

Environmental Change and Security Program

***Coffee and Contraception: Combining Agribusiness and
Community Health Projects in Rwanda***

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***Edited Transcript
Irene Kitzantides***

Thank you. So, I'm here to talk about the USAID SPREAD project. It's a unique PHE approach, Population Health and Environment. I'm not going to go into too much of what PHE means. I think Jason's going to talk a little bit about it. I'm assuming many of you know a little bit about this approach, and if not we can field questions. But basically, it's an integrated approach to development that crosses sectors to promote synergy across disciplines and more holistically meet community needs.

So, the SPREAD project: I'm actually going to start by giving you a bit of a context first, for those of you that may not know much about Rwanda and Rwandan coffee and I'll give you a little bit of the background of the PHE challenges and a little bit of the background on SPREAD. And then I'm going to talk specifically about the integrated health and coffee interventions and the accomplishments that we've had and the challenges over the last couple of years and then share some lessons learned and then we can have some time for questions.

So, for those of you that don't know, Rwanda is small -- it's a tiny landlocked country in East Central Africa and it's bordered by Uganda to the north, DRC Congo to the left -- to the west, Burundi to the south and Tanzania to the east. It's about the size of Maryland. It's very small but with twice the population. It's estimated over 10 million today. And it's the highest population density in Africa. There are about 356 people per square kilometer so it's very, very densely populated.

Rwanda is known as the Land of a Thousand Hills. This is a photo taken from where the majority of our coffee and health activities have taken place. This is in the southern province. I believe it's Huye district. Rwanda is primarily an agrarian based society where 90 percent of the population relies on these hills for food and for their livelihood. As you can see, almost every inch is cultivated and the average land size per farmer is about .8 hectares

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per farmer, per family. And about a quarter of the population lives on .2 hectares per household, which is far less than what's required to meet their nutritional needs. Population pressures and diminishing landholdings due to high fertility rates, war and genocide and subsequent migration have caused a rapid decrease in forested and protected areas and increased soil infertility and food insecurity. And close to 57 percent of the population lives under the poverty line.

Here's just some data and statistics about population health and environment issues. There's still a high fertility rate, about 5.5 children per woman. The growth rate is at 2.8 percent, and at this current rate the population is projected to reach over 14 million by 2025. Again, there's this problem of diminishing landholdings with each passing generation, with large family sizes and small plots of land. Poor soil is as a result of over cultivation, cultivating on steep hillsides and problems with erosion. Again, poverty and food security. HIV AIDS: it's about 3 percent prevalence nationally which is quite low relative to the region, but it rises to 7 percent in urban areas. And condom use is quite low. And there are other factors such as gender issues, gender based violence, alcohol, which could exacerbate -- and rapid urbanization which could escalate the epidemic.

The unmet need for family-planning is around 36 percent, and infant mortality and maternal mortality are still quite high. And common to many developing countries, there are severe water and sanitation access issues in many areas; it varies where you go. But you know as well as high rates of diarrheal disease, respiratory infections, preventable diseases and malaria is also common in certain areas.

And then post-war and genocide: There are many effects. Since 1959, this country has been going through conflict which culminated in the civil war in the early 1990s and genocide in '94. There are over one million orphans. There are high rates of depression and posttraumatic stress disorder. So these are things just to keep in mind, the context.

But it's important to note that, despite all these challenges, Rwanda -- there's hope in Rwanda. The country has made remarkable progress over the last 16 years. They've become sort of a development success story, especially in terms of reproductive health. Just from 2005 to 2007, contraceptive prevalence rates went up from 10 percent to 27 percent which is unprecedented. The total fertility rate went from 6.1 to 5.5 in just these two years, and again, gains in infant mortality, under five mortality. This can greatly be attributed to the strong government leadership. The government really takes -- sees family planning as crosscutting

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family-planning, treatment of intestinal parasites during the three months of coffee harvest. There's also a radio program, Imbere Heza, which means bright future and it's primarily a coffee talk show that's promoted and supported by the Coffee Lifeline program, and they've agreed to integrate five to ten minutes of health at the end of each program.

So, this photo down here is a group of youth waiting to be tested outside a coffee washing station during the mobile clinics. And on the right is a local lab technician from a health center nearby who's doing the rapid testing analysis in these mobile clinics.

And lastly, you know we try to leverage the strengths of local partners, knowing that we have a small health program; we don't have all of these resources and equipment. So, we've looked around and seen what's out there and the Health Unlimited, for example, they're experts in community theater for health advocacy. So, we brought them in to help train some farmer groups because they really love community theater and they always ask for it. So, this photo right here is the competition that took place in Nyaruguru district last year, and it's discussing -- there's a man holding a bottle of wine and yelling at his wife -- and it is discussing the issues around coffee, using money for alcohol and the conflict that it can bring into the household. There's films. PSI has films that we try to use and their guides with our peer educators. We try to engage local partitogramftaalcths 10.0009 Tw.33 -17 0 Tdy to engage locod Federy

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of siro water purification that was sold by the cooperatives, and close to 1500 condoms were sold by the cooperative structures. Three hundred and forty-seven women are new Family Planning users. There could maybe be more, but these are what we actually track in terms of the referrals and mobile services and over 1,000 people were referred for BTC family planning and received care at local health centers. And it's also quite cost-effective; just a basic cost breakdown with our budget over the last year-and-a-half and the number of people that were reached: Just with HIV AIDS prevention, education alone cost less than two dollars a person.

So, this is some qualitative data that came from a midterm evaluation that we just did, and just to take a look people's perceptions of the program over the last year-and-a-half. And I won't read them all but one female beneficiary says, "Family planning has been very important because it has allowed us to put some of our money into savings." And then a SPREAD agribusiness manager, because somebody who had worked in the PEARL project only doing agribusiness before said, "We used to talk about growing coffee, making money, buying material things like bikes, not about problems like malaria, HIV AIDS, etc. Someone could have five million Rwandan francs in the house, but could suffer from malaria where medicine costs 500 francs do to ignorance. You have to teach people about production. You have to also think of their health to improve their lives." And then one cooperative manager says, "The big lesson I learned is that you cannot achieve your coffee production objectives at a hundred percent without addressing the health of the farmers." And a district official says, "The fact that SPREAD uses a community health approach enables us to work with populations that were previously difficult to reach." And the last quote has to do with the reduction in emergency loans that have happened as a result of decreased family conflict potentially as a result of the behavior change communication around gender and sharing money management responsibility within the household. And these problems would trickle down to the cooperative as well who people go to for emergency loans and conflict resolution.

So, some of the challenges that we've had: just the community barriers in general around gender, alcohol, reproductive health are difficult to put in the cooperative for the ring and condoms because they are

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