Accelerating Progress in Nutrition: What are the Priorities?

Compact2025 Rwanda Roundtable
October 23, 2017

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Outline

1. Key milestones for malnutrition reduction
2. Challenges faced to accelerate progress
3. Priorities for acceleration
4. Lessons learned from other countries
1. Milestones for food security & nutrition

- National protocol for the management of acute malnutrition, 2009
- District Plans to Eliminate Malnutrition (DPEMs), 2010 - 2011
- National Protocol for Community Based Nutrition Program, 2010
- National nutrition behavior change tools, 2011
- National Food and Nutrition Policy, 2013-2018
- SUN Civil Society Alliance for Rwanda, 2015
- Compact2025 Roundtable, 2016
- Food and Nutrition Coordination Secretariat, 2016
2. Challenges to accelerate malnutrition reduction

- Only 17% of children under five consume the minimum acceptable diet.

- Boys are more stunted (43%) than girls (32%)

- Animal source protein consumption is very low for children under 5
  - Eggs consumed 4%
  - Meat consumed 17%

- Poor complementary feeding practices when food is introduced at six months.
Stunting increases drastically from 6 to 23 months old

Nutritional status of children U5 by age

Note: *Stunting* reflects chronic malnutrition; *wasting* reflects acute malnutrition; *underweight* reflects chronic or acute malnutrition or a combination of both. Plotted values are smoothed by a five-month moving average.
2. Challenges cont…

• Low dietary diversity at all ages

• Poor hygiene and sanitation—only 12% of households had a place for hand washing (DHS 2015)

• Population pressure and land size (average farm is 0.5 HA)
3. Priorities to accelerate hunger and malnutrition reduction in Rwanda: Policies

- Promote multi-sectoral approaches
- Improve coordination and linkages
- Support the new National Agriculture Policy
- Revise expiring National Food & Nutrition Policy
- Support and elevate the Food and Nutrition Coordination Secretariat
- Validate proposed technical working groups mechanisms
Proposed Sub-Technical Working Groups

National Food and Nutrition Coordination Working Group

Nutrition and WASH Sub Technical Working Group

Nutrition, Food Security and Social Protection Sub Technical Working Group

Nutrition M&E and Knowledge Management Sub Technical Working Group
3. Priorities to accelerate: Programs

- Address poor complementary feeding practices.
- **Proper targeting:** pregnant and lactating women, children 0-2 years, adolescent girls/mothers. Prevention first!
- Community-based **integrated services** like CBNP and CBEHPP programs. Improve quality!
- **Availability, access, and consumption** of animal source proteins.
3. Priorities to accelerate: Programs, cont…

- Increase agricultural productivity and production for dietary diversity.
- Poverty reduction programs like cash transfers.
- Tracking and prevention of stunting at health facility level.
- Introduce stunting indicators in national monitoring systems.
- Improve hand washing practices
- Research: what works and what doesn’t?
Key questions for future research

Some districts performing well and others poorly => Why?

### Stunting Rates (DHS)

<table>
<thead>
<tr>
<th>District</th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirehe</td>
<td>51%</td>
<td>29%</td>
</tr>
<tr>
<td>Rutsiro</td>
<td>60%</td>
<td>46%</td>
</tr>
<tr>
<td>Rubavu</td>
<td>55%</td>
<td>46%</td>
</tr>
<tr>
<td>Ruhango</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>Nyabihu</td>
<td>52%</td>
<td>60%</td>
</tr>
<tr>
<td>Nyanza</td>
<td>26%</td>
<td>42%</td>
</tr>
</tbody>
</table>
4. Experience from other countries

1. Peru:
   – Reduced stunting from **28%** to **13%** between 2005 – 2016

   • **What they did:**
   – Declared national priority in 2005
   – Community level coordination of nutrition specific and sensitive interventions
   – Evidence-based interventions
   – Conditional Cash Transfers targeting pregnant and lactating mothers
   – Rapid economic development
4. Experience from other countries, cont…

2. Brazil.

- Reduced stunting from **37% to 7%** between 1975 to 2006.

  • **What they did:**
    - A multisectoral approach to program delivery combined with funding mechanisms.
    - Cash transfer programs for health and nutrition activities
    - Access to improved sources of drinking water and sanitation services expanded.
    - Rapid economic development
Thank you!