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How Africa Can Build a Future Free from Hunger and Malnutrition



Genocide Memorial
Kigali, Rwanda

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RWANDA



CASE STUDY



Following conflict in the 1990s, Rwanda's nutrition situation worsened dramatically. However, between 2000 and 2016, Rwanda made significant progress in terms of undernutrition reduction due to a recovered stability on the one hand, and the government's institutional and programmatic commitments on the other hand. The GHI score decreased from 59 in 2000 to 28 in 2016, while stunting rates fell from 48 to 38 percent over the same period.

INSTITUTIONAL REFORMS

Since 1963, nutrition has been positioned as a unit within the Ministry of Health's Unit of Policies and Capacity Building. Nutrition services are offered at health centers across the country. From the mid-1990s, despite government efforts to improve nutritional status, malnutrition remained a major challenge and obstacle to Rwanda's development. In 2007, recognizing the multisectoral nature of nutrition, the government of Rwanda developed a National Nutrition Policy.¹ At the national level, the coordination bodies and implementation structures are composed of an intersectoral nutrition committee, which includes line ministries, NGOs, the Rwanda Bureau of Standards, the Rwandan Consumers Association, the Private Sector Federation, and the national nutrition technical working group. In 2013, Rwanda revised the National Nutrition Policy of 2007 and adopted the National Food and Nutrition Policy (NFNP). Coordination of overall NFNP implementation is situated in the prime minister's office, coordinated by an Inter-Ministerial Coordination Committee (IMCC) drawn from the Social Cluster Ministries (Ministry of Local Government, Ministry of Health, Ministry of Agriculture and Animal Resources, Ministry of Education, and Ministry of Gender and Family Promotion) that meets quarterly to review progress on tackling malnutrition.

POLICY AND PROGRAMMATIC INTERVENTIONS

In 2011, Rwanda joined the SUN Movement. Over the years, there has been coherence in the way nutrition strategies are developed and implemented. Many of the strategic areas and activities originally defined by the National Nutrition Policy (2007) have been retained in the National Food and Nutrition Policy (2013). The government also developed and implemented a three-year (2010-2013) National Multisectoral Strategy to Eliminate Malnutrition (NSEM). The objectives were to reduce all forms of malnutrition in Rwanda by 2013 and to protect nutrition of young children and pregnant and lactating women. All districts in Rwanda have adopted and implemented their own District Plan to Eliminate Malnutrition (DPEM), with involvement of all stakeholders.

Between 2000 and 2016, some of the key programs that were implemented included:

- Development and adoption of protocols for managing malnutrition and promotion of optimal infant and young child feeding (IYCN);
- Scaling-up of community-based nutrition programs (CBNP) in every district;
- National supplies of therapeutic food products for treating acute malnutrition; and
- Expansion of micronutrient-fortified staples and special food products to use in emergencies and food programs supplementing the most vulnerable.

As Rwanda adopted a multisectoral approach to tackling malnutrition in 2007, agricultural investment increased. Activities led by the Ministry of Agriculture and Animal Resources included:

- Implementation of the national strategy "One Cow, One Family";
- Promotion of production and consumption of fruits, vegetables, and mushrooms at household level; and
- Reinforcement of a nutrition surveillance system in collaboration with the Ministry of Health, including mapping of food insecure zones.

In addition, in 2009 the President's Initiative to Eliminate Malnutrition² was launched, led by the Ministry of Local Government with technical leadership of the Ministry of Health. More than 30,000 community health workers (CHWs) were trained over a two-month period in 2009 to carry out community-level actions outlined in the National Protocol for the Management of Malnutrition. Over five months, CHWs used circumference tapes to screen more than 1.3 million children across the country; more than 65,000 were referred and treated for moderate or severe acute malnutrition.

There is a strong recognition that making agriculture and the food system more nutrition sensitive is an effective strategy to reduce malnutrition. The Girinka program (One Cow, One Family) provides evidence that agriculture is a key sector in malnutrition reduction in Rwanda.³ Within six months of the program's introduction in 2006, 248,566 cows had been distributed to poor households. Girinka has led to a significant improvement of the nutritional status of children under the age of five, with fewer children found to be wasted, stunted, and underweight than in 2012. Stunting, which remains the main nutritional challenge in Rwanda, decreased from 43 percent in 2012 to 37 percent in 2015.

In addition, as beans are the predominant staple crop in Rwanda, the Rwanda Agriculture Board, with the support of HarvestPlus, is scaling up the availability of biofortified beans.⁴ The beans are iron-enriched and can be grown by rural communities. And their benefits are not limited to the nutritional outcomes: they achieve a higher yield, are virus resistant, and heat- and drought-tolerant. Farming households are trained in nutrition improvements, crop management, postharvest handling, and marketing. Public awareness campaigns are run across the country and leverage the influence of mass media and local icons, including popular musicians, to help raise awareness of micronutrient deficiencies and the benefits of eating and growing iron-biofortified beans. Regular consumption of iron beans provides up to half of daily iron needs. An evaluation revealed that consuming iron biofortified beans improves the iron status in Rwandan women after just 128 days with greater increases in hemoglobin (3.8 g/L), log serum ferritin (0.1 log mg/L), and BI (0.5 mg/kg).⁴

The effectiveness of food fortification and the promotion of nutritious traditional dishes show that it is possible to reduce malnutrition in Cameroon. However, spending on agriculture does not yet meet government commitments set out in the Malabo Declaration and Cameroon's medium-/long-term national development policy places little emphasis on nutrition.

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¹ Republic of Rwanda, National Nutrition Policy (Kigali: Ministry of Health, 2007), <https://extranet.who.int/nutrition/gina/sites/default/files/RWA%202007%20%20Nutrition%20Policy%20English%20.pdf>.

² Republic of Rwanda, National Food and Nutrition Policy 2013-2018, (Kigali: 2014), <http://extwprlegs1.fao.org/docs/pdf/ra151338.pdf>.

³ Rwanda Agricultural Board, "Girinka Programme Transforms Livelihoods, Reconciles Communities," accessed on 15 June, 2017, http://www.minagri.gov.rw/fileadmin/user_upload/SUCCESS_STORY/article_about_Girinka.pdf.

⁴ HarvestPlus, "Rwanda Country Brief," 2015, http://www.harvestplus.org/sites/default/files/HarvestPlus_CountryBrief_Rwanda.pdf.

⁵ J. D. Haas, et al., "Consuming Iron Biofortified Beans Increases Iron Status in Rwandan Women after 128 Days in a Randomized Controlled Feeding Trial," *Journal of Nutrition* (2016), <http://jn.nutrition.org/content/ear-ly/2016/06/28/jn.115.224741>.