

PD-ABH-655

86262

**TRIP REPORT**

**RWANDA**

**July 19 - September 3, 1993**

**Jeannine Coreil, Ph.D.  
Consultant to Wellstart**

---

Task order #93007-1 was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No. DPE-5966-A-00-1045-00. The contents of this document do not necessarily reflect the views or policies of USAID or Wellstart International.

---

## TABLE OF CONTENTS

<b>ABBREVIATIONS</b> .....	ii
<b>EXECUTIVE SUMMARY</b> .....	iii
<b>I. BACKGROUND</b> .....	1
<b>II. PURPOSE OF TRIP</b> .....	1
<b>III. ACTIVITIES UNDERTAKEN</b> .....	1
<b>IV. RESULTS/CONCLUSIONS</b> .....	3
<b>V. PROGRAM IMPLICATIONS</b> .....	4
<b>VI. FOLLOW-UP ACTIONS</b> .....	5
<b>ANNEX A Bibliography</b>	
<b>ANNEX B List of contacts</b>	
<b>ANNEX C Schedule of activities</b>	

## **ABBREVIATIONS**

<b>BFHI</b>	<b>Baby Friendly Hospital Initiative</b>
<b>CDC</b>	<b>Centers for Disease Control</b>
<b>CUSP</b>	<b>Centre Universitaire de Sante Publique</b>
<b>EPB</b>	<b>Expanded Promotion of Breastfeeding Program (Wellstart International)</b>
<b>FP</b>	<b>Family Planning</b>
<b>MCH</b>	<b>Maternal and Child Health</b>
<b>MEDIRESA</b>	<b>Medical Director, Region Sanitaire</b>
<b>MINISANTE</b>	<b>Ministere de la Sante Publique (Rwanda)</b>
<b>RIM</b>	<b>Rwandan Integrated Maternal Child Health/Family Planning Project</b>
<b>SEATS</b>	<b>Family Planning Service Expansion and Technical Support Project</b>
<b>TAACS</b>	<b>Technical Advisor for AIDS and Child Survival</b>
<b>TBA</b>	<b>Traditional Birth Attendant</b>
<b>UNICEF</b>	<b>United Nations Children's Fund</b>
<b>USAID/K</b>	<b>United States Agency for International Development/Kigali</b>
<b>WHO</b>	<b>World Health Organization</b>

## EXECUTIVE SUMMARY

The United States Agency for International Development in Kigali, Rwanda (USAID/Kigali) requested assistance from Wellstart International to work with the Government of Rwanda in initiating activities to promote optimal breastfeeding. Wellstart will be working with the Ministry of Health and USAID to integrate breastfeeding-related activities into the new Rwanda Integrated MCH/FP (RIM) program. One component of EPB's assistance is social marketing, and this consultancy initiated the activities related to that component. The geographic scope of the study was limited to those prefectures (Gitarama and Kibungo) served by the RIM Project. The qualitative research conducted during this trip was supported by Africa Bureau funding.

Fieldwork was conducted from July 19-September 3, and a draft report was written by the consultant, Dr. Jeannine Coreil, after return to the U.S. Responsibility for supervising this consultancy was shared by Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program and The Manoff Group through its subcontract with Wellstart. Wellstart provided funding for travel and field expenses, and Manoff supported the consultant costs. Dr. Carol Baume, EPB's social marketing advisor, spent two weeks in Rwanda during the early part of fieldwork to assist with training, research design and instrument development.

An overview of findings (Interim Report) was prepared to be presented at the National Breastfeeding Policy Workshop in Kigali on October 17, 1993. (This workshop has been postponed until January 1994.) A complete report of the study findings will be provided in the final technical report on qualitative research.

This report contains initial findings of the qualitative research, including lists of behaviors to be protected and behaviors to be modified to promote optimal infant feeding. Program implications and follow-up actions are also mentioned.

## **I. BACKGROUND**

The United States Agency for International Development in Kigali, Rwanda (USAID/Kigali) requested assistance from Wellstart International to work with the Government of Rwanda in initiating activities to promote optimal breastfeeding. Wellstart will be working with the Ministry of Health and USAID to integrate breastfeeding-related activities into the new Rwanda Integrated MCH/FP (RIM) program. One component of EPB's assistance is social marketing, and this consultancy initiated the activities related to that component. The geographic scope of the study was limited to those prefectures (Gitarama and Kibungo) served by the RIM Project. The qualitative research conducted during this trip was supported by Africa Bureau funding.

Fieldwork was conducted from July 19-September 3, and a draft report was written by the consultant, Dr. Jeannine Coreil, after return to the U.S. Responsibility for supervising this consultancy was shared by Wellstart International's Expanded Promotion of Breastfeeding (EPB) Program and The Manoff Group through its subcontract with Wellstart. Wellstart provided funding for travel and field expenses, and Manoff supported the consultant costs. Dr. Carol Baume, EPB's social marketing advisor, spent two weeks in Rwanda during the early part of fieldwork to assist with training, research design and instrument development.

An overview of findings (Interim Report) was prepared to be presented at the National Breastfeeding Policy Workshop in Kigali on October 17, 1993. (This workshop has been postponed until January 1994.) A complete report of the study findings will be provided in the final technical report on qualitative research.

## **II. PURPOSE OF TRIP**

The purpose of the consultancy was to design, supervise, analyze, and report on qualitative research to document current infant breastfeeding and related weaning practices, and the beliefs, attitudes, and cultural setting bearing on those practices in order to provide a basis for developing an effective communication strategy and planning other important program activities. Relevant information pertaining to potential target groups in addition to mothers such as health personnel, husbands/partners, mothers and mothers-in-law, traditional healers and local leaders were also gathered. Information on communication factors such as interpersonal networks, sources of influence, pictorial literacy . . . included.

## **III. ACTIVITIES UNDERTAKEN**

Prior to departure, the consultant reviewed the 1992 Rwanda breastfeeding assessment and related documents, as well as draft instruments on infant and young child feeding compiled by The Manoff Group. A draft research plan was prepared, including an outline of topics and questions to be included in interview guides for mothers, fathers, grandmothers and traditional healers.

During the first week of fieldwork, Dr. Coreil made the rounds of official contacts and briefed MINISANTE administrators on the purpose and needs of the study. Interviews were conducted with key informants (administrators and health professionals knowledgeable about breastfeeding in Rwanda) to identify priorities for research questions to be addressed in the study (i.e., what are the information needs

and where are the gaps), and to clarify determinants of variation in breastfeeding practices in order to formulate a sampling strategy. In addition, potential interviewers and other field personnel were identified and contacted. Documents pertinent to the mission were obtained for review.

Dr. Carol Baume, EPB Technical Advisor for Communication and Social Marketing, joined Dr. Coreil at the beginning of the second week (July 26). During the first part of the week, Dr. Baume had meetings with officials related to this project and other Wellstart activities, and Dr. Coreil worked on revising and translating the interview guides. The latter part of the week was spent conducting preliminary interviews with mothers and the other sample groups and finalizing the research plan. An orientation meeting was held with members of the research team on July 29. Copies of the revised research plan and interview guides were faxed to Marcia Griffiths of the Manoff Group.

The research team consisted of four staff members of the Division of Health Education, MINISANTE, and three other individuals. In Gitarama, a social worker from the regional health office was assigned to work with us, but her counterpart in Kibungo was not available during the period of data collection in that prefecture.

Team training and instrument pretesting was carried out August 2-6. Training consisted of: (1) an overview of optimal breastfeeding; (2) an overview of qualitative research methods; (3) review of data collection instruments, including discussion of the rationale behind questions; (4) role playing with the group; (5) practice interviews and pretest of interview guides in various urban and rural settings; and (6) planning the organization and logistics of the fieldwork.

Field data collection took place during the third and fourth weeks of the consultancy (August 9-21), with the first week spent in Gitarama prefecture, and the second in Kibungo. A total of five complete workdays were spent in each prefecture, beginning around noon on Monday and ending at noon on Saturday. Each evening, debriefing sessions were held with the team to discuss the unfolding results and make decisions regarding modification of the interview guides. Upon completion of data collection in each prefecture, a group discussion was held with the team to share impressions and formulate a summary of key findings from that area. A detailed description of the research methodology and sampling strategy used in this study can be found in the upcoming technical report on qualitative research.

A summary of activities and key findings was faxed to Wellstart and Manoff on August 23. Based on feedback from Griffiths and Dr. Baume, it was decided that additional interviews with relatives of malnourished children should be conducted, and more information on feeding of sick children should be collected. These tasks were carried out in Gitarama during the last two days of August.

The next day, a debriefing meeting was held with Bill Martin and Chris Grundmann at USAID/K, and the findings were discussed. On September 1, Dr. Coreil presented an overview of findings to a meeting held at the RIM Project office for representatives of USAID, MINISANTE, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Two team members attended this meeting and participated in the presentation and discussion of study results. A hard copy and disk copy of the summary of findings in English and French was left with USAID. On September 2 the consultant departed Kigali for return to the U.S.

A draft report on trip activities, research methods and study findings was sent to Manoff Group on September 22. The report was discussed by teleconference with Griffiths, Dr. Baume and Dr. Coreil in preparation for finalizing a document for presentation at the National Breastfeeding Policy Workshop.

A technical qualitative research report will be completed by the end of January 1994. The following sections present the conclusions and program recommendations outlined in the draft report.

#### **IV. RESULTS/CONCLUSIONS**

##### **A. Behaviors to be protected**

- *Prenatal care:* The high proportion of mothers who seek prenatal care should be maintained, although more frequent visits could be encouraged.
- *Delivery and post-partum:* The existing custom of providing special care for the post-partum mother should be reinforced and extended to include support in addition to the provision of food. The need for more than eight days of rest and, if possible, extra food and liquids should be stressed, along with the value of psychosocial support and help with domestic tasks.
- *Breastfeeding practices:* Positive social attitudes and values regarding the importance of breastfeeding in general, and exclusive breastfeeding and long-term breastfeeding in particular, should be protected. The widely shared perception that almost all women are capable of breastfeeding successfully should be reinforced.
- *Working mothers:* Employment practices that facilitate breastfeeding should be protected and expanded. The special needs of lactating women working in different sectors should be addressed, with the aim of finding flexible solutions to varied situations. Employers should be encouraged to work out solutions to individual problems.

##### **B. Behaviors to be modified**

- *Maternal diet:* Educational messages should stress that normal diets are adequate for mothers to breastfeed, but that when possible a greater quantity and variety of foods should be consumed. The problem of reduced food intake during pregnancy specifically needs to be addressed. For lactating women, the notions that water dilutes breastmilk, that "hard" foods are detrimental to lactation, and that fruits are mainly for children should be dispelled.
- *Post-partum:* The Ministry of Health of Rwanda and other organizations recommend that giving the breast within one half-hour of birth should be encouraged. The idea that a newborn needs water needs to be dispelled.
- *Demand feeding:* Cues to feed should be expanded to include concepts of frequent feeding and the age-specific needs of the infant, rather than breastfeeding only "when the child cries." More exploration is needed of ways to help mothers interpret the infant's need for increased frequency of feeds at different ages.
- *Timing of supplementary feeding:* Exclusive breastfeeding should be practiced for six months, and supplementary liquids or foods should not be given much earlier or much later than that time. The causes of ill-timed supplementation need to be addressed, including ideas about insufficient milk and bad milk, and lack of knowledge about initiation of weaning.

- *Weaning diet:* The child's need for frequent, small meals that are rich in energy and nutrients should be stressed. In particular, the idea that fats are not suitable for a young child should be dispelled. It would be desirable to review existing documents and, if necessary, conduct a more detailed nutritional study of the weaning diet and local foods which could be promoted to improve it.

- *Cessation of breastfeeding:* Termination of breastfeeding should take place gradually rather than suddenly. In particular, the problem of abrupt weaning upon learning of a pregnancy needs to be addressed.

## **V. PROGRAM IMPLICATIONS**

### **A. General**

Target audiences should include health care providers, both modern and traditional, mothers, fathers, grandmothers, and the general public. Emphasis should be on protecting and reinforcing desirable beliefs and practices, and modifying unfavorable behavior. The main components of the strategy should include retraining of health care providers, development of a resource mothers network, a public education campaign, and policy initiatives.

### **B. Policy and legal measures**

Health officials should agree on a policy statement regarding the question of maternal nutrition and insufficient milk. This position should be communicated to all levels of the medical infrastructure.

Policy makers should adopt measures to discourage promotion of infant formula in health and nutrition centers.

Legal protection of employment practices which favor lactation should be strengthened, and flexibility in arranging maternity leave and nursing breaks should be advocated.

### **C. Training**

Health care providers should be retrained in all aspects of *breastfeeding counseling* of mothers who think they have insufficient milk. Training should be provided in appropriate techniques for increasing a mother's milk supply.

A network of community-based resource mothers should be developed, along the model of the volunteer family planning advisors program. Currently trained family planning (FP) volunteers might serve as the core of this network, with additional women recruited as needed. These neighborhood volunteers would provide information and advice to breastfeeding mothers, be available for consultation regarding management of breastfeeding problems, and give reassurance and encouragement for women who have concerns.

Workshops should be held with traditional healers to explore the possible role they could play in a breastfeeding program. Since traditional birth attendants (TBAs) are important to the larger RIM project, their role in breastfeeding promotion should be integrated with outreach/training for maternal and child health (MCH) generally.

#### **D. Communication**

The most important communication channels for key information and messages to mothers appear to be individual and group counseling in clinic settings, radio programs, posters displayed in public places, and women's groups. The target population of fathers can be reached through radio and community meetings. Grandmothers are a hard population to reach; the best contact point for them is probably clinic settings. Communication with traditional healers appears to be most effective through outreach to individuals (e.g., visits by community health workers), as well as through workshops and seminars. All of the target groups, of course, could be included in the audience for radio messages.

#### **E. Research**

Further investigation is needed on the potential interaction effects on milk production of undernutrition and low liquid consumption in lactating women.

### **VI. FOLLOW-UP ACTIONS**

Anna Martin, Wellstart Program Associate and Rwanda backstop, will distribute a summary of the findings and recommendations of the qualitative study, translated into French to the Rwandan team participants in October. The summary will be prepared by Dr. Baume based on the summary report.

Dr. Coreil will complete the dietary analysis of interview data and write the technical qualitative research report by the end of January. The full report will be used to design specific program activities. The report will be reviewed in January 1994 during a national breastfeeding workshop and in Rwanda.

**ANNEX A**  
**REFERENCES**

## REFERENCES

### References Consulted

Brownlee, Ann

Trip Report. Visit for Review of Assessment Criteria, Rwanda. Wellstart, June 14-25, 1993.

Jefremovas, Villia

Loose Women, Virtuous Wives, and Timid Virgins: Gender and the Control of Resources in Rwanda. *CJAS/RCEA* 25(3):378-395, 1991.

The Romance of the Hoe: Self-Provisioning Domestic Relations and Labour in Rwanda. Paper presented at the Annual Meetings of the Canadian Association for African Studies in Montreal, Quebec, May 13-16, 1992.

Martin, Anna C.

Trip Report, Planning and Coordination Visit, Rwanda, June 1-11, Wellstart International, June 22, 1993.

Ministere de l'Agriculture et de l'Elevage

Statut Nutritionnel et Securite Alimentaire au Rwanda. Document de Travail No. DT 38, Kigali, 1992.

Ministere de la Sante

Rapport du Seminaire sur le Systeme de Surveillance Alimentaire et Nutritionnelle au Rwanda. Kigali, 1989.

Taylor, Chris

Milk, Honey and Money. Washington, D.C.: Smithsonian Institution Press, 1992.

Wellstart

Breastfeeding Assessment for Rwanda. Draft submitted to USAID/Kigali, May 7, 1992

**ANNEX B**  
**CONTACTS**

## CONTACTS

### List of Contacts

#### MINISANTE

B.P. 84, Kigali

Telephone: 250 75 223 (Division SMI/PF)

250 74 932 (Division d'Education Pour la Sante)

Health Education Division:

Celestin Nyabyenda, Director

Bona Hategekimana

Eliphaz Nzajyibwami

Lea Mukangwije

Suzanne Nihabineza

Rose Mzamukunda

MCH/FP Division:

Leon Nsengimana, Director

Colette Umukunzi, BFHI and CBD Coordinator

Regional Personnel:

Francois Niyobusenga, MEDIRESA, Gitarama Prefecture

Domitille Niyirora, Assistante Sociale, Gitarama

Thomas Karengera, MEDIRESA, Kibungo Prefecture

Speciose Mukatabana, BFHI Coordinator, Butare University Hospital

Abel Dushiminimana, Director, Service de Recuperation Nutritionelle, CUSP, Butare

Focas Habimana, Chef de Service de Sante Maternel-Enfantil, CUSP, Butare

#### UNICEF

B.P. 381, Kigali

Telephone: 250 84 719

Fax: 250 72 040

Kathy Krasovec, Nutrition Officer

#### USAID

Kigali (ID)-2210

Washington, D.C. 20521-2210

Telephone: 250 75 746/ 73 950

Fax: 250 74 735

Chris Grundmann, TAACS Officer and RIM Project Manager

Sosthene Bucyana, RIM Project Officer

Bill Martin, Health and Nutrition Officer

Suliman Sherif, CDC Consultant to RIM Project

Erma Manoncourt, CDC Consultant to RIM Project

**SEATS/JSI**

c/o Mille Collines Hotel

Telephone: 250 76 530/-536

Fax: 250 76 541

Dr. Marcel Vekemans, Country Representative

**CARE**

Telephone: 250 72 402

Fax: 250 76 012

Martha Campbell, Deputy Director

**ANNEX C**  
**SCHEDULE OF ACTIVITIES**

## SCHEDULE OF ACTIVITIES

### July 20

9:00 am, meet with Chris Grundmann.

Meet CDC consultants on RIM project.

4:00 pm, met with Martha Campbell, Deputy Director for Program, CARE.

### July 21

7:30 am travel to Butare with Kathy Krasovec.

11:00 Interview with Speciose Mukatabana, BFHI Coordinator at Butare Hospital.

2:00 pm Interview with Abel Dushiminimana, MD, PhD, Director of Service de Recuperation Nutritionelle at CUSP.

2:45 pm Interview with Focas Habimana, Chef de Service de Sante Maternal-Enfantil, CUSP.

3:30 pm visit to CURPHAMETRE, (Centre Universitaire de Recherche sur la Pharmacopee et la Medicine Traditionelle).

### July 22

Telephone calls to Minisante to contact Leon Nsengimana and to contact potential research assistants from 1989 WASH evaluation.

Meeting with Veneranda Nikwigize to explore her availability and that of her sister to work on project. Developed Key Informant Interview Guide.

### July 23

Meetings at Minisante with staff of Division de l'Education Pour la Sante and Service de Sante Materno-Infantil (SMI-PF).

### July 24

Drafted research plan and interview guide for mothers (French).

### July 26

Worked on translation of 1992 KAP study.

Carol Baume arrives; orientation meeting.

### July 27

Draft interview guide for men (French).

Planning meetings and review of documents.

### July 28

Draft traditional healer interview guide (French).

Trip to Massaka Health Center with Carol, Lea and Suzanne (Minisante); interviews with center director; 3 mothers in post-partum ward; 2 mothers at home.

July 29

Team orientation meeting with Carol, Chantal, Veneranda, Bona, Eliphaz, Lea and Suzanne. Revise interview guide for mothers and fathers based on Uganda FG guide (English).

July 30

Planning meeting with Chris Grundmann, Carol Baume. Visit to Minisante to introduce Carol to MCH and Health Education staff; discuss per diems; arrange for afternoon trip to Gikomero Health Center.

Trip to Gikomero Health Center; interview with center director, staff; group interview with refugee mothers; home interview with father.

July 31

Translate revised interview guides for fathers into French; draft interview guide for grandmothers (English, French); revise Traditional Healer interview guide.

August 2

Begin training research team in breastfeeding fundamentals and qualitative methods. Review interview guides. Assign translation tasks.

August 3

Role playing interview situations. Pretest and practice interviews at Gahanga.

August 4

Review previous days interviews. Discuss formulation of questions for pretesting and practice interviews at Kabuye.

August 5

Review previous day's interviews. Pretest working women interview in Kigali.

August 6

Review previous day's interviews. Plan next week's fieldwork, team organization, logistics.

August 7

Revise interview guides based on pretesting.

August 9

Begin fieldwork in Gitarama. Interviews in urban commune, Nyamabuye.

August 10

Data collection in rural commune, Ntongwe.

August 11

Data collection in urban commune, Nyamabuye.

August 12

Data collection in rural commune, Nyabikenka.

August 13

Data collection in rural commune, Mukingi.

August 14

Team debriefing meeting. Return to Kigali.

August 16

Begin fieldwork in Kigungo. Data collection in urban commune, Birenga.

August 17

Data collection in rural commune, Rusumo.

August 18

Data collection in urban commune, Birenga.

August 19

Data collection in rural commune, Sake.

August 20

Data collection in rural commune, Rukara.

August 21

Team debriefing meeting. Follow-up interviews. Return to Kigali.

August 23

Prepare preliminary report of findings. FAX to Wellstart.

August 24

Debriefing meeting at USAID with Bill Martin and Chris Grundmann. Train research assistants in coding data.

August 25

Follow-up meeting with Chris Grundmann. Discuss remaining fieldwork to be done. Respond to FAX from Wellstart. Work with assistants on analysis.

August 26

Work with assistants on data analysis. Make arrangements for next week's fieldwork in Gitarama.

August 27

Complete tabulation of interview data. Review and discuss coding sheets with assistants. Orient assistants to next week's fieldwork objectives. Prepare interview guide for next week.

August 30

Meeting with Marcel Vekemans, Country Representative, SEATS/JSI.  
Data collection in Gitarama (Monshishiru Clinic).

August 31

Data collection in Gitarama, (Kagayi Hospital; Nyarusange Clinic).

September 1

Debriefing with Kathy Krasovec, UNICEF.

Presentation of findings at USAID/RIM Project Office to representatives of Minisante, WHO, UNICEF, USAID and other invited guests.

September 2

Depart Kigali.