



PROGRAM FACT SHEET

November 2014



Gardens for Health International *Bumbogo Health Center and Community Outreach Support*

Website: www.GardensForHealth.org

"The doctor of the future will no longer treat the human frame with drugs, but rather will cure and prevent disease with nutrition." ~ Thomas Edison



Featured Program

Throughout sub-Saharan Africa, poverty robs too many mothers of the ability to feed their children. In Rwanda, a staggering 44 percent of children below the age of five are stunted - their physical and cognitive growth has been irreversibly limited due to malnutrition. This is a complicated problem that cannot be solved by food aid alone. The

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featured program for November mixes empathy with a holistic approach to address the challenge of malnutrition in Rwanda. Recognizing the key role mothers play in their children's health, the program educates mothers on the basics of nutrition and provides them with the knowledge and skills to successfully grow the right foods to feed their children and families for continued good health.

What is the DFW Grant?

Dining for Women will support health and agricultural programming at Bumbogo Health Center, one of the collaborating health partners of Gardens for Health International (GHI). The program targets mothers of children with a clinical diagnosis of malnutrition and will arm them with the knowledge, resources, and support to feed their families now and into the future. GHI will accomplish this through a combination of comprehensive health education and targeted agricultural support, delivered by community leaders in close collaboration with the Bumbogo Health Center.

Life Challenges of the Women Served

Today, malnutrition is responsible for the deaths of more than 3.5 million children globally each year, more than one-third of all deaths among children under five. It is the single most important risk factor in the common diseases that lead to child mortality. Even when children survive, chronic malnutrition can disrupt mental and physical development, often with permanent consequences. Malnourished children are less likely to attend school, and when they do, they are less likely to succeed. Studies suggest that, in the future, they are likely to earn less than their peers, and will die earlier.

According to the World Health Organization, the world is facing an acute food and nutrition crisis that could affect up to 450 million children worldwide by 2025 if we do not address chronic malnutrition.

Having a child with malnutrition is a source of stigma and shame for many mothers in Rwandan communities. Too often, they feel as though their child's illness is their fault. In order to achieve health and self-sufficiency, these families must learn self-forgiveness. That is why, in addition to providing families with the resources they need to grow nutritious food, GHI leads discussion groups that give mothers the chance to share deeply personal stories about the hardships they face - from depression to HIV. With the support and love of their peers, mothers are able to forgive and become advocates for themselves and other mothers experiencing similar struggles.

[For a global glimpse at issues related to malnutrition in developing nations, see this month's Food for Thought.](#)

The Program

The GHI program focuses on homestead food production for homestead food consumption. GHI's model involves partnering with health centers in order to integrate both agricultural support and health and nutrition education with the pre-existing clinical treatment for malnutrition. The Bumbogo Health Center, focus of the DFW funded grant program, provides the diagnostic, nutrition education, and clinical treatment elements of the grant program. GHI provides the agricultural resources and training.

Activities include:

- *Community Awareness Campaigns* delivered in advance of each season. GHI staff works with the Community Health Workers in Bumbogo's catchment area to conduct the campaigns.
- *Enrollment* - Clinical staff at Bumbogo refer patients diagnosed with severe or moderate malnutrition to the program. Forty mothers referred by the health center will be enrolled in the program each of the four seasons. Enrollees are prioritized by severity of malnutrition, number of children under five in the family, and the mother's willingness and ability to fully participate in the program.



- *Seed and Livestock Distribution* - The program delivers a home garden package to each family in the program. It includes small livestock (chickens or rabbits), three seasons of seeds and seedlings, and is designed to promote both dietary and bio diversity. Families are encouraged to grow indigenous vegetables that are rich in nutrients and better able to grow in local soil. Each family receives an avocado seedling, orange flesh sweet potatoes and chili peppers. They are encouraged to select one vegetable per season from the following categories:
 - Leafy greens
 - Legumes
 - Market crops
 - Fruit trees

- *Health Training* - The health and nutrition component addresses many factors that contribute to malnutrition beyond household food production. The curriculum, designed with and for the women GHI serves, addresses topics including:
 - Family planning
 - Financial literacy
 - Mental health
 - HIV/AIDS prevention

- *Agricultural Training* – This component is designed to empower families to grow enough nutritious food to feed their children and keep them healthy. Field educators work with each family in the program to design and plant a home garden that will allow them to grow bio-diverse and nutritionally diverse food crops. GHI promotes sustainable farming practices designed to improve soil quality and prevent erosion. Weekly topics include:
 - Low external input agriculture
 - Intercropping practices
 - Natural pesticides
 - Reduced tillage
 - Seed saving

- *Farm Work* - Each week on a rotating basis, GHI hires 30 - 50 vulnerable women from the surrounding area as farm workers on the GHI demonstration farm. The program is designed to benefit as many women as possible. They earn roughly twice that of the average Rwandan farm worker and receive empowerment training. GHI provides free day care and enrichment for their young children, and their families are welcome to share the daily community lunch.



The Program Budget and How DFW's Donations will be used

DFW's grant of \$43,876 will cover the full salaries of two field educators, and two monitoring & evaluation agents who collect data to measure the program's impact. The grant also covers partial salaries for a driver and the district supervisor, partial support for the farm employment program, the cost of materials for both the empowerment and the early childhood development programs, and all the program costs for the Bumbogo Health Center outreach program, which is about \$300 per family.

Personnel Expenses (Bumbogo)		
Field Educators (2)	\$2,028	\$4,056
M&E Agents (2)	\$1,248	\$2,496
Field Supervisor (25 percent)		\$1,276
Driver (25 percent)		\$1,438
Total Personnel Expenses		\$9,266
Program Expenses (Bumbogo)		
Seeds		\$4,500
Livestock		\$2,700
Training materials		\$1,200
Cooking Demonstrations		\$780
Home Visits		\$1,500
Community Health Worker Training		\$3,456
Car fuel and maintenance		\$3,216
Communications		\$240
Staff training		\$2,075
Program supervision		\$4,440
M&E		\$1,848
Total Program Expenses		\$25,955
Farm Employment Program Expenses (partial)		
Farm Manager (50 percent)		
Teacher		
Educational Materials		
Total Farm Employment Expenses		\$8,646
Total Cost of Bumbogo Health Center Outreach Support Program		\$43,867

We also offer Sustained Program Funding (except the summer months) for programs DFW has featured in the past to a former DFW Featured Program. If net donations in any month exceed the Featured and Sustained Program grants, they fund a reserve to ensure we are able to meet future grant obligations in the event of a shortfall. (Refer to the link on the website on how grants are disbursed).

Why We Love This Program

GHI works to address the root causes of malnutrition. This organization utilizes a compelling model targeted at mothers in the community to create lasting, sustained improvements in the health of families previously trapped in the vicious cycle of malnutrition. The program also has robust outcome measures, making the model both desirable and transferrable to other locations within and outside of Rwanda.

Evidence of Success

Since launching this program in August 2010, GHI has worked with over 630 families, reaching approximately 3,150 children. On average, families enrolled in the program saw their Household Dietary Diversity Score (a USAID-validated indicator) improve by more than 50 percent. This means they are eating a more nutritious and balanced diet - one that grows in their own backyards. Most importantly, mothers who came to GHI without resources - and too often without hope - proudly share their victories: the weight gain of their children, the food they now grow and share, and the knowledge they use to keep their families and communities healthy.

Many of the mothers who graduate from our program are inspired to spread our message of love and forgiveness to others in need. One recent graduate identified more than 20 families in her community who were struggling with malnutrition, encouraging them to seek treatment at the health center and enroll in our program.

“My name is Naomi Musabyimana. When I was seventeen years old, I met a young man who promised me a better life with his support, but after I got pregnant, he abandoned me to avoid the risk of being imprisoned because I was not of age.

So I resorted to working in a field, making just enough to support me and the child I was carrying. I even delivered my child when I was on the field.

At first my daughter, Aline, was malnourished, and got food aid from the local health center. But I started working with Gardens for Health when she was an infant, and now she is healthy and no longer malnourished.

I am grateful to be a trainer with Gardens for Health. Through training other women, I feel now I can make a change in my community.

Before, I believed my life was about cooking only, but now I believe there is more to it, and because of this I am able to contribute to the wellbeing of Rwandan women.

In our culture, a woman is the pillar of a good home, and by educating her you are enriching the family as well as the community.”

Pictured: Naomi and Aline



About the Organization

Gardens for Health International was established in 2008 by then college students, Julie Carney, Emma Clippinger, and Emily Morell, to use agriculture as a key driver of better health outcomes in Rwanda. Initially, GHI worked with the Rwandan government to advocate for land access for communities living with HIV/AIDS. In response to Rwanda's 44 percent childhood malnutrition rate and the political will to tackle this significant public health challenge, GHI's programming evolved to focus on childhood malnutrition. In August 2010, they launched what is now their core effort: the health center program.

Today, GHI works in Rwanda to provide lasting agricultural solutions to chronic malnutrition by:

- Partnering with eight health centers, in two regions of the country, to integrate agriculture and comprehensive health education into the clinical treatment of malnutrition.
- Working with the Rwandan Ministries of Health and Agriculture, and with multi-national partners, including UNICEF and the European Union, to advocate for policies and programs that include agriculture in the treatment of malnutrition.
- Providing technical assistance to partners interested in adapting their model and methodology for their communities, including coffee farmers and community health workers.

Where They Work

The Republic of Rwanda is a small land-locked country located in East Africa. It is one of the smallest African countries, about the size of the state of Maryland or the island nation of Haiti. In spite of its small size, it has the highest population density on the continent. It is called ‘the land of a thousand hills’ and is known for its physical beauty, including five volcanoes, 23 lakes, the 965 square mile Akagera National Park, and the Volcanoes National Park, known for its mountain gorillas. The country is bordered by Uganda to the north, Tanzania to the east, Burundi to the south, and the Democratic Republic of Congo to the west.



GHI operates in Gasabo District, north of the capital city of Kigali.

Demographics:

- The life expectancy in the country is approximately 59 years
- The Total Fertility Rate (number of children per woman) is 4.62
- Literacy rates – 74.8 percent of males and 67.5 percent of females aged 15 and over can read and write
- Maternal mortality rate – 340 deaths/100,000 live births
- Infant mortality rate – 60 deaths/1,000 live births

Rwanda has few natural resources. A large part of the population lives on subsistence farming. The country faces pressures from a rapidly growing population and exploitation of the environment, e.g. the pollution of important water resources due to unpurified waste water, the threat of deforestation, and the dangers of erosion because of uncontrolled settlement activities. Crushing poverty still affects about 40 percent of the population. Millions live on tiny plots of land scarcely capable of producing adequate food for families.

United Nations Millennium Development Goals (MDGs)

The eight [Millennium Development Goals](#) – which range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world’s countries and all the world’s leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world’s poorest. The UN is also working with governments, civil society and other partners to build on the momentum generated by the MDGs and carry on with an ambitious [post-2015 development agenda](#).



Gardens for Health International primarily addresses MDG #1 – Eradicate Extreme Poverty and Hunger, and their work also helps to Reduce Child Mortality – MDG #4.

Questions for Discussion

1. Why do you think babies and young children are suffering from malnutrition in farming communities of Rwanda?
2. Emergency food aid is available from many sources. Why does GHI believe that it’s not enough to solve the malnutrition problem?
3. Why is partnership with regional health centers a critical element of the GHI service model?
4. In what ways does GHI empower the women it serves?

**By educating members, DFW inspires us to make a difference through the power of collective giving.
Please donate to support our programs as we change the world one dinner at a time!**

<http://www.diningforwomen.org/donate>

Additional Resources

On the **DFW Program webpage for Gardens for Health International** you will also find links to:

- Food for Thought – an overview of malnutrition in developing countries
- Program Video – link and downloadable file
- Recipes, Customs, and Cuisine
- Recommendations for Fair Trade, Books, Films and Music

Source Materials

- Documentation and images provided by Gardens for Health International to Dining for Women
- Official website of the [Republic of Rwanda](#)
- <http://www.cdc.gov/globalhealth/countries/rwanda/>
- <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>

Suggested Reading

- [What in the World are You Doing - gallery video and background](#) - Gardens for Health was featured on this Global Gallery for inspiring stories of love and forgiveness, sponsored by the Fetzer Institute.
- [You Think You Know the Face of Hunger? It Could Be Your Neighbor Too](#) - Michaela Kupfer, the Monitoring & Evaluation Fellow with GHI, wrote this article for TakePart.com, comparing hunger in Rwanda with hunger in the U.S. “the root causes—lack of knowledge and access to a nutritious diet—are strikingly similar.”

Compiled by Janine Baumgartner