



# Dining for Women Interim Progress Report

## January 2016

**Organization Name:** Gardens for Health International

**Program Title:** Bumbogo Health Center and Community Outreach Support

**Grant Amount:** \$43,867 over 2 years

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### Outcomes

In Rwanda, nearly 90 percent of the workforce is engaged in agriculture as a primary occupation, yet nearly 40 percent of Rwanda's children under 5 live with chronic malnutrition (UN Food and Agriculture Organization). This disconnect, between agriculture, proper nutrition, and positive health outcomes, is the main driver of Garden's for Health International's (GHI) mission. Traditionally, malnutrition interventions have been viewed as strictly medical. They have often focused on short-term solutions, which, while lifesaving, do nothing to promulgate healthy changes and promote long-term health. We are working to disrupt the paradigm that malnutrition requires solely a medical response, by integrating nutrition-focused agriculture and peer-led education into the clinical treatment of malnutrition. Our programs empower the caregivers, most often mothers, of malnourished children with the knowledge, agricultural inputs, and support to overcome malnutrition for the long term. GHI's partnership with Dining for Women was designed to empower mothers in the catchment area of Bumbogo Health Center in the Gasabo District of Rwanda with the resources and education they need to keep their children healthy.

Our program in Bumbogo is focused on identifying, partnering with, training, and empowering 3 groups of 40 families each year. We partner with Bumbogo Health Center staff to identify and enroll each cohort of families, building the capacity of the health center and its community health workers. Once mothers are enrolled, our Field Educators Esperance and Jean Luc Bosco, who come from the Bumbogo community, instruct partner mothers in 13 health and 9 agriculture topics. Trainings focus on methods of increasing families' dietary diversity, helping their gardens to flourish, and addressing the intersectional health and social topics that can make it difficult for caregivers to feed their children. Families also select a unique Home Garden Package from our menu of seeds, seedlings, and small livestock. For three growing seasons, families will receive supplementary seeds and home visits from Esperance and Jean Luc Bosco to ensure their progress.

In addition to our program at Bumbogo Health Center, Dining for Women supports some of the work on Gardens for Health's Demonstration and Innovation Farm in Ndera, Rwanda. This living laboratory serves simultaneously as an office, a space to refine agricultural practices, a nursery, and the thriving center of our community -- and it is vital to the successful realization of our goals. We hire between 30 and 50 vulnerable women each week to work on our farm. These women come from the surrounding communities, including Bumbogo. In addition to earning roughly twice the average daily wage for a casual farm laborer in Rwanda, these women participate in empowerment trainings, which we provide to every woman on our farm. We encourage mothers to bring their children to the farm each day, and we provide childcare and enrichment for those who are not yet school age.

GHI's current partnership with Dining for Women has already supported 3 full cohorts of partner families at Bumbogo Health Center, with the newest cohort currently enrolled in trainings. That means that 160

caregivers -- and their children -- have benefited from Dining for Women's support as we enter 2016. More than 200 women from Bumbogo have also been employed on our farm in that time.

In accordance with GHI's proposal to Dining for Women, the proposed measurable outcomes for Bumbogo Health Center are:

- Participation in Community Growth Monitoring Campaigns
- Seasonal enrollment of 40 families with malnourished children
- Home Garden Package distribution to 40 partner families per season, with 80 additional families receiving package as follow-ups to past seasons
- At least 80% attendance at all health trainings, with a 75% increase in health knowledge
- At least 80% attendance at all agriculture trainings, with a 75% increase in agriculture knowledge
- Hiring of 30-50 women per week, many from Bumbogo, as farmhands

### **Funding Source**

GHI's activities at Bumbogo continue to be funded in large part by our partnership with Dining for Women. We have not received any additional unexpected funding directed toward Bumbogo Health Center.

### **Program Changes**

Since completing our original proposal, Gardens for Health has grown to cover 18 partner health centers in the Musanze District of Rwanda. In September 2014, at the behest of the Government of Rwanda, GHI made the decision to expand our Health Center Program from 8 to 18 partner health centers, extending our reach to over 2,000 vulnerable families. The expansion was concentrated on health centers in Musanze, a district in northwestern Rwanda, located approximately 90 miles from our original partner health centers in Gasabo (including Bumbogo). Since the expansion, we have completed our first successful year of programming at-scale in both districts, and we have maintained that success since.

In the spring of 2015, Gardens for Health experienced a change in program leadership. Our co-founder, Julie Carney, ended her tenure as Country Director in May and shifted into a new role on our Board of Directors. Over a 7-year-period, Julie's knowledge of and bonds with the people and communities with whom we work allowed GHI to flourish and grow, inspiring people throughout our organization and beyond. In seeking a new country director we pursued candidates with the professional background, expertise, and dedication necessary to take the reins at a steadily growing and innovative organization. We found a superb candidate in Anne Wanlund, who joined our team in June 2015. Anne has taken to her leadership position with enthusiasm and skill, focusing on the rigor of our M&E policies, pursuing new advocacy and partnership efforts, and ensuring excellence at all levels of our organization in Rwanda. We are excited about the progress that Anne will continue to facilitate in the coming year.

In addition to welcoming Anne, we have also completed an evaluation and upgrade of our Monitoring and Evaluations (M&E) department. This included changes to our staffing and technology needs, and to M&E practices and procedures. As our program has grown, we have realized the necessity of computer-based data collection and analysis in order to promptly monitor the progress of our thousands of partner families. We have therefore transitioned to a mobile data collection software, called Commcare, to help

make our data processing more efficient. In the fall of 2015, we ran a successful mobile data collection trial in one health center, and have since rolled out Commcare to all of our partner health centers, including Bumbogo. Given the reductions in time and effort necessary to collect data with Commcare, as well as the resources needed to launch it in 18 health centers, we have reduced the number of M&E agents staffed in each health center from 2 to 1. We are looking forward to the ways that this new technology will streamline our reporting and case management practices, and we are more confident than ever that rigorous and timely monitoring and evaluation will continue to characterize GHI's work.

### **Challenges**

Our rapid growth, while exciting, has presented our team with some logistical hurdles. The new Musanze health centers are approximately 90 miles from Gasabo District, where Bumbogo Health Center is located. Since beginning this new partnership we have worked hard to establish supply chains for seeds and livestock that we can depend on. Despite our efforts to find creative solutions, it has proved difficult to find suppliers who can reliably supply enough healthy livestock to our families every season to meet the demands of our program. About one year ago, we amended our home garden package to include double the livestock. In light of the supply chain challenges, we have decided to return to the original numbers, 3 rabbits and 2 chickens for each family. We made this decision in partnership with our field staff and management team, in order to ensure that we are able to follow through on each and every commitment we are making to families.

The support of Dining for Women has ensured a strong continued partnership with Bumbogo Health Center and specific challenges to our Bumbogo program have been minor in the past six months.

### **Objectives**

The primary objectives we aim to achieve in partnership with Dining for Women remain consistent with our original proposal: to meaningfully reduce rates of malnutrition in the Bumbogo Health Center catchment area by equipping 40 vulnerable families per season with the seeds, knowledge, and support needed to overcome malnutrition over the long term. While we are still focusing on two key outputs associated with this objective: improvements in child health and positive changes in household consumption patterns, we have expanded the key indicators that are used to track our partner families' progress.

In seeking to obtain the fullest picture of a family's growing, eating, and health practices, the Gardens for Health Monitoring and Evaluation team has recommended that we shift our focus from moving children into a "healthy" weight-for-age percentile during their short partnership with us, to setting children on improved growth trajectories, signifying that they are on track to obtain a healthy weight-for-age. Our second primary goal is to increase the consumption of diverse and nutrient-rich foods in partner households, which we are still measuring through improvement in Household Dietary Diversity Score as well as tracking the crops grown in the household intended for consumption. Finally, we have placed a renewed focus on tracking how regularly partner mothers engage in health practices that prevent childhood malnutrition, including good hygiene, disease prevention, use of family planning, antenatal care (ANC), and accessing health services.

### **Progress**

The support of Dining for Women has ensured continued success for our partnership with Bumbogo Health Center, and we are on track to meet all of the objectives outlined in our original proposal. As we



enter the second year of partnership with Dining for Women, we are excited about the progress that we've made thus far, and the healthy harvests, interactive trainings, and joyous graduations to come.

In the last year, more than 40,000 children have been weighed and measured in Community Growth Monitoring Campaigns – a record number in the history of our organization. Approximately 900 of these children were screened in Bumbogo alone. These campaigns are essential not only because they allow us to identify children and families in need of our program, but they also build the capacity of our partner health centers to screen for and respond to childhood malnutrition. We are on track to survey tens of thousands more children throughout 2016, working toward health centers that can screen and track malnutrition with more precision and care.

Each season of the reporting period thus far has enrolled 40 partner families in Bumbogo, with a total of 160 families reached. In December we celebrated with our latest graduation in Bumbogo, and this month we began trainings with our newest cohort, who will be with us until mid-March. The progress our partner families have made throughout the year has been exciting to see. We have stayed connected with families who took the lessons they learned and built on them, forming community savings groups, providing vegetables to local schools and other neighbors, and even joining our team.

160 families have been trained on the types of crops to grow to compose a healthy diet. In partnership with our Field Educators, they have selected a healthy variety of seeds and seedlings to grow in their gardens. All 3 cohorts that we worked with in 2015 have received their chosen home garden packages and have received assistance in designing, planting and maintaining their new, diverse home gardens. Our first cohort of 2016 is currently going through the process of receiving their packages.

Our health and agriculture trainings are characterized by consistently high attendance rates across all of our partner health centers, including Bumbogo, which point to the high level of buy-in that we've seen from families in every partner community. On average, attendance hovers around 90% at our weekly health trainings and 85% at our weekly agriculture trainings. This reflects both the dedication and commitment of the families we serve, as well as the hard work, efficacy, and talent of our Field Educators. Our partners' level of agricultural and health knowledge acquisition has also impressed us. In order to assess this acquisition, we test partner mothers on their knowledge of the agricultural methods and health topics we cover both at the beginning and end of the training period. The results are in for our newest cohort at Bumbogo, and they are exciting: Key agriculture questions involving home garden design and intercropping received 82% and 65% increases in correct answers, respectively, and those partners who correctly answered questions regarding dietary diversity, one of our main objectives, increased from 33% to 100%.

In 2015 we were able to purchase a long-term lease on our farm and some of the small properties surrounding it. This has ultimately increased the amount of land that constitutes the Gardens for Health farm, and will allow us to make more strategic investments in our land and the thriving community it supports. Since completing the purchase, our team in Rwanda has been engaged in a strategic planning process for the farm, re-envisioning our uses of the land and redesigning our farm. Because of this process and the expanded space we have to farm, the amount of casual laborers we have working on our farm has increased, and their role has become even more important. Each week we employ 30-50 women from the surrounding community to work on our farm. We provide them with childcare, community lunch, empowerment trainings, and produce to take home with them at the end of the workday.

All of the successful efforts outlined above have a common goal – to help place children and families affected by malnutrition back on the path to better health. Thanks to Dining for Women, this is happening in Bumbogo. Eighty-eight percent of children enrolled in our program at Bumbogo at the beginning of 2015 were on improved growth trajectories when their caregivers graduated, with further progress expected.

Yet the true scope of our partners’ successes cannot be quantified. Instead, we hear from partners like Beatrice Mukanyamaria, a recent graduate from our program at Bumbogo Health Center, whose story is telling of the progress she has made and the benefits she is now able to provide her daughter, Vanessa.

When we spoke with Beatrice, she emphasized her feelings of distinct connection to Bumbogo, and the land, community, and family she has cultivated there. “Bumbogo is home for me,” she said. “I have lived in many different areas, but the uniqueness of Bumbogo is in the unity of its inhabitants. If you have a problem you know you will get the support of others, and they are good at welcoming visitors.”

Beatrice’s daughter Vanessa exhibited signs of chronic malnutrition when Beatrice enrolled in our program. “When I first heard that Vanessa was malnourished, I thought that she was dying and was so worried about her. But then I came to training and they taught us about malnutrition. That is when I accepted the situation and was determined to do whatever it took to make her as healthy as possible.”

Beatrice took to GHI’s trainings with enthusiasm, bringing home materials for the whole family to review and implement, and discussing follow-up questions with her Field Educators. As she continued this journey, Beatrice learned about the methods and materials she would need to incorporate in her garden and kitchen to change Vanessa’s health. Chief among them was GHI’s method of teaching dietary diversity – emphasizing the “four colors,” for four nourishing food groups. “In the nutrition training they taught us how to cook balanced meals with vegetables,” Beatrice said, “and as time went on and I was cooking with the 4 colors for my daughter, and she was improving every day.”

As she has watched Vanessa grow from 8kg to 12kg over the course of 14 weeks, Beatrice is confident in her daughter’s healthy future. And her dedication does not stop there. Of equal significance is Beatrice’s commitment to the community she formed with the other mamas in her cohort. “I and other mothers are very close to one another,” Beatrice said. “After trainings we take time to talk with each other about our children and what we learned in training. We support each other, love each other, and advise each other.” The bond between Beatrice and her cohort, and the other cohorts at Bumbogo, would not have been possible without Dining for Women’s support of the health center, and the communities it serves.

### **Anticipated Difficulties**

We do not anticipate any difficulties in completing our project as planned. We are looking forward to sharing the coming year’s successes with the Dining for Women community!