



USAID SPREAD Project

A unique PHE approach:

Integrating Agribusiness and Community
Health in Rwanda

Woodrow Wilson Center

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overview

- context
- integrating health and coffee
- accomplishments
- challenges
- lessons learned
- questions?



Rwanda





land of a thousand hills





population, health, environment

- high fertility: 5.5 children per woman
 - pop growth at 2.8%; projected to reach 14.6 million by 2025
- diminishing landholdings
- poor soils
 - over-cultivation, steep hills, erosion
- poverty (57%), food insecurity
- HIV/AIDS: 3% (national); 7% (urban); low condom use
- family planning unmet need: 36%
- infant mortality: 62/1000 live births
- maternal mortality: 750/100,000 live births
- post-war and genocide: 1.26 million orphans
- depression, post-traumatic stress disorder

progress, reconciliation, recovery

- tremendous reproductive health gains between DHS 2005 and interim DHS 2007
- family planning national priority
 - contraceptive prevalence 10% to 27%
 - total fertility rate 6.1 to 5.5
 - births in health centers up 13%
 - infant mortality down 28%
 - under-5 mortality down 32%
- safety, tourism
- low corruption
- foreign investment
- one of the highest economic growth rates in the region



Rwandan coffee



- almost ideal growing conditions for Arabica variety
- leading export since early 1900s
- major source rural revenue
- USAID technical assistance since 2000
- built over 38 coffee washing stations, creating over 2,000 jobs
- exports: fully-washed coffees from \$0 (2000) to \$8 million (2007)
- over 20,000 farming families doubled incomes (2005), over 50,000 benefited to date



SPREAD project

- Sustaining Partnerships to enhance Rural Enterprise and Agribusiness Development
- cooperative agreement with Texas A&M University/USAID
- development alliance
- early focus on specialty coffee (PEARL follow-on)
- expansion to:
 - birds eye chili pepper, pyrethrum
 - integrated community health program
- life of 5 years: 2006-2011
- funding from USAID of \$6 million total
 - \$5m value chain program (Economic Growth)
 - \$1m HIV/AIDS & Health Component (PEPFAR, Pop, MCH)
- additional funding, GDA

primary coffee activities

- value chain management
- higher quality “from seed to cup”
 - research, improved/organic, agricultural production, processing, cupping, off-farm and coop/business development
 - marketing, export



- capacity building at all levels: **farmer, cooperative, national coffee board, institutions**

integration rationale and assumptions

- coffee revenue could be spent on family health needs, given appropriate access to health information and services
- integrating health outreach into coffee/coop activities would enable rapid access to otherwise underserved, rural, income-generating populations
- integration would lead to programmatic synergy across Health and Agribusiness programs



help fulfill SPREAD goal of improving lives and livelihoods.

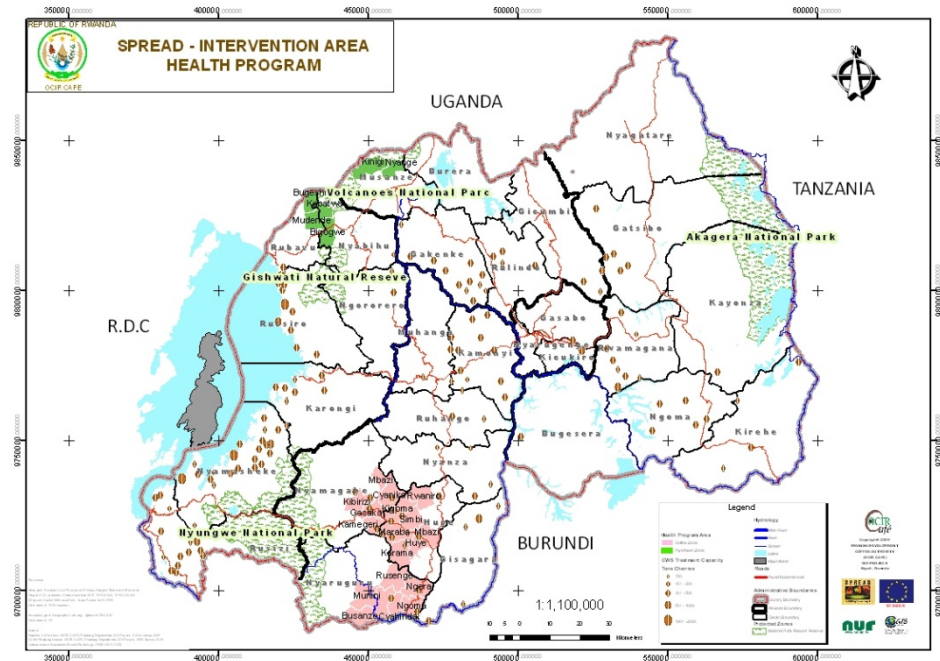
target areas

Southern Province (coffee)

- Since October 2008 (FY09)
- Huye, Nyamagabe Districts
- Maraba, Karaba coops
- Bufcafe (private, female-owned)
- Over 10,000 farmers, plus families
- 6 coffee washing stations

Northern/Western Provinces (pyrethrum)

- October 2009
- Scaled up to cover 5 py coops





approach and integrated activities

- build on assets of cooperatives /coffee activities
- complement public health policy/initiatives
- train/mentor over 300 *animateurs de café* and peer educators (youth, adults) for behavior change communication
- conduct coffee and health activities at the same time
- referrals to health services, sales of Sur Eau, Prudence





activities (2)

- mobile clinics during harvest season
 - VCT, FP, treatment of intestinal parasites
 - convenient locations (purchase/processing)
 - facilitate local health centers in implementation
- integrate health messages into coffee/radio program “Bright Future” (Coffee Lifeline)





activities (3)

- leverage strengths of local partners
 - community theater, films, training, follow-up
- support District health plans (mobile services, FP clubs)
- hygiene, first aid (fairtrade)





accomplishments

- over 120,000 people reached with HIV/AIDS prevention messages
- 88,187 reached with FP/RH messages (31,959 men; 56,228 women)
- 39,576 reached with MCH messages (10,326 men; 29,250 women)
- 3,639 tested for HIV (2,411 women, 1,228 men)
- 248,000 liters of drinking water purified (248 bottles Sur Eau sold)
- 1,428 condoms sold via cooperative structures
- 347 women are new FP users
- Over 1,000 people referred for VCT, FP, ANC and who received care at local health centers
- cost-effective: HIV/AIDS prevention education costing less than \$2/person



accomplishments (2)

“FP is very important because it has allowed us to put some of our money into savings.” (woman)

“When peer educators educate youth like them, the message is successful and passes more quickly than government community health workers.” (Female Beneficiary)

“Positive impact regarding HIV/AIDS; people are no longer afraid to get tested. AIDS used to be confused with a poison, now people living with HIV/AIDS are more comfortable to live their lives.” (Peer Farmer Educator)

“...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 5 million Rwf in the house but could suffer from malaria where medicine costs 500 Rwf, due to ignorance. You have to teach people about production, you have to also think of their health to improve their lives.” (SPREAD Ag Program Manager)

accomplishments (3)

- “The big lesson I learned is that **you cannot achieve your coffee production objectives at 100% without addressing the health of the farmers.**”
(Cooperative Leader)
- “SPREAD’s Health program has had a significant impact on health and improvement of the quality of life in general. The population no longer comes to us to seek emergency loans; the disagreements/ conflicts within families have reduced. There was a time when we gave a loan to a household, and the next day, a member of the same household would come and complain that the money was misused. Women now play a role in deciding how family resources/money is spent.” (Cooperative Manager)
- ““The fact that SPREAD uses a community health approach enables us to work with populations who were previously difficult to reach...”
(District Official)



challenges

- community barriers (gender, RH, alcohol, savings, IGA outside of coffee)
- short life of program, remaining need- especially pyrethrum areas (severe access issues)
- integration:
 - not articulated in program plans; health an add-on
 - distance between program coordinators (Kigali, Butare, Musanze)
- monitoring and evaluation: no baseline health data/ integrated indicators
- communication with all partners, especially Sector-level authorities
- USG restrictions:
 - vertical programming, reporting mechanisms
 - funding can inhibit meeting beneficiaries needs
- sustainability:
 - low financial/technical capacity of cooperatives and partners
 - exit strategy with all partners requires strengthening in order to begin capacity-building for final 1.5 years

lessons learned

- farming families need more than simply increased incomes to improve their lives and livelihoods.
- although communities may not be deemed “high-risk,” high unmet need exists for basic health information and services.
- it is indeed feasible, cost-effective and worthwhile for agribusinesses to combine health outreach with cooperative extension activities.
- community-based, peer farmer approach is an valuable way to reach farmers with regular behavior change communication.
- strong support, mentoring and supervision of peer farmers are crucial to ensure quality and consistency of health outreach.
- community engagement and alignment with GOR and USG priorities ensure complementary rather than duplicating service delivery.

thank you!

