

# Makuru ki. FHI?

(What's New?)

RWANDA

June 2008

## FEATURE ARTICLE



The members of the Abadacogora, Dushyikirane, and Abahuje associations receive goats as part of a new initiative

## Fighting Malnutrition

Malnutrition is one of the leading causes of death in Rwanda particularly among women and children. FHI/Rwanda is thus supporting a private initiative that aims to improve the nutritional status of individuals by providing them good sources of protein as well as opportunities to generate income.

With private donations, FHI/Rwanda purchased over 110 goats and distributed them to associations from Kirambi and Jenda Health Centers as well as gave a cow to Nyamagabe Health Center's prevention of mother-to-child transmission of HIV program. In May 2008, 54 goats were distributed to members of the Abadacogora, Dushyikirane, and Abahuje associations outside Rurangazi Market. The recipients were people living with HIV who suffer from malnutrition.

The associations are encouraged to work together to start animal husbandry projects, or they may use the animals for milk or food. The emphasis is on sustainable, locally-produced food support. FHI/Rwanda believes initiatives such as this may contribute to improved nutrition and quality of life.

With funding from the US Agency for International Development, FHI/Rwanda supports the provision HIV services, including nutrition, at the health centers. Nutritional services include educational classes on nutrition and food preparation and some supplemental feeding to children born to HIV-positive mothers.

Generous contributions from Anne Duffy and Randy and Rochelle Jensen made this initiative possible.

## PERSONAL PROFILE

### One Small Success

Today at age 2 ½, Vincent's nutritional status has improved and he weighs 12 kg, about normal for his age. It is impossible to tell from looking at this laughing and playing boy that only a few months he had been close to death.

*"I'm following the counseling I received from the health center at home. I have been practicing what I learned. I now have a small garden and I raise pigs, which permits me to have meat and vegetables without spending much money,"* said Vincent's mother.

When he was 17 months old, Vincent's height and weight were severely below average for his age. *"It was dreadful and death was certain"* said Vincent's mother, who took her son to see the social worker at Gihara Health Center, in Kamonyi district. *"The situation was becoming more and more serious."*

Vincent was immediately entered into the Gihara Nutritional Program where malnourished children are provided with supplemental feeding three times per week to improve their malnutrition status. His mother also attended classes to learn how to prepare highly nutritional meals using local ingredients. FHI supports this program by providing financial and technical assistance with funding from U.S. Agency of International Development.

Watching Vincent laugh and play confirms the vital importance of Gihara's Nutritional Services to the community and validates the hard work of its staff.



Vincent playing in garden behind his monther

*“Through the adoption and promulgation of this national nutrition policy, the Government of Rwanda affirms its commitment to ensuring better nutrition for its population.”*

Dr Jean Damascene Ntawkuriryayo  
Ministry of Health  
National Nutrition Policy

## Rwanda’s National Policy for Malnutrition

Adequate nutrition is essential for the physical and mental growth of children and a standard of living for an adult. It is also a basic human right.

Malnutrition – the lack of sufficient nutrients to maintain healthy bodily functions – is associated with extreme poverty and can lead to an array of afflictions ranging from stunted growth, reduced intelligence and cognitive abilities, reduced activity and energy, reduced muscle growth and strength, and poorer overall health. In Rwanda, as in other developing countries, a large portion of the population suffers from malnutrition.

To address this problem, the Government of Rwanda adopted a National Policy in 2005 against malnutrition. The specific objectives of the policy are to

- promote practices favorable to the improvement of the nutritional status
- reduce the prevalence of diseases linked to nutritional deficiencies and excesses
- prevent mother-to-child transmission of HIV through appropriate breastfeeding and infant and child feeding practices
- assure adequate treatment of malnutrition due to nutritional deficiencies and excesses
- provide nutritional care and support for people living with HIV/AIDS

FHI supports this policy by strengthening nutritional services at health facilities in Rwanda.

The Rwandan National Nutrition Policy may be found at [www.moh.gov.rw](http://www.moh.gov.rw).

### Children at Kabirizi HC Nutritional Services



Members of the Tuzamurane association rest after tending their field

## GIHARA: Cultivating Hope

Members of Tuzamurane Association rest after working in one of the fields that Gihara Health Center helped them rent as part of its nutritional program. As children run about laughing and playing, their mothers talk of hope.

*“We are no longer the same. The time has come to defeat the hunger that has destroyed us for so long.”* Thanks to the initiative of Gihara Health Center, a balanced diet has improved the wellbeing of many of these families.

The Gihara Health Center is located in the northern part of Kamonyi district in South Province, an area that, due to its unstable climate, often experiences seasonal food shortages. The health center started a nutritional program for clients showing signs of malnutrition, primarily children and breastfeeding mothers.

The health center has been innovative over the years in providing services. When funding for food aid ended in 1998, the center started financing the



services with its own budget. In 2005, FHI started supporting the health center to provide HIV services, and they were able to again expand support to malnourished children born to HIV-positive mothers.



Examples of projects for nutritional services at Gihara HC

This program goes well beyond providing food supplements. It also offers education to mothers. Recently the center benefited from the International Center for Tropical Agriculture through its Agricultural Technology Development and Transfer Project. The project provided an agronomist to teach good agricultural techniques and seeds for vitamin-rich, high-yielding grains, fruits, and vegetables.

Just behind the health center is its garden, where the different varieties are grown. As part of the program, clients from the nutritional program assist with cultivation. They also learn how to plant small gardens in their own compounds along with how to raise animals such as rabbits, guinea pigs, goats, and chickens.

This is just a small example of what a health center can do at a very low cost. To give staff from other health centers the opportunity to learn from Gihara HC, FHI/Rwanda will sponsor exchange visits between health centers.



## Cyeru Health Center

On one of the many hills in Kamonyi District is the small public health center, which opened in 2000 and serves the surrounding community of 10,000.

In 2008, with funding from U.S. Agency of International Development, Cyeru Health Center added new HIV clinical services that included, prevention of mother-to child HIV transmission, preventive therapy, tuberculosis-HIV integration, and counseling and testing. Patients that test positive for HIV are referred to Mugina Health Center for treatment. This funding also allowed the health center to start a nutritional program for malnourished children and pregnant women, specifically those affected by HIV. Currently about 70 children are being supported.

Louise Nishimwe, the social worker for the nutritional services, helped initiate the heavy task of starting the new nutritional services. "We are in a fertile region when the seasons are good. I'm going to educate the community on how to improve their nutritional status and encourage them to grow some of their own food." She is optimistic about her work, adding, "I am sure we will eradicate malnutrition in our region."

Cyeru Health Center staff not only provide nutritional support, but also offer classes on nutrition and cooking, and they visit homes regularly to check up on their patients. The nutritional services along with the HIV services have provided a more comprehensive care package to their clients, which in turn attracts more patients to the center.

Cyeru Health Center



A mother feeds her child at Biryogo Health Center Nutritional Services

## Helping Hands of Biryogo

Nestled in the heart of Kigali's Nyamirambo district is the Biryogo Health and Social Services Centre (HSSC), whose nutrition program is serving the community with such dedication and visible joy that it is infusing life back into the neighborhood.

Nyamirambo, known as "the district that never sleeps," is one of the oldest and also one of the poorest areas of Kigali. Biryogo HSSC has been working in the community since 1973, but the nutrition program was started in 1989 as a response to high rates of malnutrition. Any casual visitor will quickly see how essential the nutrition program is.

Currently over 100 children are being followed by this service. They visit the clinic daily or weekly, depending on the severity of their condition. Another 125 mothers who have progressed through the program (along with their children) are given provisions once a month. On top of this, 100-150 infants are vaccinated every week and 150-200 more are weighed and measured.

With detailed growth monitoring each month of every child in the community, early identification of malnutrition places mothers and children who need it into an intervention program. The children are fed two complete meals a day, and their mothers are educated on topics ranging from proper nutrition and preparation of food to family planning to recognition and treatment of common childhood illnesses.

When you start adding up the numbers, it is easy to see why the seven staff who work in the nutrition center are instantly recognized and so beloved by everyone in the community.

*"I find that working in the nutritional services is not only a profession but also a calling. Here, the clients sincerely trust in the social workers as if they were at home. It is such a pleasure to see the changes in a person who was at a point of death and it is also motivating to hear testimonies in the community about how they regained their life through our nutritional service".*

**Veneranda Nyirakanyana**

Manager of Biryogo HC's nutritional services

## Did you know?

Below are some interesting statistics on breastfeeding and nutrition of mothers and children in Rwanda. The data presented is from the 2005 Demographic Health Survey.

### Breastfeeding and Supplementation

- 97% of children born in the five years preceding the survey were breastfed
- Only 41% of Rwandan children began breastfeeding within one hour of birth and only 56% began within one day of birth
- 88% of children are breastfed exclusively until six months
- 31% of children age 6 to 9 months do not receive supplementary foods, breast milk alone does not meet all of the infant's nutritional needs after six months, it must be supplemented with appropriate foods to support normal growth and development
- Average duration of breastfeeding in Rwanda is 24.9 months

### Micronutrient Intake and Anemia Prevalence

- 84% of children age 6-59 months have received vitamin A supplements
- 58% of children under age three consumed foods rich in vitamin A in the seven days preceding the survey
- 56% of children age 6 to 59 months have anemia: 20% are mildly anemic, 27% are moderately anemic, and 9% are severely anemic
- 33% of women have anemia: 19% are mildly anemic, 11% are moderately anemic, and 3% are severely anemic
- 29% of men are anemic: 10% are mildly anemic, 15% are moderately anemic, and 4% are severely anemic

### Nutritional Status of Children

- 45% of Rwandan children under age five have moderate chronic malnutrition (height-for-age below -2 standard deviations from the median)
- 19% of Rwandan children under age five have severe chronic malnutrition (height-for-age below -3 standard deviations from the median)
- 23% of Rwandan children under age five are moderately underweight
- 4% of Rwandan children under age five are severely underweight

### Nutritional Status of Women

- In Rwanda the average Body Mass Index (BMI)\* for women is 21.8
- 10% of women are below the BMI cutoff point of 18.5 indicating chronic undernourishment, 7% show mild form, 2% show moderate form and 1% show severe form
- 12% of women have a BMI over 25 or more, and are therefore considered overweight or obese

\*Note: BMI is calculated by dividing weight in kilograms by height in meters squared (Kg/m<sup>2</sup>)

## Interested in nutrition and HIV? These resources are free at FHI or Online

From FHI: [www.fhi.org](http://www.fhi.org)

- Guidance for Operationalizing the US President's Emergency Plan for AIDS Relief Policy, Using Funds to Address Food on Nutrition Needs, FHI, December 2007
- HIV, Nutrition, and Food; A Practical Guide for Technical Staff and Clinicians

### On the internet

- Consultation on Nutrition and HIV/AIDS in Africa: evidence, lessons and recommendations for action, Durban, South Africa, 10<sup>th</sup> April 2005  
[http://www.who.int/nutrition/topics/consultation\\_nutrition\\_and\\_hiv\\_aids/en/index.html](http://www.who.int/nutrition/topics/consultation_nutrition_and_hiv_aids/en/index.html)
- Nutrition Counseling, Care and Support for HIV-infected Women  
Guidelines on HIV-related care, treatment and support for HIV-infected women and their children in resource-constrained settings, Geneva, WHO, 2004  
[http://www.who.int/hiv/pub/prev\\_care/en/nuti\\_eng.pdf](http://www.who.int/hiv/pub/prev_care/en/nuti_eng.pdf)
- Nutrient requirements for people living with HIV/AIDS  
Report of a technical consultation, Geneva, World Health Organization, 13-15 May 2003  
[http://www.who.int/entity/nutrition/publications/content\\_nutrient\\_requirements.pdf](http://www.who.int/entity/nutrition/publications/content_nutrient_requirements.pdf)
- HIV and infant feeding: guidelines for decision-makers  
Geneva, World Health Organization, 2003  
[http://www.who.int/entity/nutrition/publications/HIV\\_IF\\_decision\\_maker.pdf](http://www.who.int/entity/nutrition/publications/HIV_IF_decision_maker.pdf)
- HIV and infant feeding: a guide for health care managers and supervisors  
Geneva, World Health Organization, 2003  
[http://www.who.int/entity/nutrition/publications/HIV\\_IF\\_guide\\_for\\_healthcare.pdf](http://www.who.int/entity/nutrition/publications/HIV_IF_guide_for_healthcare.pdf)
- Guiding principles for complementary feeding of the breastfed child  
PAHO/WHO, Division of Health Promotion and Protection/Food and Nutrition Program, Washington DC, USA, 2003  
[http://www.who.int/entity/nutrition/publications/guiding\\_principles\\_compfeeding\\_breastfed.pdf](http://www.who.int/entity/nutrition/publications/guiding_principles_compfeeding_breastfed.pdf)

## About FHI/Rwanda

Family Health International is committed to improving health and access to health care for all people. In Rwanda, our focus has been on HIV and has included a broad range of services in primary prevention as well as care and treatment. Working with national and local government, individual health facilities, and a variety of civil society groups, FHI/Rwanda has supported the launch and expansion of behavior change communication campaigns, community care and support programs, and counseling and testing, prevention of mother-to-child transmission, and HIV patient care services.

Funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

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