



## Dining for Women Interim Grant Report

Organization Name: Gardens for Health International

Project Title: Maternal Health Program

Grant Amount: \$75,000

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### **Recap briefly what outcomes the project was designed to achieve.**

With the support of Dining for Women, Gardens for Health International continued its effort to educate expectant mothers on different topics such as nutrition, agriculture, and health in our Maternal Nutrition Program. After the training, we equip mothers with the seeds, skills, and knowledge needed to establish vegetable gardens at their homes. Mothers and their partners learn the importance of regular antenatal visits, the benefits of a balanced meal, and the importance of hygiene. During the COVID-19 pandemic, the importance of community-based missions like ours is vital in ensuring even the most vulnerable have access to healthy food.

### **Has funding changed for this project? For example, have you received unexpected funding from another source?**

Since March, we have been responding to the global pandemic which caused us to halt our scheduled activities for months and pivot our efforts to strengthening health systems. Responding to the pandemic has affected our operations budget as our work became more complicated and more expensive in order to resume our activities safely at health clinics. We also took on new, COVID-19 prevention activities such as equipping health workers with face masks, establishing hand washing stations, and ensuring that nutrition was a part of their COVID-19 response through training. We have received additional funding from existing donors restricted to COVID-19 response activities. We have also lost funding sources due to the global economic recession.

### **Is your organization or project situation different than presented in the approved proposal? For example, new executive director, significant project changes or NGO affiliation, loss of large funding, or other significant changes?**

The COVID-19 pandemic has drastically affected the delivery of our program. In March 2020, we had to halt most field-level operations to comply with the country-wide lockdown during the month of March, April, May, and June. During the lockdown, we revamped our program to include nutrition in the COVID-19 response of Rwanda. During the country-wide lockdown, we met mothers at the point of care by partnering with local health clinics. We built the capacity of

the health system and provide support where there is an urgent need. We are providing various types of support:

- We delivered nutrition counseling and COVID-19 education to over 10,000 pregnant women and their partners as they attended prenatal care check-ups
- We screened 16,000 young children for malnutrition
- We provided over 4,000 life-savings face masks to our Community Health Workers partners and program participants
- We sent over 4,300 key nutrition-sensitive messages on a regular interval to our program participants
- We have responded to the immediate food needs of our surrounding community by donating nutritious foods from our farm headquarters to 200 vulnerable families who are struggling to provide for their families as an impact of COVID-19.



Our field staff donates live-saving face masks to Health workers and program participants, and give crucial messages to mothers and fathers, on nutrition, attending their antenatal care visits.



**Has the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under Number of women and girls directly impacted a population Impacted.**

In the grant proposal, we targeted to reach 3,280 women and girls and indirectly impact 7,400 during year 1. During year 1 of the grant 1,351 women graduated from our Maternal Nutrition Program. We also impacted indirectly over 13,000 vulnerable women and girls in the community through our program and our COVID-19 response activities in local health clinics. The pandemic has increased the risk of chronic and acute malnutrition in the vulnerable children of Rwanda. In response to this, we doubled the number of enrolled mothers in our program in order to reach more families in need. We have also increased the length of our trainings from six to fourteen weeks.

**What challenges are you facing as you forward with this project? How are you approaching these challenges?**

The major challenge we are currently facing is the COVID-19 pandemic, it has affected vulnerable smallholder farmers, who make up the community we serve. These vulnerable families cannot feed themselves and thus are at risk of malnutrition. There is an urgent need to equip more families with the skills to achieve food diversity, security, and self-sufficiency. We are partnering with more local government entities, to enable our reach further in the community that needs us the most during these hard times.

**Have you revised your original objectives since the project began? If so, why? What are your new objectives?**

Our objective remains to empower families to grow and eat nutritious food especially under the added stress the COVID-19 pandemic has put on families as well as health and food systems.

**What progress have you made toward achieving your objectives? Please address each stated objective.**

Despite the obstacles of 2020, we achieved great progress toward our objective of providing pregnant women in rural Rwanda with the education and skills they need for them and their families to thrive and be well-nourished.

The results of our follow-up surveys show that all mothers who graduated from our program increased their knowledge of the importance of good nutrition, how to prepare a balanced meal and best health practices for taking care of themselves during pregnancy and their infant during the first 1,000 days of life.

We were able to enroll three cohorts and train 1,351 pregnant mothers and 348 fathers. These participants achieved both knowledge gains and behavior changes:

- 71% of six-month-old children surpassed the requirements for minimum meal frequency in the last 24 hours
- 81% of participants knew what foods make a balanced meal
- 97% of program participants improved their attitudes towards health care systems
- 100% of participants went to at least one antenatal care visits before graduation, while 54% of participants went to four antenatal care visits before their delivery
- Mothers have reported that they provided a balanced meal to their children as often as possible.

**Do you anticipate any difficulties in completing your project in the timeframe outlined in your proposal?**

Due to the COVID-19 pandemic, we had to suspend scheduled activities of our Maternal Nutrition Program from March to September. This has affected the total number of mothers enrolled in our program and the number of women and girls served by our project. We resumed our program in September with necessary COVID-19 precautions and intend on continuing our program in order to train the originally stated number of mothers trained by our program.

**Our COVID-19 Response in Rwanda**

