Reducing Maternal and Child Mortality While Improving Equity and Efficiency in Rwanda

About Kuraneza

***Kuraneza* is a Kinyarwanda word for good physical, social, and cognitive growth.**

OBJECTIVE

The Kuraneza project was a four-year child survival project implemented in four sectors (Kayenzi, Karama, Musambira and Nyarubaka) of the Kamonyi District in Rwanda. CARE worked in partnership with the Social Affairs Unit of the District of Kamonyi, which is responsible for health under decentralization, to implement the Kuraneza project. Through the Kuraneza project, CARE supported the government's efforts to operationalize the integration of three newly developed policies—the Community Health Policy, National Nutrition Policy, and Early Child Development Policy.

Kuraneza's primary goal is to further reduce maternal and child mortality, while improving equity and efficiency in rural Rwanda. In order to achieve this goal, Kuraneza aimed to (1) Improve health and nutrition practices and outcomes among target families in the four sectors of Kamonyi District and (2) Improve the capacity of District Social Services to implement a low-cost, sustainable, integrated child survival-early child development model to reach all children under five and their mothers.

STRATEGY

The strategy was to strengthen community-level interventions by establishing early child development centers, setting up home-based early child development meetings among local mothers and providing home visits with the help of community health workers (CHW).

By intervening on the community level, health services became more readily available to families and the target populations were encouraged to make greater use of health services. In turn, the adoption of positive health and nutrition behaviors at the household level increased significantly, and health and nutritional outcomes improved.

NUTRITION, MATERNAL NEWBORN CARE, PNEUMONIA AND DIARRHEA

Kuraneza focused on four primary problem areas. 40% of the project focused on nutrition, another 40% focused on maternal and newborn care, and 10% focused on diarrhea, and another 10% focused on pneumonia. The Kuraneza project worked to became involved in each problem area in the following ways:

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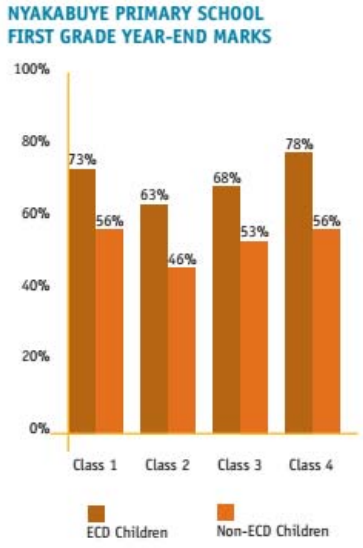
Program Name:
Kuraneza (*Good Growth*) Child Survival Project

Program Country:	Rwanda
Timeframe:	Oct 2010 – Sept 2014
Budget:	US $1.75 million
Donors:	USAID/GH/HIDN

Beneficiaries:
20,749 women of reproductive age
17,562 children under age five
Total of 38,412 beneficiaries

"Children [who come] from the ECD Centers clearly behave differently from those with no experience in a structured setting," says Godfrey Uwiringiyimana, Head Teacher at Butaté Village Primary School. "The ECD child knows, for example, how to handle materials like pencil and paper. He can understand abstract symbols such as a drawing that represents a fish or a rabbit. ECD children speak well. They understand good classroom behavior and how to interact with the teacher."



Note: Measuring performance of ECD Children vs. Non-ECD Children attending primary school in Karama Sector, one of the four sectors targeted by Kuraneza in Kamonyi District of Rwanda

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"Many of them are wonderful little leaders."

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Nutrition

- Supported health centers and community health workers (CHWs) roll-out community-based nutrition promotion (CBNP)
- Promoted exclusive breastfeeding, appropriate complementary feeding practices, micronutrient promotion, deworming and growth monitoring and promotion
- Provided scales to be shared among CHWs in each cell (an administrative entity in Rwanda which has about 3000 households)
- Promoted home gardening and small animal production

Maternal Newborn Care

- Promoted visits, institutional delivery, and the importance of postnatal care
- Educated mothers about low birth weight management, recognition of danger signs for neonatal sepsis and early treatment seeking behavior and hypothermia
- Conducted investigation to determine the barriers (particularly social barriers) to accessing care and building a behavior change strategy to address them
- Enhanced the participation of the poorest, vulnerable and marginalized by increasing enrollment, encouraging participation in the home-based early childhood development (ECD) model and using behavior change messages
- Organized emergency transport systems where transportation was a problem by working with CHWs and leaders of the cells

Pneumonia and Diarrhea

- Educated caregivers on how to prevent, recognize and treat or seek care of diarrhea and pneumonia
- Improved hygienic and sanitation practices at targeted households
- Improved community management of childhood illnesses.
- Trained CHWs in counseling, adult learning, and behavior change to enable them to assure that all families assimilate the key messages and take appropriate action
- Identified barriers to care-seeking and worked with CHWs, cell leaders and health centers to address them

RESULTS

Maternal and child health significantly improved. Specifically, the Kuraneza project:

1. Improved maternal and newborn care
2. Improved community management of childhood illnesses
3. Improved infant and young child feeding practices and nutritional outcomes
4. Improved cognitive, emotional and psychosocial development of targeted children

Maternal and child health were particularly improved through the increase of birth delivery attendance by skilled personnel and the increase in access to health services for children. Positive behaviors in regards to nutrition, like exclusive breastfeeding and prevention of child illnesses, increased. The project reduced the prevalence of stunting and underweight children, while improving ECD scores. The home-based ECD model also allowed for mothers to work longer hours and contribute more to the family income than before, when they did not have help caring for their infants and young children.

The ECD model originally implemented by the local government of the Kamonyi District continues to be implemented there. It is now being expanded into other areas and also serving as a learning hub to other districts so it can be replicated and implemented by others, including the Government of Rwanda.
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