

EMBRACE RWANDA

Kigeme Diocese, Rwanda

Healthy Mums Project

Annual Evaluation Sept, 2010



Prepared by Hilary King

Summary

The Healthy Mums Project is now into its third year of operation and was visited once again by a team from the ACIC (Anglican Coalition in Canada). The

project has now expanded to two sites, Kigeme Health Centre and Nyarusiza Health Centre and both are experiencing the fulfillment of the project goals. This maternal health project for women in the rural communities of Rwanda has shown that keeping the mothers healthy during their pregnancy can enable more women to give birth naturally to a full term, healthy baby.

The team this year consisted of Hilary King; Pauline, an RN; Hanah, a mental health counselor; and Elizabeth, a Rwandan who acted as our interpreter. In addition to the meetings that the team held with the local coordinating committee, a filmmaker, Andrew, accompanied them and was able to document the interviews and activities of the Healthy Mums Project. A short film will now be available for use in Canada to raise awareness about the project.

Since the feedback received from the participants of the project and also the staff and volunteers was so positive it seems appropriate to look at future expansions of the project to other Health Centres. There are nine more Health Centres operated by the Diocese that feed the Kigeme Hospital and therefore these would be the first choice for future sites. If the good outcomes from these projects can be demonstrated in one District it will show the Healthy Mums Project as a model for other rural communities in Rwanda.

The Mayor of the Nyamagabe District has written a letter of support for the project hoping that further relationships with their Canadian partners will enable expansion of the project in his District.

In addition to the support from the local District, the Archbishop of the Province of the Anglican Church of Rwanda has offered his support to any proposal for expansion. The project is only successful with the full involvement of local volunteers, the Mothers Unions, and the support for the project has also been given from the President of the Rwandan Mothers Union.

The projects are overseen by the local Bishop and his staff and there has been complete accountability for the distribution of funds contributed by Canadian donors.

The seven recommendations from last year have been addressed and further enhancement of these was discussed in a facilitated workshop with the Coordinating committee. The findings and further suggestions for improvement are outlined in this report.

Findings



Facilitated session with the Coordinating committee

The Coordinating committee in Kigeme consists of the following members:

- Daniel – the new Director of the Kigeme Health Centre
- Pastor Paul – Kigeme Parish priest
- Esther – Leader for the Kigeme Diocese Mothers Union
- Ananias – Bishops secretary and Canadian Liaison for HMP
- Dancilla – Nurse at Kigeme HMP
- Leoncie – Nurse for Nyarusiza HMP

The group met to discuss the project in terms of challenges and solutions. Their overall hope is that they will be able to support themselves in the future. They received a further \$17,000 US from the Canadian team for the next year of the project.

There were two issues from last year that were not addressed fully and will require further work both in Canada and Kigeme to identify the best documentation needed for the health chart for children 0-5yrs and keeping track of the baby's weight and vaccinations.

They raised the following questions and using Elizabeth to interpret and giving them the opportunity to write their issues on post-it notes in Kinyarwanda, the feedback was rich. The group felt more empowered by the process and more able now to take responsibility for the projects at their local level.

Challenges	Solutions
1. How long will the project last?	Funding is currently based on personal fundraising. Now need to seek some major funding sources.
2. One goat is not sufficient to reduce the poverty in a family.	Suggestion that they encourage them to keep the offspring for longer in order to produce more. Also if very poor give two goats at the start.

<p>3. How can they give more support to families regarding family planning?</p>	<p>Since the pregnant women are given a goat it was felt that those who then participate in the ongoing family planning counseling should also be rewarded and should receive a goat too.</p>
<p>4. How can we get housing for some of the families, especially when they receive a goat?</p>	<p>The Canadian team did approach the local District Mayor and they are trying to partner with them to provide appropriate housing. Need to find donors in Canada for the roofs and the doors as local district can build the walls. Approx. cost \$500 US per house</p>
<p>5. There is still a need to give hoes and seeds to the mums.</p>	<p>This was included in the fundraising and money is available.</p>
<p>6. How can they include those women outside of the zone for each health centre?</p>	<p>Until funds are available to expand to neighbouring zones they must service only those women who attend their health centre.</p>
<p>7. There were a number of items that required funds:</p> <ul style="list-style-type: none"> a) Printing of health cards for family planning b) Telephone card fund for better communication between nurses and volunteers c) Honorarium and refreshments for the quarterly coordinating committee meeting d) Umbrellas for volunteers during the rainy season e) Motor bike taxi for nurses and volunteers who need to travel far for visits f) Office supplies g) Lap top and digital camera for the project 	<p>Since the second project did not start until February but was funded from October 2009 there were surplus funds. These have been transferred into a separate account for project expenses. These funds will be available to cover the costs of all these items except for the lap top and camera.</p> <p>The committee can use their discretion in applying these funds where most needed and the accountant was instructed to disburse the funds once approved by the committee.</p> <p>These items will then be included</p>



***Interview with the project nurses:
Dancilla (Kigeme HC) and Leoncie (Nyarusiza HC)***

They gave us their feedback regarding the two projects:

So far some goats have given new babies, others are waiting for babies and some are waiting to be in heat

New people have been visited and they look for those who are very poor who have no other animals. In cooperation with the Mothers Union volunteers they decide whether they get a goat or not. Many involved in the decision to give a goat. There is also cooperation between the health workers in the community because she sees them in the prenatal stage can identify them then. The regular check ups mean they can follow up with those who are under weight or not healthy. Sometimes it takes three months before they get their goat, so there is a need to speed this up.

Mothers come in for their first check up at 2-3 months but in the past they only came in once!!!! Now they have a MOH national program and the women come in at least 3-4 times for a check up.

They divide the visits as follows:

1. 2 -3 mths. For the first visit they confirm they are pregnant and tell them they will be following them through their pregnancy.
2. 4-6 mths. The second visit they give them the de worming and vaccination and iron to increase blood level and Tetanus. Folic acid combined with the iron is also given.

It depends on whether it is first baby, if so they have this at their first visit and come back 28 days later for their second shot

If it is their second pregnancy they check on whether they need all of the shots. They need five for the full course of shots

3. 7-8 mths. At this visit they follow the growth of the baby and the position to check everything is alright

4. Last visit is in 9th month and then they tell them about the position and if there are any complications. They tell them to come in ahead of time and not wait until the last minute.

In the past they delivered at home and there were many deaths of the mothers

and sometimes the babies so they want to control the last days so now they come in sooner. This was the initial goal of project.

They teach them what they need to prepare for the birth of the baby when they visit the home.

Implications of HIV/AIDS:

When they come for first visit they must come with their husband and they check for HIV as a couple. When they find a positive test they take the steps to follow them and teach them how to protect themselves and in the 7th month how to protect the baby. After the test they give the results and if they are infected they give them counseling and then get the medication to protect the baby. The worker does the testing and the nurse does the counseling. There is a program at the health centre that provides the counseling. All nurses are trained to counsel.

Number of cases: of the 210 women in the Kigeme HMP, 15 are infected. There are many others not in the project who most need assistance, especially regarding malnutrition. 1-2% still deliver at home but now Ministry of Health has encouraged them to come to the health centre. Most of them don't come because they worry about who will feed them when they come in. Health coverage costs 1000 Rwandan francs. Some cannot afford to pay. The government is making it easier but if they have several children it is 7,000 for the family but when they have a baby they looked after. HIV medication is available. In order to come to the HMP they encourage family planning as a priority.

Of the 93 women so far in the Nyarusiza HMP there are 5 with HIV Still others need to be tested.

Some with HIV are too sick to come in to the Health Centre for medications. They are more severe and are not in the project.

If the husband is positive and the wife not, they give them condoms and they use them. They come monthly to get the condoms for free and teach them about future pregnancies.

The question was raised regarding Catholics and family planning. The Catholic Church is respected but is telling nurses that as a professional they can counsel couples in family planning if they see that they are endangering their lives by having more children. Not an issue in Rwanda as there is so much poverty. The government is focusing on family planning as they know that they cannot support more population. The government is supporting this as a priority as the poverty is preventing progress. The Government talked with the Catholic Church and told them they have to do something about it.

When asked what recommendations for HIV women in the project, and what services they responded that food such as porridge, baby clothes, goats. There are not enough clothes but they try to give two outfits and blankets and sleepers and t shirts i.e. 4-5 pieces.

Leoncie gave an example of a woman who tested negative, and her husband positive. They had no food; they had nothing so sold the goat as a means of survival. The woman was afraid that she was in trouble and wanted to withdraw from the project. Leonice decided that she should continue to visit and to support them and keep them in part of the family planning program. She also

mentioned it at the

Coordinating committee and asked for their advice. (Doesn't feel able to decide on her own) and there was a Twa family who also sold their goat as they were so poor. There was a delay in getting the goat but the process is quicker now and they can get the goat within one month. Before there was a lengthy process because the Bishop gave the permission for the goat, now the committee can decide and give the goats sooner.

Emotional needs: The nurses were asked, "What do you see as problems with the mums emotionally?"

It is very tough to counsel them when they discover they are HIV positive. They change right away when we reveal the results and it takes more time to go through with them and tell them to take care of themselves and other people and that they have to live with it but they are not alone? Don't connect to Abisuzimana as new clients do not have the money to join the association. Cost is prohibitive. Have other associations but the same problem with membership fee.

They know who Abisuzimana is but don't have the mandate to work with them, they didn't develop a relationship. They want to improve this connection and try to get involved with them. Maybe discuss this at the Coordination meeting. There was a suggestion of either talking to them or having their own association? The existing organizations have been in place for 10 yrs so it is difficult for newcomers. Maybe HMP women who are sick can start their own group. Hard to coordinate getting the mothers involved with Abisuzimana e.g. they got help from church and small business so it is difficult for newcomers to fit in. If they start a new association what do they need? The nurses said it was not up to them to say what they can do but go to the women to ask. When asked, "Who will facilitate?" They said would. They would hold joint meeting to decide what they can do. Each one might be different, share ideas. Try to do that in the next year. They feel comfortable facilitating this. They have good connections with the mothers and can help the new group. They will work with the MU and the coordinating team. They can all work together.

Leonie commented that once the mothers are tested and know they are positive, they train them re protection before sharing the results e.g. the husband leaving when they find out. Need to calm them down, the husband may be ok. Difficult when one is positive and the other is not. They have a duty to talk one on one and then they see how things are working for them. During the visit they instruct them re having a healthy baby then they focus on the baby. Some come for consultation late and when they don't get the counseling early it is a problem, e.g. cases when there is trauma, homes not safe and woman is suffering with HIV. Regarding their anxiety or worries: Some come and can't talk and some are so sad and crying all the time when they talk to them, some don't have a peaceful life at home. Lot of family violence, they spend a night outside even when they are pregnant. Some of their husbands just leave them for another women; They lose weight when pregnant; Come to deliver the baby and have nothing; What do they do? First they take care of them and make sure they can talk and we will listen. We build up trust then they will share their burdens with the nurse and also the MU volunteers. Do the volunteers need training? Definitely! They have done some training on how to listen. If you don't train them how to listen they would not be able to help them. Do they refer to professionals? They are trying to do that. They transfer to the hospital. How often? 6-10 a year. Do they follow up? Yes they do.

Training – They choose a theme for the day e.g. hygiene, or how to counsel. It is hard to do the training as they cannot stay for the whole day. It is hard to have the time to more training. Should we pay the volunteers for training? It would make them more motivated to attend the training. They would feel more connected. Because they live in the community the outcome of the training is very beneficial.

Often the nurse will see there is trouble at home when the mothers arrive unclean at the clinic.

It is mandatory the first visit to the clinic to bring the husband. They observe then if the couple does not speak to each other. They see they don't care about themselves or the home or husband. Sometimes there is trouble at home when they get the goat as they also need a small house for the goat. If there is no good communication then the husband can use the goat as an issue to divide them. He doesn't care, so the burden goes to the women.

How react to abuse? Apart from general counseling they work with the MU. They can refer them for follow up. The local authority may also get involved. The health counselor or MU can refer if needed. If severe they refer to a higher level. They also visit more often.

Regarding unwanted pregnancy: Abortion is illegal. They are upset or respond poorly and do not cooperate well and sometimes the newborn does not look well. The nurses see that the baby is stressed, crying all the time and not putting on weight. They are often a small baby to start with. If not planned they are not prepared. They instruct them to plan for their baby as the life of baby depends on the healthy pregnancy.

One mother wanted to kill her baby. There were problems with the husband. The appointment was forgotten as there were many problems at home. The woman was stressed about being pregnant again. It took a while to accept it as she didn't want it. She was so upset and shouting and crying. Now she is getting better because of what they are doing for her. After that she was on the list for follow up and she received her goat and is doing well. She has accepted it and realizes she can't harm herself because she is pregnant.

There are also many cases of Post Partum depression. HMP helps them to talk to someone and they don't feel alone.

Some of the comfort they give is to help the mums stand for themselves, by encouraging them. They encourage the mums to focus on hygiene, nutrition etc for a better future. Teach them to talk to their kids and send them to school. Encourage them to be part of the association.

What affect does all of this have on the nurses? It is hard for them as they meet the mums and listen and then they take on the burdens. They take notes and later on can meet with others and discuss the cases that are heavy to deal with.

What is the most difficult situation? People who are traumatized and where there is one partner positive and when men discourage the wife from going for family planning. There is one family with 13 kids living in the trees not a real house. They live in poverty. The nurses question "How do you explain that what they are doing is wrong and they just keep making more babies?" The benefit of HMP is when they come out of their homes and share with others what they are learning. The social support is important. Women were living by themselves and didn't know that there was help for them. When the MU came in they brought

Christianity as well as advice and this increased their trust. The women became more open to receiving from the MU volunteers.

HMP brings them together in the community. Some women were getting pregnant not by choice, but after the HMP they are planning their families. By coming and meeting other ladies there has been a great improvement and they are willing to share their ideas more. In Nyarusiza when they meet as a group they contribute 150rwf per month to the association and pick one name to receive 100rwf and then the 50rwf goes to the association.

They use this to help themselves at home. Those who have issues can receive money from the association. This way they are feeling they have more control over their issues. Encourage them to share and they have become like one and don't feel alone. "Support each other" is the name of the association. Each site can operate according to the needs in their community. Suggestion if they can get some start up funds on their account they can get a little more and maybe start a small business and therefore make more money. There are 37 in the association.

Concern that there are mums in one health area not covered by the health centre. Can they be part of the project? Some are coming to the health centre so they can be part of the project. Use the health centre where they would normally go. If at risk they go to the hospital.

How many hours a week do they work? Monday to Friday 7-5

Some night shifts at the weekend. Once a week. Rest the next day. If not enough staff they would have to work. Go when needed. Learning more. Most of their clients have other needs. Part of the job. Come back for vaccination. They see them again and advise re family planning. Difference – they don't get transport to clients, pay from their own pockets.

Nutrition supplements are available.

Sorghum powder mixed with 20grams oil, 15grams sugar, 200 grams per day Mixture for malnutrition. Protein, starch and vegetables and corn.

Feedback from Nyarusiza

HMP Meeting with Leoncie the nurse; Eliab, the Director of the Health Centre, Pastor Samuel of Rususa Parish, the leader of the Mothers Union volunteers and a health care worker.

What is working well?

- The project has been in operation since February and so far they feel that the coordination is going well.
- They see some progress in the development of the beneficiaries who say they feel valued and cared for.
- They are pleased with the involvement of the Parish, feel there is a sense of community and note that there is good collaboration between the Parish, the Health Centre and the Sector.
- Some of the highlights mentioned are that they see the children's health improving due to better hygiene and nutrition.
- That there is good acceptance for family planning and that they have formed an association TERA IMBERE MUBYEYI to assist the mothers who most need help.

What needs improvement?

- They would like to see a reward given to poor mothers who then actively

- participate in the family planning regime. (This was discussed at the coordinating session and it was thought this might be possible)
- They are frustrated that some of the sector boundaries do not permit some women to be part of the project. (It was noted that if they would normally visit this Health Centre then they could be part of the project. Until the project expands to neighbouring sectors this may continue to be a problem)
- The need for watering cans for kitchen gardens during the dry season (This has been included in the fundraising so they were distributed this summer.
- There was some discussion about the need for a community kitchen to enable the mothers to have porridge earlier on in their pregnancy to reduce the number of low weight babies. (The cost for this would need to be included in the budget. The team will also look at the PAM program to see if this food is available for the pregnant mothers)
- The HIV mothers have some additional needs. (There may be the possibility of starting their own support group in Rususa to enable these women to assist one another)
- A concern expressed that some of the goats get sick and die.

What difference has it made to be part of the HMP?

Interview with mum – Lea

Single mum Lea 25yrs has HIV and baby 5 months

The project has helped her as she reconnected with other people. The goat helped her to make a kitchen garden for herself. She lives with her mother. The family is happy to have the goat. Volunteers have helped her to know how not to contaminate other people and how to live with HIV and how to keep the baby healthy. She has been breastfeeding her baby. No other option for feeding. At 6 mths they will give the baby sorghum. She receives the medications for HIV.

Interview with mum - Francois

35yrs old genocide survivor three children

“I met Dancille when I went for my consultation for my pregnancy and she gave me some food and porridge and took care of me and is giving me an education.

They taught me about hygiene and how to start my own kitchen garden and also the family planning. I was so poor I couldn't provide clothing for my kids but they gave me some clothes.

The goat helps me with my kitchen garden as I can use the manure. It is the dry season now but I can grow onions, carrots and spinach

How HMP helped me? Without the HMP I would be even more poor than I am but they helped me. They gave me the first goat which died but they gave me a second one which is now doing well and expecting a second goat”

What are the daily challenges for her?

“My major problem is the lack of food to feed my kids and the need for clothing and shoes. Not enough to live on, on a daily basis.
I have difficulty finding a home. Right now I rent and sometimes I don't have the money but they wait until I can get the money from labouring here and there but it is really tough without my own home and I have to rent.

What is her hope for the future?

The hope I have for tomorrow is the goat and the second goat that I can pass on to someone else who needs it.

My hope for my children:

That we are so lucky to have free medication and I take them and trying to maintain the daily medication so I can raise him before I die.

How she stayed healthy since being part of the HMP

Part of being part of HMP is that they visit me and give me hope and they help on a daily basis and still need to have help to get my own home. I learned about taking care of myself. I take care of myself and take the medication and eat healthy food

What would she like to add?

I know you are so good in helping us but I really need a home

Mothers Union.

MU feedback

Is there a difference in the health of the mums?

Clementine:

Beneficiaries pleased to receive the goat and so they can improve the production in their garden and they saw good results and now have fresh vegetables and the kids are healthy, no malnutrition in those in the project in their community. Also produce other things using the manure, many goats have had their babies and more will produce.

Would pigs be helpful? Yes. They grow fast and give more babies. Give the

mums a choice? Good idea. The needs of the beneficiaries are different, depends on their health and their housing. Good to have a choice.

The project visited one lady and the goat did not breed well but then it was pregnant and she even had two offspring. So pleased that God is using the Mazungo to bless them in this way. She now has a good kitchen garden. More than she expected. May God bless you in what you are doing. It is God who sent you.

Many mothers would not visit the Health Centre to see the progress of the baby but since the project they started visiting them they now are going for check up and also getting ready to go to the hospital to deliver their baby.

With the family planning there are women who now don't get a goat. If part of the family planning and are poor then reward them with a goat too.

Are the volunteers happy to continue in the project? “Yes, since we have started we have seen a unity in the couples we visit. We also pray for them and teach the word of God. Do more than just visit”.

They have seen so much improvement in the families they are visiting because they counsel them. They go beyond the basic visit. They have noticed that the

men no longer leave the women to do everything but are more participative and this has helped the family to be more unified and to stay together. Some of them have come to Christ as a result of the visits they are making and the family planning also is being respected and the hygiene has improved. Also during their time there they tell them to go to the hospital to deliver. When they are encouraged to go to the hospital or health centre they also get more counseling about the family planning and this helps them further. This makes it easy for them to continue to counsel afterwards.