

“Many of our young children particularly those under the age of five and mothers were dying while others were emaciated, but mothers in this village blamed it on different causes ranging from fate to witchcraft,” recalled Ms Theophila Mukamashengesho the pioneer of the kitchen garden locally known as Akarima k’Igikoni in Taba Village, Ruyonza Cell, in Ruramira Sector of Kayonza District in the Eastern Province of Rwanda.

They would contact traditional medicine men and women in vain, and the health of the children or pregnant and breast-feeding mothers continued to be at rock-bottom in spite of increased efforts towards finding the solutions to the problem.

One time in October, 2017, a health community worker in charge of mothers and children visited them and demystified the myths that gave rise to stunting and chronic malnutrition in children and mothers compounded by ignorance about healthy diets.

“She looked at my children for a few minutes and said the problem was going to be solved,” recalls Mukamana Pauline, whose children were the most hit by severe malnutrition in the Taba Village by the time, according to Mukamashengesho who’s currently the Taba village leader and community health worker in charge of mothers and children.



Ms Theophila Mukamashengesho (L) and Mukamana Pauline from Taba Village in Ruramira Sector of Kayonza District have been fighting severe malnutrition in children in their Village

“I nodded my head in agreement as she convinced us that my children were suffering from stunting though I gave her a benefit of doubt,” she added.

Mukamana said that the community health worker asked them to tell her the diet their children would feed on. Mukamana said she would feed her children on one type of food and sometimes on leftovers [food that would remain at the previous dinner] due to household chores and busy farm schedules.

Laurence Nyirabashyitsi’s diet to her children was similar to that of Mukamana and the two mothers presented common reasons for the unhealthy diet.

“My children’s had protruded and swollen and hair had changed to brown and visibly looked sickly,” said Nyirabashyitsi in an interlude.

Mukamashengesho says malnutrition was prevalent in Taba Village and in the Ruyonza Cell at large.

Mukamashengesho says that after understanding that the root-cause of the health problem that was not only chronic but had also claimed lives of a considerable number, I decided to mobilize fellow mothers to create a savings and credit group to start kitchen gardens locally known as Akarima k'Igikoni.

At last, they admit, they embraced the guidance and counsel of the community health worker (CHW) on the need to prepare healthy diets.

The problem of chronic and widespread malnutrition in this area was aggravated by biting poverty, illiteracy, low hygiene levels, ignorance and family conflicts, and many households survived without the basics of life. It's against this backdrop that households had become a safe haven for severe malnutrition.

Most women could not afford paying for health insurance and/or manage maintain their households under proper hygienic standards.

The advice of the CHW did not fall on deaf ears. They took the fight against malnutrition as a matter of urgency since it had for years not only been mysterious but also a grave problem after leading to a high mortality rate of mostly children under the age of five though a significant number of young children above this age bracket could not escape malnutrition.

It was after this encounter, that 22 mothers bought Mukamashengesho's idea of starting a savings and credit group in the village, and they agreed that each member would contribute Rwf200 per week.

"Little did I know that the membership fee was too big for some members to afford, and some would pay it in two installments," recalls Mukamashengesho, "but we couldn't drop the idea we had to resiliently pursue it until we succeeded.

Nyirabashyitsi said that they started growing nutritious food crops and a variety of vegetables readying themselves to start preparing health diets for the children and expectant as well as breasting mothers. Ministry of Agriculture officials had offered trainings on preparation of healthy diets enhancing our knowledge and skills in fighting malnutrition.



“When another project called Hinga Weze heard our idea of growing vegetables gave us support – fertilizers and improved seeds alongside coaching us irrigation skills and how to utilize our plots of land by growing all the food types that we need to keep health,” adds Nyirabashyitsi.

We got Rwf200,000 from this project that helped start the association along the financial support we got iron-rich beans as well as other farm tools.

Therefore, in October 2017 they started a savings and credit group with the main aim of fighting malnutrition, especially in children under the age of five, pregnant and breast-feeding mothers in Taba village.

Today, the group has grown to 59 members up from 22 mothers and membership has been rising over the years from Rwf200 to Rwf20,000.

The Taba mothers say they’ve recorded some gains since they came together to fight stunting in their village.

Notably, the savings have played a vital role in fighting stunting.

The 59-member savings and credit group of Taba village elected a committee of seven women responsible for assessing the most vulnerable members among them. They ask them to present a small business plan for them to access the funds they need to start a business.

Women who have been given money to start small businesses purchase items to sell that include fruits or other food stuffs.

One of them called Uwitije Solange narrates: “If one of us chooses to buy and sell fruits, she takes a small amount of money from profits and buys nutritious foods for the toddlers to grow healthy.”

At the time of repaying, the cooperative gets a small percentage of the money which is paid progressively and in installments until the whole amount is paid back.”

Interestingly they do not pay interest on the small loans.

The support is intended to upgrade their living conditions particularly their children’s diet.

This idea is to eat nutritious foods like eggs, fruits and fortified blended foods which they share to take home for their children.

As a testimony on how she got the money and profited from it, Solange says: “A committee determines who deserves some capital with which she can start a small business after a thorough assessment, and the priority usually goes to the most vulnerable in the group.”

Another member of the group, Ange Nyiransabubazi explains that, “When the beneficiary’s business grows, they pay back to the group’s savings account and we convene a meeting to see who else in the group needs the money most,” added.

Nyiransabubazi says that since the aim is to improve their lives together priority is given to the most vulnerable among them and when anyone gets a problem other members are there to support that family.

“When we recognize any child maybe having malnutrition issues we are quick to respond, through advice on top of providing food to the deprived family,” she observed.

The group’s savings have also enabled them buy animals with short maturing span like goats and rabbits alongside chicken. They say that apart from getting nutritious food from animal products, they get organic fertilizers from the poultry droppings and animal manure which enhance soil fertility of the kitchen gardens.



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“We also get additional revenue by selling the chicks and animals with which we pay community based health insurance and education for our children as well as meeting bills for household essentials,” explains Makamashengesho, “recently, the group sold 65 roasters to Burundi”.

Each member got three rabbits and 10 chicks at the start using their savings.

From the savings, they’ve managed to help seven children with physical disabilities, four of them are girls. Six of these beneficiaries are students.

However, these mothers decry serious lack of farm tools like watering cans and

water tanks. During the dry seasons that are common in this area, they face shortage of water and the crops and vegetable dry out hence recording a poor harvest.

This problem is aggravated by long distances to the available water sources, whereby members advanced in age find it difficult to fetch water yet they have to support their families.

Poverty among vulnerable households still poses a big challenge, the mothers say, many of the members still have a burden to pay the health insurance for their families.

Rwanda's overview on stunting

The World Bank report on Rwanda indicates that by 2015 stunting plummeted to 38% from 44% in 2010 and had nearly affected 50% of the poorest children.

Rwanda is one the early adopters of the Human Capital Project and the Stunting Prevention and Reduction Project (SPRP), and the high-level political commitment demonstrated since 2017 are some of the factors that are responsible for the reduction in stunting.

Rwanda's target is to reduce stunting to 19% by 2024, stunting in the country stands at 33% (2020).

According to UNICEF stunting impacts negatively on child development and has both short term and long-term consequences. "In the short term, malnutrition results in higher rates of mortality and decreased cognitive, motor and language development. Long-term consequences include an increase in non-communicable diseases, low school performance, and decreased work capacity," says UNICEF report.