community cohesiveness is emphasized. Volunteers visit their 10 closest neighbors, passing on health lessons, and encouraging families to access clinical health services when necessary. Care Group volunteers also collect vital health information on new pregnancies, births, deaths (maternal and child under five) as well as a small number of easily recognizable, vaccine-preventable diseases. Their data collection is shared with community members, local leaders and district health authorities. Community members gain a greater understanding of their local health issues when they become involved with the health information system, which then motivates community members to take effective action for addressing their own health issues. The Care Group volunteers lead the way in collecting and sharing information – and communities are able to plan effectively for the future.

- 2. Care Groups provide improved availability and access to essential health commodities at the community level.** Communities increasingly gain affordable

and convenient access to the resources they need to stay healthy, such as long-lasting insecticide treated nets, antimalarials, oral rehydration solution and zinc. World Relief staff and community health workers (CHWs), local administrators and community leaders, church leaders, and traditional birth attendants/healers ensure improved access to appropriate care at the community level and timely referrals to health facilities.

In addition to general health education, families receive timely reinforcement of care-seeking messages from Care Group volunteers and support for care-seeking through the Care Group network. This allows mothers to recognize danger signs of severe illness at the household level and immediately seek care.

This emphasis on community-based service addresses a variety of obstacles. Geographic barriers are addressed by bringing services and commodities closer to households. Financial barriers are addressed by eliminating transportation costs by bringing health services closer. Social barriers are addressed by electing Care Group volunteers from among the neighbors they serve.

- 3. Care Groups provide increased knowledge and adoption of UNICEF's *Key Family Practices for Child Health* by child caregivers with support from community leaders and health providers.** The Care Group model is a demonstrated and effective vehicle for a comprehensive behavior change communication (BCC) strategy. Volunteers receive focused BCC messages in Care Group meetings every two weeks. Each volunteer is then responsible for regularly visiting 10 of her neighbors, sharing what she has learned and reinforcing behavior change at the household level. Care Groups create a multiplying effect to reach every family with women of reproductive age and children under five years of age.

Through the program, mothers are empowered as the primary drivers of child and family health. Behavior change messages focus on the evidence-based Key Family Practices for Child Health developed by UNICEF, with particular emphasis on those practices related to the four technical intervention areas:

- **Malaria:** Community-wide education to improve malaria prevention and care-seeking when needed; community case management of malaria; improved access and use of long-lasting insecticide treated nets (LLINs).
- **Nutrition:** Community-wide education to improve infant and child feeding; community-based rehabilitation of malnourished children.
- **Control of Diarrheal Disease:** Community-wide education to improve hygiene and home treatment of diarrhea using oral rehydration therapy (ORT), improved access to oral rehydration salts (ORS), promotion of point-of-use water treatment and hand-washing stations.
- **Immunization:** Community mobilization to increase utilization of expanded program for immunization (EPI) services.

These technical intervention areas address many of the health concerns that parents have in the project area and are well aligned with the priorities of the Burundian Ministry of Health. Over the course of the project, volunteers, health center staff, clergy and other community opinion leaders are trained to deliver the same essential health messages, ensuring the entire community hears the lifesaving messages in their homes, at church or in other community meetings. Song, drama, role play, dance, and discussion are all used with caregivers to ensure each receives the most essential health messages in a way that is most effective for her understanding.

### **Conclusion: Grassroots Ministry is Praised by Nation’s President**

The Care Group model represents the triumph of grassroots action. Children’s lives are being saved as a result of hard-working community volunteers – many of them church members. And this grassroots effort has been noticed at the highest levels of society, including the nation’s president.

“Burundi has been through many hardships, but for those who trust in God there is hope and peace for the future,” says Burundi President Pierre Nkurunziza. “For this reason we should wake up and work for progress, rehabilitate our country in collaboration with such good organizations as World Relief, and continue to praise and worship God.”

### **Budget and Your Partnership**

World Relief’s budget for the five-year Child Survival project is more than \$2 million. FY2011 represents Year 4 of this vital ministry, which is budgeted at \$398,976.

World Relief’s work is supported by a USAID grant of \$328,339 in FY2011. Our challenge this year is to meet our match commitment:

USAID grant	328,339
World Relief match	70,637
<b>TOTAL</b>	<b>\$398,976</b>

*A \$25,000 grant from the Chatlos Foundation represents a significant contribution toward our match requirement for FY2011. With your help, volunteers in Burundi can continue saving lives and practicing effective prevention in their communities.*