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Accelerating Progress in Nutrition: What are the Priorities?

Compact2025 Rwanda Roundtable
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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





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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
- International nutrition summits, 2010, 2012, 2014
- MINAGRI Nutrition Action Plan, 2013
- National Food and Nutrition Policy, 2013-2018
- SUN Civil Society Alliance for Rwanda, 2015
- Compact2025 Roundtable, 2016
- Food and Nutrition Coordination Secretariat, 2016

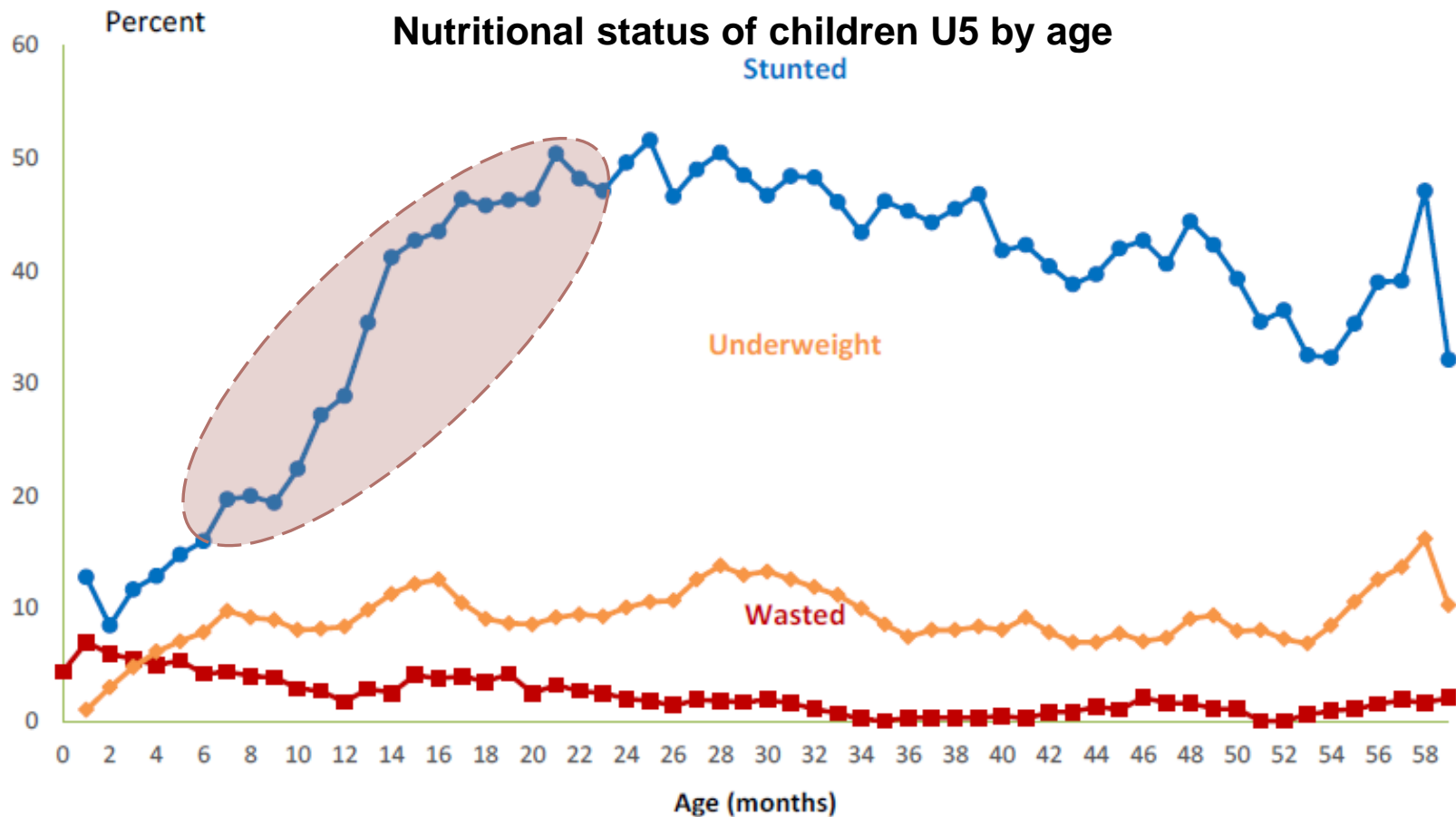


2. Challenges to accelerate malnutrition reduction



- 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



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.



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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)





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3. Priorities to accelerate hunger and malnutrition reduction in Rwanda: **Policies**



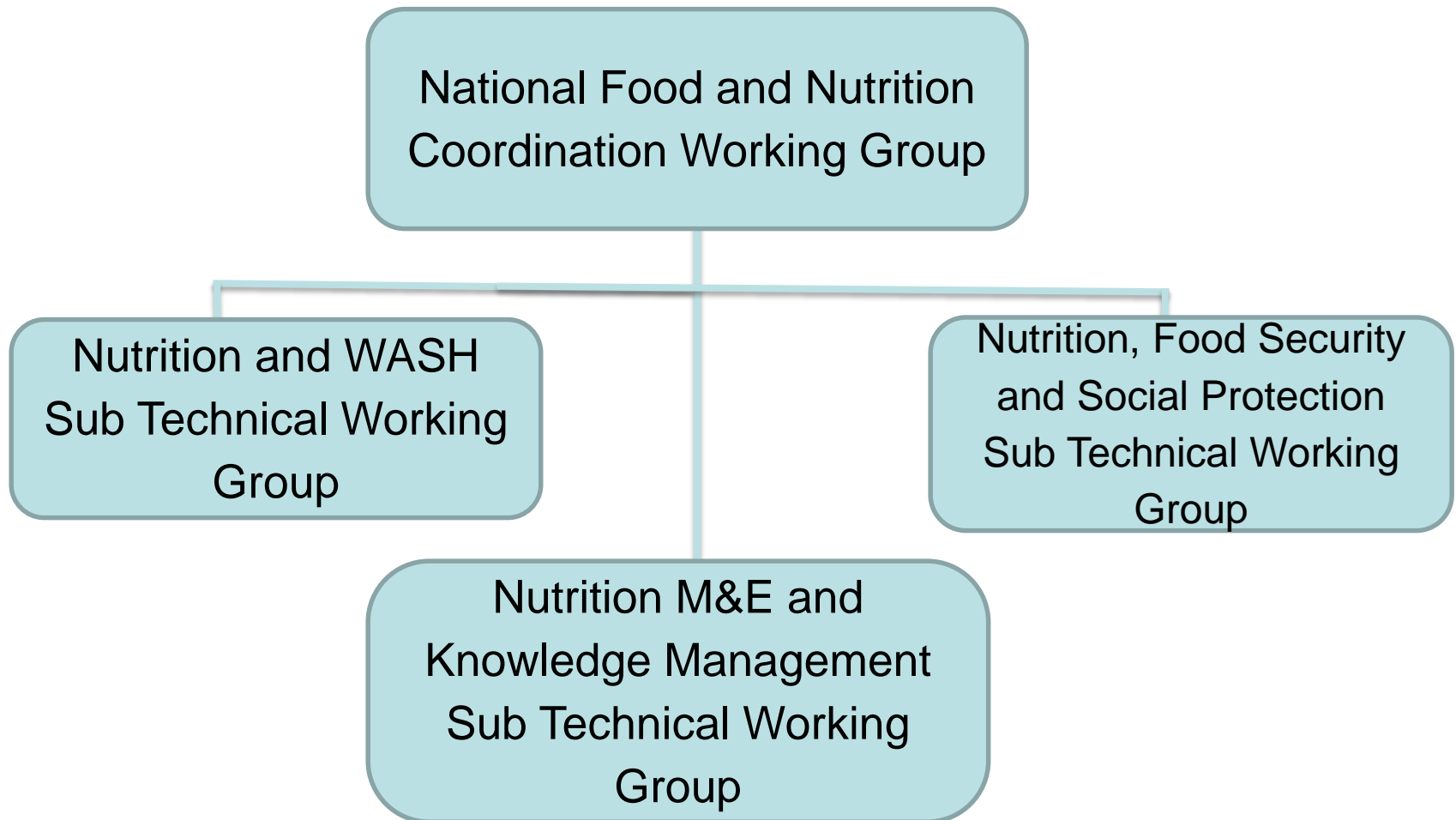
- Promote multi-sectoral approaches
- Improve coordination and linkages
- Support the new National Agriculture Policy
- Revise expiring National Food & Nutrition Policy
- Support and elevate the Food and Nutrition Coordination Secretariat
- Validate proposed technical working groups mechanisms



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Proposed Sub-Technical Working Groups





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.





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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)

District	2010	2015
Kirehe	51%	29%
Rutsiro	60%	46%
Rubavu	55%	46%
Ruhango	21%	41%
Nyabihu	52%	60%
Nyanza	26%	42%



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



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Thank you!

