

### **Child Survival Project-Butare**

In the Province of Butare in southern Rwanda, Concern is planning to implement a 5-year project titled the 'Child Survival Project' (CSP) with the goal to contribute to a sustainable reduction in maternal and child mortality and morbidity, and increased life expectancy in Kibilizi Health District (KHD). The physical area that is covered by KHD spans across two administrative districts, namely Kibingo District and Mugomwa District. These two districts are serviced by seven existing health centres, which will be the initial focus of Concern's support.

At the time of our visit, the CSP was only just getting started; all case studies gathered are therefore intended as 'baseline data'; informal interviews that show up some of the common health problems in the area. For further, more detailed, information the CSP proposal should be consulted, alongside the research material, which is currently being analysed.

### **Traditional Care**

In an attempt to consult all the individuals involved in health care in KHD, Concern has been holding meetings with some of the more informal care givers, who nonetheless provide a very large and important part of all health assistance.



Valerie Ahishakiye, Traditional Birth Attendant

Traditional healers (THs) and Traditional Birth Attendants (TBAs) can, in some villages or areas, be more often consulted than conventional health centre staff. This is why Concern believes it is important to look at the role these individuals play in the overall health care structures and why it is important to acknowledge their practises and their role in healthcare provision.

For the meeting in Fuji Primary School, Concern's outreach worker Pascal had invited all TBAs, THs and the community health workers from the area. The community health workers (CHWs) are part of the government's health structures. Since a number of years, a CHW is elected in every cellule to represent his community when it comes to health matters. He or she is trained by the local health centre staff and is supposed to report to them on a regular basis. The CHWs are yet another group of players who are immensely important in the health care standards of a community, and they will therefore be another group of people who Concern hopes to work with throughout the 5-year CSP.

The meeting that takes place in Fuji Primary School is a success; about 40 individuals have turned up and a lively debate continues all morning. Some issues are relevant for one group only, like best practises of cutting and tying of the umbilical cord after birth, other issues discussed are important to all; such as health and hygiene of the care giver, especially in the light of HIV/AIDS, and matters of payment by a poor patient.

After the meetings we manage to talk to some of the people who attended the meeting, first of all the views of a **Traditional Birth Attendant**

Valerie Ahishakiye is 56 years old. She is from Nteko Cellule and she has been a traditional birth attendant for many many years; she can't remember exactly how long. She is also a mother of nine children who are now aged 41-21. She had four children of her own when she was first called to help a woman give birth. She successfully delivered the baby and has been a practising TBA ever since. She has never received any training and only lately has she been attending meetings organised at the health centre where there has been talk of TBA training, but none of it has materialised yet.

"Only twice have I had complications with a birth; once a baby was born only 3 or 4 months into the pregnancy. It died, of course. And then only yesterday was there a case of a woman who was seven months pregnant; she went into labour and the baby died as well."

When I ask her again if she really had no training at all, she laughs and says, "No, I just pray to God that all will be well." Valerie explains that she is quite a popular TBA in her cellule because she has a lot of experience. She delivers 4-5 babies per year, which could be a large part of the births that occur in the small cellule where she is from. When I ask her about diagnosing complication births such as breech births or twins she again laughs: "No, I don't know how to diagnose this, if it happens, it comes as a surprise. Only once did I deliver a child that was upside down. The woman went into labour but the feet came out first. I told the woman to lie down and I went home. After four hours I came back and I could still see only the feet. I told her that there was nothing I could do and that she better walk to the health centre. As soon as the woman stood up, the baby just dropped out, it was born really quickly, and it was fine."

"I would like to have some training; there are things I don't know, I make mistakes and I would like to learn about some practical issues. For example, when a woman gives birth and the placenta doesn't come out afterwards, I don't know what to do. I have to send the woman to the health centre. I would like to know how to treat that."

Maybe ten percent of all women who give birth go to the HC to have their babies; most of them give birth at home. The HC is very far away; it is two hours walk so very few women can still walk that far when they're about to deliver. The most important issue though is money. Most women can't afford to pay to have their babies in the HC.

Valerie gives some sort of post-natal advice, but it is not what you'd most expect. When I ask her what she tells women who have just had their first baby, she replies: "I tell them often when you have your baby, there will be tension between the mother and the in-laws [most women move into the house or compound of her in-laws after marriage], but that is normal, it will pass over. So I tell them not to worry too much if her in-laws are critical of the way she treats the baby. If a woman has a child but there is no father, I keep an eye on her, just to make sure she and the baby are okay."

She doesn't normally give advice on family planning, but she says, "I would be willing to advise women on family planning if I got training about it."