

REPUBLIC OF RWANDA



NATIONAL FOOD AND NUTRITION POLICY

2013 - 2018

Rwanda National Food and Nutrition Policy

Ministry of Local Government <http://www.minaloc.gov.rw/>

Ministry of Health <http://www.moh.gov.rw/>

Ministry of Agriculture and Animal Resources <http://www.minagri.gov.rw/>

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PREFACE

Food and nutrition have become a foundational issue of Rwanda's plans for economic development and poverty reduction. The National Food and Nutrition Policy (NFNP) recommends actions needed to sustain this position and innovative multi-sector and sector-specific strategies that will help assure that in Rwanda food and nutritional improvement becomes and remains everyone's commitment. The policy recognizes and focuses on the national resolve to substantially reduce the prevalence of stunting among children under two (2) years of age, and to improve household food security particularly among the most vulnerable families.

While substantial reduction of acute malnutrition has occurred in recent years, there remain problems with high levels of chronic malnutrition and micronutrient deficiency..

Malnutrition of the young children adds permanent risks to their health, growth and cognitive development as well as a loss to their economic productivity estimated at up to 10% over a lifetime. Cumulating these negative effects can result in economic losses of up to 3% of GDP.

When pregnant women do not have appropriate nutritional intake during pregnancy, and children do not receive the foods, feeding and care required for normal growth during their first two years, chronic malnutrition occurs. The multiple causes of the high rates of chronic malnutrition in children and other nutrition problems also includes inadequate household food security that affects more than 20% of Rwandan families. These problems are often complicated by the synergy of nutrition with childhood infections.

The National Food and Nutrition Policy (NFNP) updates and revises the National Nutrition Policy of 2007. The linkage of nutrition, household food security and social protection is reinforced through the Policy's expanded multi-sector ownership and implementation responsibilities. The NFNP explains the rationale and broadened scope of the updated version and provides a conceptual framework useful in addressing current problems. The NFNP is fully in line with the EDPRS II foundational issue of food and nutrition and related objectives. The Policy recommends and outlines both sector specific and multi-sector strategic directions. These strategic directions follow and expand on relevant sector policies and strategies.

Stronger operational linkage among the Social Cluster Ministries, particularly MINALOC, MINISANTE, MINAGRI, MINEDUC and MIGEPROF is called in order to have the higher

level of collaborative and consultative efforts among sectors needed to strengthen and make more effective implementation of district-based nutrition and household food security plans. The joint sector participation is recommended. This will better ensure that families most vulnerable to chronic malnutrition are reached with key services and promotion of optimal family practices.

The policy provides a coordination framework that operates from within the Social Cluster Ministries and at District levels to support implementation. The multi-sector character of the NFNP facilitates mobilization of sector-specific resources needed for its implementation through their collaboration and cooperation among all stakeholders.

Furthermore, policy serves as the basis for a National Food and Nutrition Strategic Plan of 2013-2018 that lays out in greater detail output objectives, key activities, implementation priorities and monitoring and evaluation framework for each of the seven strategic directions. Through the adoption and promulgation of this National Food and Nutrition Policy, the Government of Rwanda reaffirms its commitment to ensure better nutrition and household food security for its population.


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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AMIS	Agriculture Management Information System
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASWG	Agriculture Sector Working Group
BCC	Behaviour Change Communication
BFHI	Baby Friendly Hospitals Initiatives
BMI	Body Mass Index
BNR	National Bank of Rwanda
CAADP	Comprehensive Africa Agriculture Development Programme
CBNP	Community-Based Nutrition Program
CFE	Common Framework of Engagement
CFSVA/NS	Comprehensive Food Security and Vulnerability Analysis and Nutrition Survey
CHAI	Clinton Health and AIDS Initiative
CHWs	Community Health Workers
CICA	Agricultural Information and Communication Centre
CIP	Crop Intensification Program
CRS	Catholic Relief Services
CSB	Corn Soy Blend (fortified supplementary food)
CSBC	Communication for Social and Behavioural Change
DFID	Department for International Development (United Kingdom)
D/MD	Deputy / Managing Director
DDP	District Development Plan
DF&NSC	District Food and Nutrition Steering Committee
DG	Directorate General / Director General
DHS	Demography and Health Survey
DHIS2	District Health Information System-2 (combines HMIS and SISCOM)
DP	Development Partners
DPEM	District Plan to Eliminate Malnutrition
EAC	East African Community
ECD	Early Child Development
EDPRS	Economic Development and Poverty Reduction Strategy
EFA	Education for All
EICV	Enquête Intégrale sur les Conditions de Vie des ménages
EKN	Embassy of the Kingdom of the Netherlands
EPDM	Emergency Plan to Eliminate Malnutrition
ESSP	Education Sector Strategic Plan (2010-2015)
EU	European Union
FEWS	Famine Early Warning System
FAO	Food and Agriculture Organisation
FBOs	Faith Based Organisations
FCS	Food Consumption Score
1st 100 Days CBF&NP	1st 1000 Days Community Based Food and Nutrition Programme
FOSA	Formations sanitaires (Health Centres)
FP	Family Planning
FSNMS	Food Security and Nutrition Monitoring System
GAIN	Global Alliance for Improving Nutrition
GAVI	Global Alliance for Vaccines and Immunisation
GDP	Gross Domestic Product
GIRINKA	One Cow per Poor Family Programme
GoR	Government of Rwanda
HGSFP	Home Grown School Feeding Program
HSS	Hygiene and Sanitation in Schools
HH	Household(s)
HIV	Human Immunodeficiency Virus

HMIS	Health Management Information System
HSG	Health Sector Group
HSSP III	Health Sector Strategic Plan III
HSTWG	Health Sector Technical Working Group
I&M TF	Irrigation and Mechanisation Task Force
ICCIDD	International Council against Iodine deficiency diseases
IEC	Information Education and Communication
IGA	Income Generating Activities
IMCC	Inter-Ministerial Coordination Committee
IMCi	Integrated Management of Childhood Illness
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
ISAR	Institute of Agronomic Sciences in Rwanda
ISLC	Integrated Survey on household Living Conditions
IUGR	Intra-uterine growth retardation
IYCF	Infant and Young Child Feeding
JAPEM	Joint Action Plan to Eliminate Malnutrition
KAP	Knowledge, Attitude and Practice
KHI	Kigali Health Institute
KIE	Kigali Institute of Education
MCC	Milk collection centre
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MFI	Micro-finance Institution
MIFOTRA	Ministry of Public Service and Labour
MIGEPROF	Ministry of Gender and Family Promotion
MINADEF	Ministry of Defence
MINAFFET	Ministry of Foreign Affairs and Cooperation
MINAGRI	Ministry of Agriculture and Animal Resources
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINISANTE	Ministry of Health
MINIJUST	Ministry of Justice
MININFRA	Ministry of Infrastructure
MINICOM	Ministry of Trade and Industry
MINIRENA	Ministry of Natural Resources (land forests, environment and mining)
MIDIMAR	Ministry of Disaster Management and Refugees
MIYCN	Maternal Infant and Young Child Nutrition
MYICT	Ministry of Youth and ICT
MINISPOC	Ministry of Sport and Culture
MIS	Management Information System
MND	Micronutrient Deficiency
MNP	Micronutrient Powder “Sprinkles” (for in-home fortification of complementary foods)
MTEF	Mid Term Expenditure Framework
MUAC	Middle Upper Arm Circumference
NAEB	National Agricultural Export Development Board
NAP	Nutrition Action Plan (MINAGRI)
NAS	European Community Nutrition Advisory Service
NFNP	National Food and Nutrition Policy
NFNSP	National Food and Nutrition Strategic Plan (2013-2018)
NCDs	Non Communicable Diseases
NEPAD	New Partnership for Africa’s Development
NF&NTWG	National Food and Nutrition Technical Working Group
NGO	Non-Governmental Organisation
NISR	National Institute of Statistics of Rwanda
NmSEM	National multisector Strategy for Elimination of Malnutrition (2010-20130)
NNP	National Nutrition Policy
NTDs	Neglected Tropical Diseases

NTWG	Nutrition Technical Working Group
NUR	National University of Rwanda
NWCVC	National Women's Council Village Committee.
ONE UN	UN system in Rwanda
OVCs	Orphans Vulnerable Children
PHHS	Post-Harvest Handling and Storage
PLHIV	People living with HIV/AIDS
PMO	Prime Minister Office
PMTCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction and Strategy Paper
PSTA	Strategic Plan for Agricultural Transformation
PTAs/PTCs	Parents and Teachers Associations/ Parents and Teachers Councils
RAB	Rwanda Agriculture Board
RapidSMS	Cell phone based system used by Community Health Workers
RDB	Rwanda Development Board
RDHS	Rwanda Demographic and Health Survey
REACH	Renewed Efforts Against Child Hunger
SACCO	Savings and Credit Co-operative
SCF&NSC	Social Cluster Ministries Food and Nutrition Steering Committee
SIS	National Health Information system
SISCOM	(French acronym for) Community Health Information System
SOSOMA	Sorghum, Soybean Maize blend (Supplementary food)
STIs	Sexually Transmitted Infections
SUN	Scaling Up Nutrition
TB	Tuberculosis
TTCs	Teachers Training Centres
U2	Under-two years old children
U5	Under-five years old children
UN	United Nations
UNAIDS	UN AIDS Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VUP	Large social protection programme
WFP	World Food Programme
WHO	World Health Organisation
WIF	Women Investment Fund

Glossary of Key Terms

1st 1000 Days –The period from conception through 2 years of life [Pregnancy (270 days) + first year (365 Days) + second year (365 days)] when there is critical growth and development in a child and many health and nutrition interventions are highly beneficial and help prevent malnutrition including child stunting.

Acute malnutrition –Also known as ‘wasting’, acute malnutrition is a condition characterized by a rapid deterioration in nutritional status over a short period of time. In children, acute malnutrition can be measured using the weight-for-height nutritional index or mid-upper arm circumference. Acute malnutrition is caused by a decrease in food consumption and/or illness resulting in sudden weight loss.

Anaemia – a condition that arises due to reduced haemoglobin levels or red blood cells that impair the ability to supply oxygen to the body’s tissues. Anaemia is caused by inadequate intake and/or poor absorption of iron, folate, vitamin B12 and other nutrients. It is also caused by infectious diseases such as malaria, hookworm infestation and schistosomiasis; and genetic diseases. Women and children are high-risk populations. Clinical signs include fatigue, pallor (paleness), breathlessness and headaches fatigue, pallor (paleness), breathlessness and headaches.

Chronic malnutrition – Chronic malnutrition or stunting, is a form of growth failure it is a condition defined as height for age below the fifth percentile on the WHO standard reference growth curve. Chronic malnutrition occurs over time, unlike acute malnutrition. Stunting starts before birth and is caused by poor maternal nutrition, poor feeding practices, poor food quality as well as frequent infections which can slow down growth.

Community Growth monitoring and promotion (CGMP) – Individual-level assessment at community level where the growth of infants and young children is monitored by Community Health Workers in order to identify and address growth faltering and growth failure and promote and often demonstrate the services and practices needed to ensure adequate growth.

Community-based management of acute malnutrition (CMAM) – This approach aims to maximize coverage and access of the population to treatment of severe acute malnutrition by providing timely detection and treatment of acute malnutrition through community outreach and outpatient services, with inpatient care reserved for more critical cases.

Complementary feeding (CF) – Giving the infant and young other foods and fluids in addition to breast milk from the age of 6 months. The foods should be appropriate, adequate and safe.

Continued breastfeeding – Continued breastfeeding refers to breastfeeding of children from 6 to 24 months or beyond in addition to providing other foods. It follows exclusive breastfeeding which starts from birth to 6 months.

Exclusive breastfeeding – Is feeding of children from birth to 6 months with breast milk alone. During this period an infant receives only breast milk and no other liquids or solids, not even water, unless medically indicated.

Food -- Food is any substance consumed to provide nutritional support for the body.

Food security –Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meet their dietary needs and food preferences for active and health life.

Micronutrient powders (MNP) (Home fortification) – Addition of small, pre-packaged amounts of micronutrients powders to any semi-solid or solid food that is ready for

consumption. This innovation is generally aimed at improving the micronutrient quality of nutritionally vulnerable groups, especially children between 6-24 months of age.

Household Food Security (see Box 1)

Iodine deficiency disorders – A range of abnormalities which result from iodine deficiency. In their most severe form, iodine deficiency disorders (IDD) include cretinism, stillbirth and miscarriage, and increase infant mortality. Even mild deficiency can cause a significant loss of learning ability about 13.5 intelligence quotient points at population level – as well as other symptoms such as goitre, an abnormal enlargement of the thyroid gland. It is especially damaging during the early stages of pregnancy and in early childhood.

Low birth weight - Less than 2,500 grams. Low birth weight is often associated with stunting

Micronutrient deficiencies -- Micronutrient deficiencies are a form of malnutrition caused by an insufficient uptake of vitamins and minerals (also known as micronutrients), which are essential for human health, growth and development. Among the more common forms of micronutrient deficiencies are Vitamin A Deficiency, Iron Deficiency (anaemia), and Iodine deficiency

Middle Upper Arm Circumference (MUAC) - health workers to quickly determine if a patient is acutely malnourished. The measure is circumference of a patient's arm at the midpoint between his or her shoulder and elbow. MUAC < 115 mm indicates that the child is severely malnourished; MUAC < 125 mm indicates that the child is moderately malnourished

Severe acute malnutrition (SAM) – A result of recent (short-term) deficiency of protein, energy, and minerals and vitamins leading to severe loss of body fats and muscle tissues. Severe Acute Malnutrition (SAM) presents with wasting (low weight-for-height) and/or the presence of oedema (i.e., retention of water in body tissues). Defined for children aged 6–60 months, as a weight-for-height below 3 standard deviations from the median weight-for height for the standard reference population or a mid-upper arm circumference of less than MUAC < 115 mm indicates that the child is severely malnourished; MUAC < 125 mm indicates that the child is moderately malnourished.

Small livestock – Animals which are considered not difficult to raise and provide animal sources food that can enhance household food security and good nutrition in the home (rabbits, chickens, ducks, pigeons, guinea fowls, quails, sheep and goats).

Social Cluster Ministries - Rwanda's Social Cluster Ministries include Ministry of Health (MINISANTE) Ministry of Agriculture and Animal Livestock Resources (MINAGRI), Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Infrastructure (MININFRA), Ministry of Public Service and Labour (MINFOTRA).

Undernutrition – An insufficient intake and/or inadequate absorption of energy, protein or micronutrients that in turn leads to nutritional deficiency.

Underweight - Moderate and severe - below minus two standard deviations from median weight for age of reference population; severe - below minus three standard deviations from median weight for age of reference population.

Wasting - Moderate and severe - below minus two standard deviations from median weight for height of reference population

EXECUTIVE SUMMARY

This National Food and Nutrition Policy developed in 2013 builds on several achievements that have improved the status of nutrition and household food security in Rwanda during the past six years. The outlines ambitious but necessary strategies needed to solve serious and persistent problems including the high prevalence of child stunting and high levels of anaemia in children and women. The NFNP also takes into account major differences in the economic development environment and the higher national and international priority placed on improving nutrition and related household food security problems in the second decade of the new millennium compared to 2007 when the country's first National Nutrition Policy was adopted.

National achievements since 2007 lower poverty levels, higher food production, and greater access to primary health care services for the rural poor, food and nutrition had gained prominence on the national development agenda as a prominent and foundational issue. In addition, by 2013 decentralization, performance based financing and good governance were defining national resource allocation and expenditure. The Millennium Development Goal regarding lowering the prevalence of underweight children was achieved.

The NFNP outlines the difference in conditions in 2013 including the multiyear period of rapid economic growth, lower poverty levels, higher GDP and family incomes, and a greatly enhanced expanding social protection programme. In addition, improved access to and utilisation of health services had contributed to lower prevalence of morbidity and mortality. In terms of nutrition and household food security most indicators had improved.

The related National Food and Nutrition Strategic Plan (NFNSP) 2013-2018 outlines actions that address the most serious remaining problem regarding nutrition as presented in the NFNP. These include as the highest priority, the persistently high level chronic malnutrition in children under two years which is also noted specifically in the Economic Development and Poverty Reduction Strategy for 2013-2018 (EDPRS 2).

The NFNP also outlines key events and information sources that influenced the dramatic rise of nutrition and household food security on the national agenda. These included a Presidential Initiative that inspired nationwide emergency action to find and manage all cases of acute malnutrition in children (2009). Others included the multisector participation and consensus around Rwanda's First National Nutrition Summit (2009), Second National Nutrition Summit (2011), completion of health facility and community level tools to more effectively promote and counsel on Maternal, Infant and Young Child Nutrition (MIYCN), development of the National multisector Strategy to Eliminate Malnutrition (NmSEM) (2010), a national Joint Action Plan (2012) to Eliminate Malnutrition (JAPEM) and District Plans to Eliminate Malnutrition (DPEM) in every district (2011).

The NFNP recognises that key outcomes of the two national nutrition summits emphasised the importance of prevention and that prevention of malnutrition must include decentralised ownership, multisector planning and collaborative execution of food and nutrition interventions. This aligns the NFNP with the international Scale Up Nutrition movement and with the emphasis given to affordable and manageable interventions as demonstrated through international and national research.

The NFNP also summarises how the potentials and challenges in implementing multisector decentralised food and nutrition plans and uses more recent national programme reviews and studies as important sources for lessons learned to develop more effective strategic directions.

The NFNP situation analysis also uses data primarily from the RDHS (2010) and the CFSVA/NS (2012) to distil progress and remaining challenges. As of 2010, stunting remained persistently high among children under five years (44%) and children 18-23 months (55%) with the multiple causal factors.¹ Access to nutritious food throughout the years remains a problem for 51% of Rwanda Families.² Only 22% of children between one and two

¹ RDHS, 2010. Similar prevalence levels were found in the CFSVA/NS in 2012.

² CFSVA/NS 2012.

years of age are given adequately nutritious diets. Stunting prevalence also varies by region of the country with the highest rates in the northwest and west and the lowest rates in urban areas of Kigali. The prevalence of cases of severe and moderate acute malnutrition among children under five years of age as measured by wasting (too thin for height) has a low prevalence (3%), but 11% are underweight (too thin for age).³ Low weight for age has improved from 18% in 2005 to 11% in 2010 and this positive trend appears to be continuing.

Based on the DHS 2010, maternal nutrition requires improvement with 20% of pregnant women suffering from anaemia. The prevalence rates of infectious diseases among children have decreased, and prevention of parent to child transmission of HIV has been reduced. Progress remains limited by constraints including poor complementary feeding practices. Anaemia among children went down from 52% in 2005 to 38% in 2010 but this prevalence is still high. Among children under one year of age, seven out of ten are suffering from anaemia. Among pregnant women, (20%) were found to be anaemic.⁴ Seven percent of Rwandan women are too thin and 16 percent are overweight or obese. Overweight and obesity is higher in urban areas with 30% prevalence for women in the City of Kigali.

Among the management issues found were capacity building in technical areas at all levels and particularly among CHWs. Training needs include supportive supervision, skills in monitoring and reporting and in the broader use of innovative technologies including RapidSMS. Improvements in supplies and logistics surrounding therapeutic and supplementary foods will help improve the cost effectiveness of their use.

The linkage between nutrition and household food security has become frequently emphasised in Rwanda because of serious remaining challenges in assuring the appropriate food needed is accessible to and used by all families and age groups in ways that result in good health and nutrition. The nutrition and food security problems for PLHIV is complicated by their limited immune systems, frequent membership in the most vulnerable classes and constraints linked with stigma and incomplete families. The data reveal the growing double burden resulting from under-nutrition and increasing over-nutrition and related chronic diseases.

In general, data reviewed from RDHS 2010, CFSVA 2012 and other information shows the situation of child stunting in 2013 remained serious with the highest rates (58%) among children 6-18 months of age. Almost 15% were found to be stunted at two months which indicates a poor growth of the foetus during pregnancy. Also found were major variation in stunting rates and food accessibility with the greatest problems in the northwest and western areas and the least problems in urban centres. Recognition of child stunting as a national nutrition, food security and social protection problem is reflected in the priority given to lowering its prevalence in EDPRS 2, HSSP III and the NFNP and also in this National Food and Nutrition Strategic Plan 2013-2018 (NFNSP).

The conceptual framework developed for the Food and Nutrition Policy retains the national and international policy linkages, underlying principles, vision and overall objective of the 2007 National Nutrition Policy, but modifies the strategic approach in view of the current situation, priorities in most current sector, subsector policies and strategic and action plans of the Social Cluster Ministries and the EDPRS 2.

The vision of the NFNP remains consistent with that of the 2007 policy. That is to ensure services and practices that bring optimal household security and nutrition for all Rwandese. The underlying principles include multisector ownership and coordination, sector linked budgets and financial management, decentralisation, equity and gender sensitivity.

Based on the conceptual framework, the NFNP outlines a set of seven strategic directions that draw from the sectors policy implementation plans, analysis of progress, gaps, and national and international intervention models.

³ RDHS, 2010.

⁴ RHDS, 2010.

Overall the NFNP uses and depends for success on a strong, well operationalised multisector approach. Four of these strategic directions are sector-specific, two are multisector and one covers services and activities.

Strategic direction 1 has the objective of sustaining the position of food and nutrition as central priorities of the Government across Sectors at all levels and among Development Partners. It focuses on advocacy and resource mobilisation. It includes and has a priority the objective of assuring that the high level of commitment and the national priority given to solving problems of food and nutrition is sustained. This includes but goes well beyond broad and effective dissemination of the NFNP.-

Strategic Direction 2 has the objective of preventing stunting in children under two years of age This requires multisector joint support and coordination at national, district and community levels; It recommends on-going national level promotion of the 1st 1000 Days and that districts strengthen District Plans to Eliminate Malnutrition. This NFNP recommends greater emphasis be given to prevention of stunting and that these plans be integrated into District Development Plans.

This Strategic Direction requires strengthening of regular community-based activities that have been centred on growth monitoring. The result should be 1st 1000 Days Community Based Food and Nutrition Programs (CBF&NP) that effectively balance anthropometric assessment of children with a wide range of promotional and instructive activities. These strengthened community based nutrition programmes are needed in each umudugudu. They need to be facilitated by not only Community Health Workers (CHWs) but also by front line workers from the agriculture sector and those from MINALOC working with protection services and early childhood development. These strengthened, community owned programmes need to expand participation to include all pregnant women as well as mothers, caregivers and families with children under two years (as well as others with children 2-5 years). These 1st 1000 Days CBF&NP will also place special emphasis on women and children in the most vulnerable families.

These 1st 1000 Days CBF&N programmes should include promotion and activities linked with the wide range of key services and practices that can help enhance household food security, protect maternal health and foetal growth during pregnancy and prevent stunting during a child's first two years. These programmes should also bring important knowledge and skills and promote key services to the most vulnerable families in the community.

Strategic Directions 3, has the objective of strengthening, expanding and promoting services and practices that result in household food security year round. It seeks to improve the linkage between household food security and healthy nutrition of each household's children and women. It incorporates the MINAGRIC Nutrition Action Plan (NAP) (2013) into the NFNP. The five interventions areas of the NAP and corresponding sets of interventions that cover the main NAP strategic objectives. The objectives focus on improving access and use of nutritious foods at household level. The interventions called for are to be linked with the most vulnerable households. Expanding to some extent on the NAC interventions, NFNP Strategic Direction 3 also recommends synergy between these interventions and the 1st 1000 Days CBF&NP of Strategic Direction 2.

Strategic Direction 4 has the objective of prevent and manage all forms of malnutrition. This objective is linked to several specific intervention areas that are within the MINISANTE mandate of preventing and managing all forms of malnutrition. Many of the areas covered can be cross referenced with the Health Sector Strategic Plan III 2012-2017. They include maintaining current levels of active identification and management of acute malnutrition, improving MIYCN, increasing efforts to prevention and control of micronutrient deficiencies including deficiencies in Vitamin A, Iron and folic acid and iodine. This strategic direction also has the objective of further strengthening programmes to improve nutrition and HIV/AIDS, and to improving hygiene and sanitation. A final objective is to increase knowledge around problems of nutrition-related non-communicable diseases and develop and strengthen strategies to address these.

Operational linkage between these areas of interventions and other Strategic Directions are recommended and will be necessary for successful implementation of the NFNP.

Strategic Direction 5 has the objective of strengthen nutrition education in schools through curricular and extracurricular activities. This objective is linked with and supports the food and nutrition elements of the MINEDUC School Health Policy. These include moving forward in implementing school feeding through the Home Grown School Feeding Programme, improving food and nutrition learning in schools and expanding school based health and nutrition assessment and services. More specifically, the NFNP recommends implementation of the “home grown school feeding programme” and continuation of efforts to bring milk to more young children. Improving nutrition and food security learning is recommended through strengthening the curriculum and extracurricular activities including the use of gardening and small livestock as teaching learning resources. In correspondence with the MINEDUC School Health Policy regular nutrition assessments are recommended as part of health assessments as well as activities including deworming and Vitamin A supplementation in collaboration with the MINISANTE.

Strategic Direction 6 has the objectives strengthen emergency preparedness and response in areas of nutrition and food security of families and individuals and response to natural disasters and in refugee situations. While this area had not been broadly specified as yet by MIDIMAR, it is included in the NFNP in order to promote its importance. The NFNP aims to bring forward and promote appropriate food and nutrition related details in policies and strategies that are more explicitly developed by MIDIMAR and its operational and implementing partners.

Strategic Direction 7 has the objective of improve governance systems and accountability (planning, budget allocation, implementation and monitoring and evaluation) for nutrition and food security. This strategic direction as multiple components that focus on assuring support for the overall policy the range of supportive services needed to effectively implement NFNP objectives and sustain them. This strategic direction also has the objectives of mobilizing resources from within participating sectors, and promoting additional activities that cut across sectors. These include, planning, monitoring and communication support. Also addressed are the need to move forward in critical areas such as nutrition capacity building and better systems for regular sharing of useful operational information including lessons learned across sectors at national provincial and district levels.

The NFNP also briefly discusses implementation plans and priorities for each of the strategic directions but more detailed planning is found in the National Food and Nutrition Strategic Plan (2013-2018). The national and decentralised roles and responsibilities of MIGEPROF, MININFRA and other ministries, NGOs the private sector and other development partners are also listed.

Recommendations for monitoring in the NFNP include information gathering and analysis through use of existing management information systems of the main participating Ministries. Other monitoring inputs include periodic reviews of the NFNP strategic directions by sector and multisector led teams and the use of data from key national and district level surveys and analyses. The nutrition indicators introduced into RapidSMS systems are viewed as an important information source. Multisector input into overall DPEM monitoring is recommended to guide adjustment of support for the 1st 1000 Days CBF&NP. New and stronger systems to generate, gather, organise and share useful operational information and lessons learned are also recommended.

The NFNP also outlines and recommends mechanisms that will strengthen leadership and coordination needed to support the expanded policy ownership by MINALOC, MINISANTE and MINAGRI. These mechanisms will allow multisector and joint sector planning and policy implementation at national and decentralised levels. The NFNP includes recommendations for an approach to mobilise the needed resources to implement the policy.

The NFNP conclusion emphasises that a strong environment of opportunity is present for successful achievement of the ambitious food and nutrition objectives set in the EDPRS 2, implementation of the relevant sector policies and additional objectives set by the NFNP. The NFNP addresses many of the multilevel sets of immediate and underlying causes of malnutrition and particularly the high prevalence of stunting among children under two years of age. NFNP outcomes are expected to be multiplied by existing commitment within the Social Cluster Ministries and across Government to participate in coordinated joint sector and multisector planning and activities.

The NFNP concludes that active community ownership and participation in activities surrounding food and nutrition has been well demonstrated. This should be easily sustainable as the focus of such activities moves closer to preventing chronic malnutrition as well as actively identifying and managing acute malnutrition among young children. Community based activities should also gain strength and priority as more sectors become actively involved in food and nutrition district planning and multisector facilitation in communities. These efforts should be boosted by on-going national promotion activities of the 1st 1000 Days in the Land of 1000 Hills Campaign.

In this environment of opportunities, the NFNP will move toward substantially reducing and preventing malnutrition in children and toward the overall goal of improving household food security and the nutritional status of the Rwandan people.

National Food and Nutrition Policy

NFNP Development Process

The NFNP development and drafting process was coordinated by the Maternal and Child Health Department (MCH) of MINISANTE in close consultation with focal points for food and nutrition in each Social Cluster Ministry. Development partners provided technical assistance and funding for many of the consultative meetings.⁵ Desk research used background documents, national surveys and studies, national and international guidelines and relevant scientific studies.

The National Food and Nutrition Technical Working Group (NF&NTWG) assisted with and reviewed the NFNP rationale, outline, conceptual framework and proposed strategic priorities and directions. The NF&NTWG outlined NFNP sector specific and multisector strategic directions and intervention packages and an appropriate coordination framework for implementation. On-going consultations were held with technical personnel in the Social Cluster Ministries and Development Partners. Among these were MINISANTE, MINAGRI, MINEDUC, MIDIMAR, MINALOC and MIGEPROF as well WFP, UNICEF, WHO USAID, the EU and others.

A major source of decentralised input and participation came from a two day workshop with cross sector teams from all 30 Districts led by District Planning Officers. District personnel provided essential information and advice based on achievements and constraints encountered during past and current food and nutrition strategies and programmes at district and village levels.

The draft NFNP was validated during a NF&NTWG workshop that also assisted in developing the logical frameworks for the National Food and Nutrition Strategic Plan NFNSP (2013-2018). The NFNP draft was submitted to the Social Cluster Ministries for review before forwarding to the Cabinet of Ministers for approval.

NFNP Rationale and Scope

Background and Rationale

This National Food and Nutrition Policy (NFNP), developed in 2013, is an updated revision of the National Nutrition Policy of 2007. It provides background, describes the current situation and key trends as well the challenges and opportunities related to nutrition and household food security in Rwanda.

The rationale behind the updated policy is to provide an up to date policy base for nutrition and household food security actions that takes into account national progress and challenges. Like the 2007 National Nutrition Policy, the updated National Food and Nutrition Policy retains close linkage to Rwanda VISION 2020 and the Millennium Development Goals while aligning with the Economic Development and Poverty Reduction Strategy (EDPRS 2), and more recent sector and subsector policies and strategic plans. The linkage of food and nutrition to productivity and economic development also underlies the importance of the NFNP Policy Scope

The scope of the National Food and Nutrition Policy is necessarily broad and multisector oriented. This updated NFNP recognises food and nutrition as universal rights essential for the physical, mental and emotional development of children and the quality of life for adults. While covering the full lifecycle and all Rwandans, the updated NFNP emphasises the importance of food and nutrition during pregnancy and the first two years of a child's life with the objective of better assuring normal growth both during the gestational period and as the young child rapidly develops. The rationale behind this priority is that chronic malnutrition, as measured by a child's length for age, when it occurs during this period, often

⁵ Partner funding and technical assistance were provided primarily from the World Food Programme, UNICEF and WHO. The REACH Project facilitated many key activities.

has a permanent negative impact that results in less than optimum health, cognitive and social development and productivity throughout the lifespan.

This NFNP also recognises the linkage between that food and nutrition and the prevention and recovery from infection. Related to HIV/AIDS food and nutrition plays a critical role in prevention, treatment and care of HIV/AIDS and is important for increasing the efficacy of medications including antiretroviral drugs.

Further illustrating the need for a broad scope Social Cluster Ministries decided to expand the name beyond the 2007 “National Nutrition Policy” to the “National Food and Nutrition Policy” for the update. One basis for this decision was the essential linkage of household food security to healthy nutrition. (See Box 1). The name change also reflects the EDPRS 2 inclusion of “food and nutrition” as a foundational issue of Rwanda’s national development.

While the NFNP has a broad scope it does not extend into areas such as agricultural staples production or most other areas of the Ministry of Agriculture and Animal Resources’ “Strategic Plan for the Transformation of Agriculture III, It does seek to reinforce elements and integrate the MINAGRI enhanced efforts to improve household food security, particularly as outlined in the MINAGRIC “Nutrition Action Plan” (2013).

The scope of the NFNP is also reflected in the decision of the Social Cluster Ministries to expand the policy’s ownership to include the Ministry of Health (MINISANTE) the Ministry of Agriculture and Animal Resources (MINAGRI) and the Ministry of Local Government (MINALOC). This co-ownership recognize the essential roles of all three Ministries in successful implementation of the NFNP at both national and decentralised levels.

The NFNP broadens emphasis on multisector participation and responsibilities. The revised conceptual framework includes seven strategic directions that address major food and nutrition problems facing the country in the second decade of the millennium. The multisector and sector-specific strategic directions are intended to both sustain significant progress and address serious on-going food and nutrition problems including child stunting. If followed, with commitment these strategic directions will help to reduce child stunting as called for in the EDPRS 2. Four NFNP strategic directions focus on specific Ministries responsibilities in the areas of food and nutrition. These include MINAGRI, MINISANTE, MINEDUC, and MIDIMAR.

Two strategic directions focus on fully multisector approaches with joint activities and shared responsibilities. The final strategic direction addresses the major support services, plans and activities needed to support food and nutrition as a multisector endeavour and to sustain long terms achievements in food and nutrition that are expected to occur. If followed the strategic directions of the NFNP will help to reduce in child stunting

The broadened scope of the updated NFNP enhances the overall food and nutrition policy base thereby providing the advocacy tool needed both within and across sectors to achieve and sustain the food and nutrition objectives of the Millennium Development Goals, Rwanda Vision 2020 and EDPRS 2.

Box 1: Food Security, Household Food Security and Nutrition

National Food and Nutrition Policy views “Food Security” in terms of the World Food Summit in 1996 definition that is that food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food to meet their dietary needs and food preferences for a healthy and active life (World Food Summit 1996).

Household’s food security exists when members of the household have the ability to be food secure. Both long term and seasonal household food insecurity can negatively affect the health of family members and particularly women and young children.

Poor nutrition can occur despite household food security in the following circumstances:

- 1) A household’s the ability to acquire enough food is not converted into actual food acquisition
- 2) A household that resources for enough food uses them to acquire other goods and services (school fees, housing etc.)
- 3) Allocation of the food within the household does not take into account the needs each member.

Finally, individual food security resulting in good nutrition also depends on non-food factors such as sanitary conditions, water quality, infectious diseases and access to primary health care. Thus, food security does not assure nutritional security.

Source: Food security: definition and measurement, Per Pinstrup-Andersen (2009)

The NFNP also outlines innovative and potentially more effective approaches to monitoring and information sharing to be used to adjust existing programmes and strategies toward greater multiple sector participation. Combined with NGO participation and community ownership, such approaches should provide the resources needed.

The NFNP clearly accepts that a high degree of cross sector responsibility, coordinated cooperation and active collaboration by multiple sectors and development partners is needed to solve problems of household food and poor nutrition in many households. Pragmatic coordination structures within Government are outlined for both national and decentralised levels. This approach is expected to generate a synergy of services, expertise, and promotion that can facilitate the multiple actions required to substantially reducing stunting in children under two years of age and solve other nutrition and household food security problems.

The linkage of the NFNP to other National and International Policies and Policy level documents

Rwanda VISION 20/20

The updated NFNP fully corresponds with Rwanda's VISION 2020. The principle objective of reducing acute malnutrition in children to below 20% by 2010 and 2020 target of 10% were achieved by 2013. The NFNP is guided by the VISION 2020 "roadmap" by linking to sector strategies and a major effort to integrate key food security and nutrition strategies and programmes into District Development Plans.

Economic Development and Poverty Reduction Strategy 2

The NFNP link to EDPRS 2 that clearly recognised that despite major economic and poverty reduction progress, improvements in nutrition and household food security remains a "foundational issue." Specifically, regarding chronic malnutrition in children, EDPRS 2 notes research studies that estimate malnourished children risk losing 10% of their lifetime earning potential and that the physical and mental damage associated with poor fetal growth and stunting are irreversible after the age of two.⁶ Malnutrition can cause countries to lose up to 3% of GDP.

EDPRS 2 also recognized that interventions and services to prevent and minimize the impact of chronic malnutrition begin at conception and continue until the child is two years old.⁷ The EDPRS 2 concludes that reducing Rwanda's chronic malnutrition rates for children under two years of age is an important national development objective.

Health Sector Strategic Plan III

The development of the NFNP and National Food and Nutrition Strategy Plan (NFNSP 2013-2018) are priorities of the **Health Sector Strategic Plan III** (2012-2018). HSSP III recognises the substantial progress made in the nutrition sector during the five year 2009-2013. The HSSP III states that food supplements and food are primary "medicines" used to prevent malnutrition and the importance of linking social protection with food and nutrition to better assure access to key health services and food for the most vulnerable groups. The HSSP III provides nutrition improvement targets adopted by the NFNP. These include reductions in in underweight from 11% to 6% and in stunting from 44% to 24.5% among children under two years of age by 2018.⁸

MINAGRI Strategic Plan for the Transformation of Agriculture Phase III (PSTA III) and the MINAGRI Nutrition Action Plan (NAP) (2013-2018)

Household food security is an integral element of the NFNP and both the policy and NFNSP draw substantially from the **MINAGRI Strategic Plan for the Transformation of Agriculture Phase III (PSTA III)** and the **MINAGRI Nutrition Action Plan (NAP)** (2013-2018). The NFNP and the NFNSP build on the MINAGRI NAP that aims principally at improving household food security, particularly in districts where food access throughout the years is lowest and for the most vulnerable groups. The NFNP also recognises national

⁶ EDPRS 2, MINECOFIN, Government of Rwanda, 2013.

⁷ EDPRS 2, GoR, 2013.

⁸ HSSP III, MINISANTE, GoR, 2012.

efforts to shift away from purely subsistence agriculture toward more knowledge-intensive, market-oriented approaches for the small farmer.

School Health Policy (2013)

The education sector hold a key to sustaining new national efforts to bring the importance of nutrition, particularly during pregnancy and early childhood to a place of high priority for actions and practices in every Rwandan family. This policy includes Strategic Direction 5 devoted to the linkage of nutrition with education and the MINEDUC activities. Thus there is close linkage with MINEDUC School Health Policy (2013 draft).

MINALOC National Social Protection Strategy (2011),

The NFNSP clearly recognizes that without the necessary resources, a family will not achieve household food security and may not be able to access many key services that contribute to the prevention of infection and malnutrition. Therefore, there is linkage with the **MINALOC National Social Protection Strategy (2011)**. Recognizing the key role of MINALOC in multisector coordination and leadership, particularly at decentralized levels, MINALOC is made the third co-owner of the policy by the Social Cluster Ministries.

Other Policy Linkage

Other policy linkages include MININFRA A, **National Policy and Strategy for Water Supply and Sanitation Services (2010)**, MIGEPROF National Policy for Family (2005), the National Policy for Gender (2010), **National Strategic Plan for Fighting Against Gender-Based Violence (2012)**, and the **MIDIMAR National Disaster Management Plan (2012)**. These sector policies and strategies reinforce the key relationship of nutrition, household food security, safe water, hygiene and sanitation, gender, and family issues and disaster management.

Global and Regional Conventions

The NFNP incorporates major elements from global and regional conventions and guidelines that deal with direct and underlying principles related to nutrition and household food security. These include the 1990 **World Summit for Children**, the **World Health Assembly (1991)**, **International Conference for Nutrition (1992)** and the **World Nutrition Summit (1996)**, which each influenced nutrition becoming an integral part of the **Millennium Development Goals**. The NFNP also recognises Rwanda ratification of the **Convention on the Rights of the Child (CRC)** and **Convention for the Eradication of all forms of Discrimination against Women (CEDAW)** that include important principles on food production (labour), household food security, and nutrition (intra-household distribution).

At regional level, the NFNP accepts key resolutions related to nutrition and household food security from of the **Comprehensive Africa Agriculture Development Programme (CAADP)**, the **African Union New Partnership for Africa's Development (NEPAD)** and the **Agriculture and Rural Development Strategy for the East African Community**. The NFNP also draws from the international **Scale Up Nutrition (SUN)** movement that was initiated in 2010 to promote and guide national efforts to improve nutrition and mobilise national and international resources.

The international priority for improving nutrition was strengthened in 2008 after research showed that high malnutrition and particularly chronic malnutrition among young children had lifelong negative effects on the child and on national economies. Research also showed that effective use of a package of existing, low cost, interventions could reduce chronic malnutrition among children. The NFNP also recognises coordinates efforts by the UN System in Rwanda through the **REACH Programme** to support planning and advocacy surrounding nutrition and household food security Rwanda official recognition as a "SUN" country provided the NFNP with a broader support base for implementation as development partners have stepped in with added assistance. The NFNP was also informed by the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition endorsed by the WHO World Health Assembly in 2012.

Food and Nutrition Situation Analysis

Evolution of the policy environment for scaling up nutrition through decentralised multisector actions

National Nutrition Policy (NNP) 2007

The NFNP has major roots that extend back to the 2007 National Nutrition Policy. At that time the incidence of severe acute malnutrition was high, food production was not progressing, and misdistribution of food was common at each administrative level. Household food insecurity was very high, access to health services was low and the HIV/AIDS pandemic had only begun to come under control. Household purchasing power was poor and ignorance was common around many nutrition practices needed for good health of young children, pregnant women, the elderly, and other vulnerable groups.

Addressing that difficult environment, the NNP of 2007 provided a sector-wide policy base that focused primarily on lowering the prevalence of acute malnutrition among children, and reducing micronutrient deficiencies (MND) among women and children less than five years of age. The NNP also called for development and adoption of protocols for managing malnutrition, promotion of optimal infant and young child feeding (IYCF) and scaling up of community based nutrition programmes (CBNP) in every district. It also proposed national supplies of therapeutic food products for acute malnutrition, and expansion of micronutrient fortified staples and special food products to use in emergencies and food programmes supplementing most vulnerable including those infected and affected by HIV/AIDS.

The NNP proposed significant involvement from all sectors. It called for decentralised programmes and interventions that were to be implemented mainly through clinics and community-based nutrition programmes. Strategies also aimed at further building Government commitment to nutrition, its integration into the first Economic Development and Poverty Reduction Strategy) and mobilising increased resources from Government and Development Partners. The NNP of 2007 recognised the strong need for building capacity through training and assigning more nutrition specialists to posts at district and national levels.

Other 2007 NNP priorities included fortification of staples and vitamin and mineral supplementation targeted to specific young children and pregnant women, expanding food in schools and opening of school canteens and addressing the nutrition-infection synergy in schools through better sanitation and deworming. The NNP recognised that many nutrition problems had their causes rooted in poor household practices and included a strategy using communication to promote nutrition practices including improved complementary feeding, exclusive breastfeeding, more diverse family meals and better hygiene and food safety practises.

Many of these strategic areas and activities are retained in the NFNP (2013) but there are substantial differences that have their basis in the factors that follow.

Political context and key events leading to NFNP update and revision

A highly significant change that led to a new intervention strategy at national scale originated with a Presidential call in April 2009 for greater priority and more effective actions to be taken to eliminate serious acute malnutrition problems of vulnerable groups. The President's public commitment and request for more effective actions by Government sectors brought urgency and a higher level of commitment to combat acute malnutrition in children at each administrative level. A positive donor response also came and a genuine multisector effort was rapidly planned and successfully implemented that year.

Box 2: President's Initiative to Eliminate Malnutrition (2009)

Led by the Ministry of Local Government with technical leadership by the MINISANTE, 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 MUAC tapes to screen more than 1.3 million children. Of these, more than 65,000 were referred and treated for moderate or severe acute malnutrition. The successful implementation of this initiative demonstrated that active and coordinated multisector participation was possible and could successfully address a serious problem affecting communities and families across the country. The PIEM also demonstrated donors' interest and willingness to reallocate or provide additional funding for well-targeted activities that reduced childhood nutrition.

This effort originally called the National Emergency Plan to Eliminate Malnutrition later became known as the President's Initiative to Eliminate Malnutrition⁹ (PIEM). (See Box 2)

National Nutrition Summits

Another major factor that changed the situation were the **National Nutrition Summits**. The first was held in November 2009 shortly following the PIEM. That First National Nutrition Summit allowed for a pragmatic review of achievements and remaining major challenges of the 2007. (See Box 3)

The Consensus Statement of that First National Nutrition Summit included many useful recommendations that were accepted by the Ministry of Health. Two of these were: (1) activities similar to those carried out in 2009 to actively identify and effectively treat cases of acute malnutrition should be continued and (2) much higher priority should be given to prevention of acute and chronic malnutrition in children.

National multisector Strategy to Eliminate Malnutrition (NmSEM) and District Plans to Eliminate Malnutrition

In 2010, three year after the NNP of 2007 was adopted, a **National multisector Strategy to Eliminate Malnutrition 2010-2013 (NmSEM)** was developed to guide more systematic implementation. That strategic plan placed major priority on the 2007 NNP foundational issues of decentralised approach and multisector involvement. This **Eliminate Malnutrition (DPEM)**. These prevention while continuing to promote active identification of acute cases of malnutrition, improve micronutrient nutrition, and promote MIYCN as well as other policy priorities.

In 2011, the Second National Nutrition Summit was held and focused on the challenges faced in planning DPEM and mobilising resources needed to implement and monitor them in cases where partner funds were not available. (See Box 4)

A Joint Action Plan for the Elimination of Malnutrition. (JAPEM)

JAPEM was set up by the Social Cluster Ministries to provide multisector support and monitor the NmSEM and DPEM implementation.¹⁰ However, a review in 2012, found that few districts had achieved the level of multisector commitment needed

Box 3: First National Nutrition Summit (2009)

Leaders from the social Cluster Ministries, experts and academicians, researchers, teams from the districts partners and NGOs participated along with national and international scientists and academics. Presentation and discussions focused on Rwanda's major nutrition problems. There was recognition that many effective projects were going on at district and lower levels but that these needed to be scaled up.

Presentations also include international research summaries focused on the negative impact of child stunting on the child and collectively on national economic development were complemented by others that highlighted evidence-based intervention set that can help prevent chronic malnutrition.

Discussions coalesced around the persistently high prevalence of stunting among children and the immense individual, family and national consequences of chronic malnutrition in children. The **1st National Nutrition Summit Consensus Statement**, while not an official policy source, outlined the major nutrition and household food security challenges facing the country at the end of 2009 and well-reasoned recommendations for priority actions. It was endorsed by the MINISANTE and fed into subsequent national nutrition strategy development.

Box 4: Second National Nutrition Summit (2011)

A second National Nutrition Summit team presentations clarified the potentials, constraints, November 2011, had participation from every district, and national and international levels brought renewed emphasis on the importance of preventing child stunting.

There was also a presentation on a powerful, rapidly coalescing, international movement known as "Scaling up Nutrition" (SUN) dedicated to supporting national commitments to prevent chronic malnutrition in young children in countries where stunting rates among this age group were high. The SUN Movement was accompanied by an international advocacy initiative name "1000 Days."

The district commitment, coordination, and resources needed for effective decentralized plans and broad scale community-based efforts in nutrition. A common constraint was the broad focus of the DPEM not only on acute and chronic malnutrition but also many other major strategies in the 2007 policy and NmSEM.

⁹ Rwanda Economic Development and Poverty Reduction Strategy 2 (EDPRS 2).

¹⁰ The JAPEM was initially led by the MINISANTE and this leadership was transferred to MINALOC in 2013.

to effectively support full implementation of the DPEM.

EDPRS foundational issue of food and nutrition and prevention of child stunting

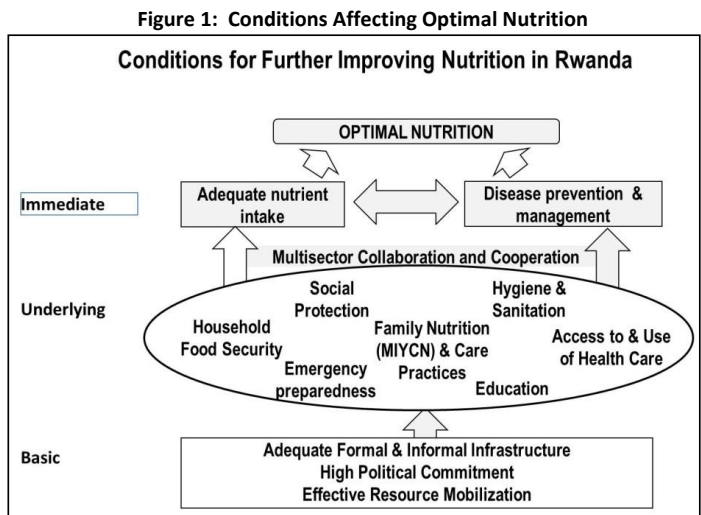
Food and nutrition was made a foundational issue in the EDPRS 2 (2013-2018) and the national plan specifically stated the need to reduce stunting in children and gave emphasis on the first 1000 days beginning at conception and continuing until a child reached two years. The need to effectively target agriculture programmes related to household food security and the most vulnerable groups was also called for. The prevention of child stunting was further elevated as it became the focus of a national communication and promotional campaign, “1st 1000 Days in the Land of 1000 Hills,” launched by the Prime Minister in 2013.

The strategic directions and objectives that surround chronic malnutrition in the NFNP and NFNSP 2013-2018 were informed by these national actions, strategies and decentralised efforts nationwide. In addition, the current situation in terms of indicators related to food and nutrition the progress and challenges of current sectors and cross sector strategies and programmes at national and decentralised levels affected the development of this policy.

Malnutrition and related factors in Rwanda: trends, progress and gaps

Multiple Conditions affecting Optimal Nutrition

Obtaining and sustaining optimal nutrition Rwanda follows a model that includes three levels of causal factors: immediate, underlying, and basic causes. Optimal is complicated by the fact that individual needs for various nutrients change throughout the lifecycle. In addition to complexities with required food intake, disease prevention is second immediate challenge because illness affects both appetite and nutrient absorption and nutrition affects immunity. Therefore, prevention of infection and proper feeding of the sick child may be as important to achieving optimal nutrition as the adequacy of food. (See Figure 1).¹¹



In Rwanda, economic growth and improvements in rural and urban incomes have improved conditions needed for optimal nutrition at basic levels. There have also been higher levels of political commitment, major increases in resources allocated to basic services, and continually improving infrastructures.

Underlying conditions have also improved including greater access to health care (including health insurance). As a result trends in infectious disease are substantially lower and the synergy between disease and optimal nutrition has been weakened. Social protection services have improved and expanded but many remain limited in terms of coverage. Education is expanding in terms of overall access and gender parity.

While many of the underlying condition needed to prevent disease and support adequate nutrient intake have improved there remain serious challenges. This is shown clearly by the high level of chronic malnutrition and high levels of households without adequate food

¹¹ Figure 1 is adapted from several models of the causes of malnutrition and Household Food Security including those developed by WHO, UNICEF and WFP.

throughout the year. There are also seriously low levels of micronutrients and, for many children from 6-24 months of age too few nutrients. As a result, adequate intake of nutrients is not achieved by many women and children and for especially for the most vulnerable. These problems are well recognised but there are no simple solutions to many of them. Additional details on these conditions and related trends are provided in the sections that follow.

Acute malnutrition

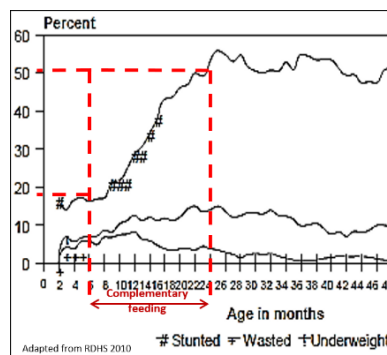
Acute malnutrition, measured in terms of wasting (too thin for height), and underweight (too thin for their age) can result from a situation where food supplies are cut. In other circumstances acute malnutrition often results from incorrect breastfeeding practices, or poor complementary feeding often linked to illness such as diarrhoea, acute respiratory infection or malaria. Underweight prevalence for children under five years of age in Rwanda was 3.6% nationally in 2012. The prevalence was 12% for children 6-12 months. This is a critical six-month period when, in addition to continued breastfeeding, frequent complementary feeding of small portions of calorie dense foods is needed. Also during this period, infants need careful hygiene to avoid faecal oral disease transmission, continued use of treated bednets to avoid malaria, and other preventive services including vaccinations.

Cases of both moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in Rwanda have been better managed since dissemination of the National Protocol for Management of Malnutrition during the PIEM in 2009 and more actively identified early since that time. Capacity building around the national protocol is needed at all levels of the health systems. The supply and logistic issues related to well-planned procurement, distribution and use of therapeutic foods for SAM management and supplementary food to support MAM management can be improved. In addition, the prevention of acute malnutrition needs to be better balanced against actions to identify cases early and manage them well. Without this effort, cases will continue to occur and those that have been treated effectively may return with similar c

Figure 2: Child stunting increases during complementary feeding period

Chronic malnutrition

Chronic malnutrition is measured in terms of length for age. Chronic malnutrition or “stunting” that can occur during gestation when a woman does not have adequate food and care during pregnancy. Stunting may also occur during early childhood if a child suffers from serious or frequent acute malnutrition, is frequently ill or has poor infant and young child feeding and care.



- In Rwanda child stunting increases dramatically from 6-24 months.
- After six months of exclusive breastfeeding the child needs additional food to complement breastmilk.
- The stunting rate increases from approximately 18% to 50% during this 18 month period.

In Rwanda the prevalence of stunting prevalence among children under five years had decreased from 51% in 2005 to 44% in 2010 but has stayed almost the same at 43% in 2012. However, as noted previously, the impact of stunting is permanent for children under two years and the rate of chronic malnutrition in children 18-23 months of age was 55% in 2010. (See Figure 2).

Causes behind this high prevalence are not fully known. The rate of about 15% at two months likely indicates stunting at birth which is attributable mainly to inadequate nutrition of the mother or serious illness during pregnancy. After birth, exclusive breastfeeding rates are high and breastfeeding most often continues throughout the first 24 months of life or beyond often beyond. The period when stunting is found to rapidly increase, directly corresponds with the period when complementary foods are introduced and also when the infant starts to become more active and exposed to infectious disease. Information from qualitative studies and national surveys have found that many children are not fed in accordance with requirements

and recommendations in terms of the adequacy of the nutrients or the frequency need because their stomachs are small.¹²

Maternal, Infant, Young Child and Nutrition (MIYCN)

Despite a major programme to improve maternal, infant and young child nutrition mainly through activities at clinics and by in communities by CHWs, serious problems remained in 2013. While breastfeeding rates are very high throughout the country, complementary feeding in many households was found to be inadequate for many children between 6 and 24 months of age. Three conditions that directly related to the nutritional status of children in this age group were amounts and quality of complementary foods and the frequency of feeding. Underlying these conditions are a need for more knowledge and skills regarding maternal, infant and young child feeding on the parts of mothers and caregivers, inadequate household food security, and the mother not being able to stay with the child because of work.

A 2012 national KAP study¹³ found that about 32% of mothers do not introduce complementary foods to children before they reach one year of age. That study found that 36% of respondents stated that provide children one to two years of age with complementary foods only once or twice a day. These findings may be due to insufficient food in the household or poor feeding and care practices. They likely contribute both to acute malnutrition and the high rates of chronic malnutrition in this age group.

While specific studies on intrauterine growth retardation in Rwanda were unavailable during preparation of the NFP and NFNSP, the RDHS 2010 found levels of stunting to be 15% among infants two months of age.¹⁴ This likely indicates many of these infants stunted at birth. Inadequate intrauterine growth results from poor health during pregnancy or inadequate nutrition. The latter may be caused by insufficient nutritious food in the household, poor eating habits or problems with intra household food distribution.

Micronutrient Deficiencies

Micronutrients, vitamins, and minerals play a major role in human health, growth and development. The hidden hunger of micronutrient deficiencies weakens immunity (iron), increases birth defects (folic acid) and causes fatigue and lower productivity (iron), increased morbidity and mortality (Vitamin A) and affects cognitive development (iron, iodine). Rwanda has solved Vitamin A deficiency in children through periodic national distribution and administration of high dose Vitamin A supplements to children under five years of age. Iodine deficiency has been addressed successfully through legislation that requires iodisation of all imported salt which makes up the country's complete supply.

In 2013 the Government approved standards for national mandatory fortification of industrially milled wheat and maize flour, cooking oil, sugar and salt. Staple foods of these types, both produced in Rwanda and imported, must contain specific amounts of appropriate micronutrients beginning in 2014.

Iron deficiency

While measures to improve micronutrient nutrition have substantially improved conditions regarding Vitamin A and Iodine, additional measures are needed to solve the serious problem of anaemia among women, especially pregnant women; and among children, especially those six months to two years of age. Because pregnancy and from 6-24 months are both periods of rapid growth more iron is needed and the requirements cannot often be met through diet alone. In 2010, anaemia prevalence in Rwanda was 25% during pregnancy and 17% among women of reproductive age. More than 70% of children 6-12 months were found to be

¹² CFSVA/NS (2012) and Knowledge, Attitudes and Practices Assessment on Early Nurturing of Children The Ministry of Health and UNICEF ,Rwanda, Virginia Isingoma, Kigali: Ipsos Limited, (September 2013).

¹³ IBID. Isingoma.

¹⁴ RDHS 2010.

suffering from anaemia.¹⁵ There are potential solutions for preventing and controlling iron deficiency anaemia for different groups in Rwanda.

Staples fortification: According to the National Fortification Alliance, legislation passed in 2013 requires that staple foods for the general population be fortified with appropriate micronutrients beginning in 2014. While this will help with overall micronutrient nutrition staples fortification, including fortifying wheat and maize flour with iron, it will not fully address the iron deficiency problems of those who do not consume commercially milled flours of those who have high iron needs (pregnant women and young children).

Use of biofortified crops: Rwanda has moved forward with research and trials of biofortified agricultural crops including biofortified beans. The bean varieties have been shown to be acceptable to farmers, have substantially higher yields and high levels of iron. Broad sales of these beans in Rwanda began in 2013 and other biofortified crops are also being promoted including varieties of cassava and sweet potatoes.

Targeted fortification: Some commercially prepared foods are highly fortified with micronutrients in amounts that can meet the needs of young children and pregnant women. Such foods are available for purchase as complementary cereals. Similarly fortified foods are prepared or imported in bulk packaging for use to supplement the food of pregnant women and young children in emergencies and refugee situations, to treat moderate malnutrition and to supplement the diet of highly vulnerable groups including PLHIV (children and mothers).

In-home fortification: In-home fortification of complementary foods for young children using small sachets of micronutrient powders (MNP) that are mixed with locally available complementary foods has been shown to be acceptable to mothers and to help prevent and control iron deficiency among young children in several countries including Rwanda. This innovation has the potential to solve the extremely high anaemia prevalence in the 6-24 month age group. Successful operational research was complete in six districts in 2013. The use of MNP will expand quickly because the intervention is included in community level nutrition programmes with funding by Development Partners in more than 10 districts beginning in 2013. Sustaining this intervention will require substantial advocacy to assure on-going funding of the necessary products as well as its widespread commercial availability at low price.

Iron + Folic Acid Supplementation: Iron and folic acid supplements are available to all pregnant women through antenatal care services. However, the 2010 RDHS find that only about 1% of women had used Fe/FA supplements for 90 days during their last pregnancy as is the recommendation from WHO. Broader and more effective FE/FA supplementation among pregnant women requires that supplies be available in health facilities, mothers attend early antenatal clinics, and health staff provide the supplements to every pregnant woman and those women taken them daily as directed.

Dietary diversity: a diverse diet includes vitamin and mineral rich foods. Such diet often require promotion and support for home activities such as raising and using iron rich animal products.

Deworming: Deworming of children and pregnant women and children through the health services and in schools is well established and can help to reduce iron deficiency.

In general, the successes and failures in reducing micronutrient deficiencies point toward the need for reviewing current strategies, assuring successful strategies including universal salt iodization are sustained. At the same time integrated and comprehensive approaches are needed, particularly for iron deficiency and Vitamin A deficiency that target the most vulnerable groups

Food, Nutrition and HIV/AIDS

The synergy of malnutrition and infection is particularly strong in relation to the importance of prevention, treatment of HIV/AIDS. In Rwanda, 2011 estimates of the prevalence of Person living with HIV (PLHIV) among adults aged 15 to 49 ranges from 2.60% - 3.50%.

¹⁵ RDHS, 2010.

There are from 180,000 to 250,000 PLHIV in Rwanda. From 94,000 - 130,000 of these are women aged 15 and up and from [22,000 - 32,000 are children under the age of 14.¹⁶

Persons living with HIV/AIDS (PLHIV) have special nutritional needs because they are more vulnerable to illness, malnutrition and death because of their compromised immune system. An estimated 8% of people enrolled in the ART programme are severely or moderately malnourished. In addition, those taking antiretroviral drugs have a need for additional protein compared to others. Complicating nutritional issues related to PLHIV and those affected is the fact that many are among the more vulnerable economic groups based on simple poverty, the burdens of stigma affecting livelihoods or loss of family resources because of a relative's death.

The national HIV/AIDS programme provided protocols for nutritional support for severely malnourished on ART using therapeutic milk and for fortified supplementary foods (CSB or SO SOMA) for moderately malnourished using antiretroviral therapy. Supplemental food is called for children suffering from HIV/AIDS along with close monitoring because they do not respond well if they become acutely malnourished. A supplemental food supply of staples and key commodities is recommended for families of PLHIV.

Prevention of Mother to Child Transmission (PMTCT) has improved substantially because of effective promotion of breastfeeding and the fact that beginning in mid-2009, 98% of pregnant women who tested positive received antiretroviral therapy for PMTCT. PMTCT decreased from 2.6% in the previous 12 months to 1.9% for the year. These achievements need to be sustained.

Hygiene, Sanitation and Safe Water

Problems of water, hygiene, and sanitation affect the synergy between malnutrition and infection. High priority for hygiene is justified because improved personal and domestic hygiene practices can reduce diarrhoea by over 65% (e.g. hand-washing with soap at critical times is estimated to reduce diarrhoea by 47%) compared to safe water that links to a 15% reduction). Improving nutrition in Rwanda will require continued emphasis on promoting total access to hygienic latrines and hand washing and careful preparation of foods for the family and especially young children. Greater emphasis is needed on careful handling of young child faeces.

A Community-Based Environmental Health Promotion Programme (CBEHPP) led by MININFRA and the Environmental Health section of the MINISANTE was launched in 2009. This initiative has been effective in districts that had additional support from Development Partners. It needs to be strengthened and expanded though use of lessons learned from these districts where substantial improvements were achieved.

Over nutrition and Chronic Disease

With Rwanda's continuing rapid economic growth and urbanisation, problems of over-nutrition, poor food choices and poor eating habits grown in importance. Overweight in Rwanda is both a rural and urban issue, but obesity is found mainly in urban areas and towns. Among women nationwide, 16% were found to be overweight or obese in 2010.¹⁷ The rates in urban areas are 25% compared to 15% in rural areas. In the City of Kigali 30% of women were found to be overweight or obese. Among children less five years 7% of children were found to be overweight or obese in 2010.¹⁸ This set of problems has already caused increased numbers of cases of nutrition-related chronic diseases. The country needs to monitor these conditions and diseases closely and more fully develop appropriate prevention and treatment strategies. National surveys in 2010 and 2012 studies found about 17% of women to be overweight compared to 7% wasted.¹⁹

¹⁶ UNAIDS report 2012 (based on 2011 Rwanda national data).

¹⁷ RDHS 2010

¹⁸ RDHS, 2010.

¹⁹ RDHS, 2010, CFSVA/NS 2012.

Household Food Security

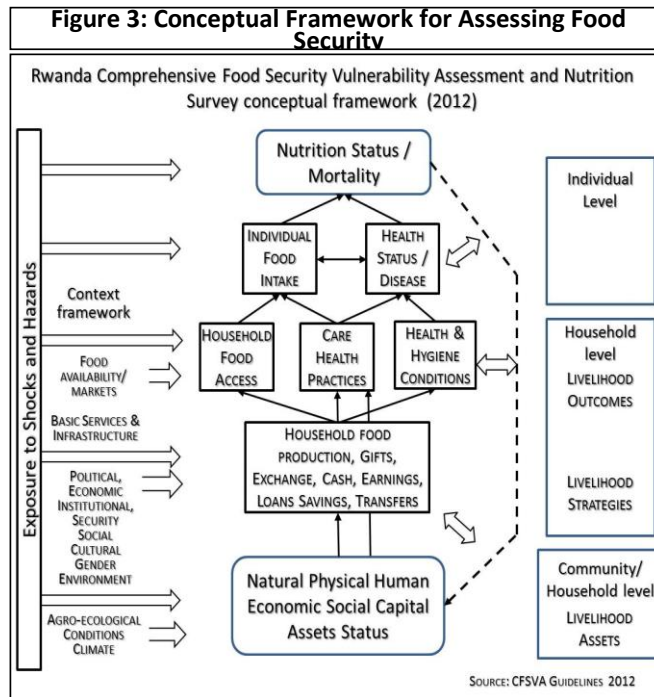
Disease prevention is synergistic with sufficient dietary intake in terms of amounts and types of food and eating/feeding practices. Adequate dietary intake among young children 6-24 months of age most often requires continued breastfeeding, nutrient dense food and micronutrients, as well as health care for all pregnant and lactating women and children from 6-23 months. Adequate nutrition intake may require the availability of nutritious foods in the home, knowledgeable selection of what to eat, skilled preparation practices. These all affect the nutrients received. Problems with any of these conditions may contribute to poor household food security. The scope of household food security as viewed by Rwanda's National Food and Nutrition Policy is broad and corresponds with the international model for the 2012 Comprehensive Food Security Vulnerability Analysis and Nutrition Survey as shown in Figure 4:

The 2012 Comprehensive Food Security Vulnerability Analysis and Nutrition Survey found further evidence of increased food production but also found that nutritious food remained a problem²⁰ at various times of the year for 51% of Rwandan families and 21% at the time of the survey.

This suggests that providing adequate healthy food for young children is a challenge for many families. When children from families with problems of food access also become ill, the combined could explain a sizable portion of the high prevalence in chronic malnutrition among children under five years.

The rates of stunting, while high throughout the country, vary by region. The highest rates are in the northwest and west and the lowest in the urban area of Kigali and in the eastern provinces. These factors that correlate with the highest levels of child stunting in Rwanda include inappropriate feeding practices of children between 12 and 23 months mothers' education poverty levels and easy access to health facilities.²¹

As noted, complementary feeding is a major problem in many families as indicated by the high rates of stunting during the period between exclusive breastfeeding and a child's adoption of a diet closer to older children. While many complementary feeding problems may be because of poor practice, many are likely to be related to insufficient access to the foods needed to prepare the foods needed to support healthy growth, cognitive development and overall health. This alone suggests that providing adequate healthy food for young children is a challenge for many families. Problems of inappropriate complementary feeding practices combined with high incidence of infectious disease in children could



²⁰ Much of the CFSVA and Nutrition Survey 2012 data collection took place at a critical moment in the lean season for many households. (CFSVA/NS 2012).

²¹ CFSVA/NS 2012, RDHS 2010.

explain a sizable portion of the high prevalence in chronic malnutrition among children under two years.

The problems of household food security and their malnutrition were well recognised by the MINAGRI in the 2013 Nutrition Action Plan (NAP). Strategies proposed in the NAP to help solve those problems are incorporated into the NFNP and are expected to positively impact on household food security among vulnerable families in targeted districts.

Social Protection and Malnutrition

While there have been achievements in services and practices related to preventing infection, improving household food security and nutrition related services from the health sector many families in Rwanda do not have resources to obtain the food needed nor the knowledge skills required to bring healthy meals to their families. Although food and nutrition for the extremely vulnerable and poor requires better linkage of the health and agriculture sectors, stronger links to social protection services are also required. These may in be in the form of cash transfers, food supplements, food for work and VUP project services. The NFNP takes into account the achievements and plans for continued rapid expansion of the social protection services including social *assistance from government revenue assistance, social insurance and employer funded* programmes such as maternity benefits.

Without such services and programmes the poorest and most vulnerable individuals and families groups cannot move up from a position often on the brink of malnutrition. When the operational nature of Rwanda's social protection services is examined, cash transfers target groups that are in need of the resources to purchase or grow foods needed for minimal nutrition. Free mutuelle (community health insurance) allows the poorest access to primary health care services including all of those noted as being linked to the prevention of chronic malnutrition in children. However, cash for food or basic food supplements and health care services will not bring the poorest groups out of their situation.

Agriculture is viewed as a major pathway away from social assistance in Rwanda. Agriculture related activities are the broadest range of services and inputs that have the potential to “graduate” participants to self-sufficiency in the context of social protection. Many VUP projects involve improving and protecting agricultural land and its productivity. From MINALOC, many of the supplies, cash transfers, microfinance and other services aimed toward vulnerable groups are linked to new or improved small scale food production, or to the direct purchase of foods by beneficiary families and individuals. The supplies provided to vulnerable groups through social protection services such as cows, seeds, small animals and fertilizer flow from the MINAGRI. The use of these inputs can be linked directly to more nutritious diets. They also have the potential for increasing the family access to health food on a sustained basis. Such inputs reinforce the importance of assuring that agricultural strategies and interventions that aim toward improving nutrition are well targeted toward the vulnerable as beneficiaries.

The NFNP endorses and encourages the recommended priorities of the Social Protection Policy that as services expand targeting be continually improved, potential beneficiaries have the right to appeal if they are not selected and that services that help to “graduate” families from the lowest levels of poverty be identified and expanded.

In addition, the NFNP recommends that district and community level nutrition and household food security interventions recognise the benefits of actively linking with social protection programmes and collaborating with MINALOC officers who reach deeply into communities and offer powerful channels for promoting key services of agriculture and health that affect food security and nutrition to vulnerable families.

Nutrition, Household Food Security and the Family

Analysis of the situation on nutrition and household food security in Rwanda is not without consideration of the services and activities that focus specifically on women and families. The Ministry of Gender and Family Promotion (MIGEPROF) significantly enhanced its focus on nutrition and food security at family level, since 2010 when the National multisector Strategy for the Elimination of Malnutrition NmSEM (2010-2013) was adopted by the Social Cluster Ministries and MIGEPROF joined in developing, supporting and monitoring the JAPEM.

Laws addressing basic Issues that affect malnutrition

An unquestionable achievement of Rwanda in addressing the basic causes of malnutrition has been the successful advocacy and technical work by MIGEPROF and its Development Partners on key legal issues related to gender and the family. Rwandan laws now guarantee women the right to inherit land and other property, and have codified as criminal gender-based violence. Women are also legally guaranteed equal access to food production in the family. Gender sensitivity has become a requirement throughout Government and is actively promoted in the private sector and society.

MIGEPROF national level nutrition promotion

Direct and underlying causes of malnutrition became the central theme of MIGEPROF's nationally monthly broadcast television and radio programmes with the MINISANTE collaborating on content. National month long MIGEPROF "Family Campaigns" use support mobilised mainly from NGOs to poor assist families with children suffering from acute malnutrition by providing cows, small livestock, seeds, and in some cases high quality foods. Since 2011, a MIGEPROF a cell level programme promotes Agakono k'umwana, aimed at revitalising a well-known traditional household practice of having a special "pot" of nutritious foods for young children. MIGEPROF also organises "Annual women's campaign" mobilising for health and nutrition at family level and advocating the wellbeing of the family as a whole and women in particular.

Potential support for community level nutrition improvement

Similar to the MINISANTE the potential impact of active MIGEPROF involvement in activities to improve the nutrition and household security of poor families is substantial because its organisational reach is to community level through National Women's Council Village Committees (NWCVC) led by an elected local chairwoman. These committees and their chairwomen are potentially effective allies in nutrition promotion. Their monthly gatherings already mostly centre on collective cooking emphasising health meals for lactating women and children at the age of complementary feeding (6-24 months). Additional potential is found in the national "Family Commitment" programme through which MIGEPROF calls for every family to maintain a "family performance notebook" with objectives and progress on assuring or improving family nutrition, crops, education, economic growth, and early childhood development (ECD).

While food and nutrition are central focus of these activities and commitment is high, effective implementation has been constrained by technical and organisational capacity limitations, particularly at cell and village levels. The result has been limited integration of these activities and weak links to nutrition and household food security related programmes of the MINAGRI, and the MINISANTE at cell and community levels.

Food and Nutrition in Schools

School attendance has been steadily increasing in Rwanda offering both greater opportunities and also some additional risks regarding food and nutrition. The Ministry of Education (MINEDUC) recognises that many students from preschool through secondary, in both urban and rural areas, come to school and go home hungry with serious negative impact on what they learn.

Teaching and learning about Food and Nutrition

The Education Sector Strategic Plan 2010-2015 (ESSP) calls for All school improvement plans and school management and evaluation programmes to prioritise the promotion of nutrition along with health hygiene and sanitation services in schools. It also recognises that as food and nutrition issues need to become prominent areas of teaching and learning in schools at all levels through curriculum based, and extra curricula activities. School gardens are proposed as teaching learning activities that focus on food and nutrition and the inclusion of more strategically identified food and nutrition topics at different levels of the curriculum.

School feeding

Overt hunger in schools is not uncommon, micronutrient deficiencies (anaemia) is prevalent among school children as are worm infestations. Programmes to address feeding of students were limited but national expansion was called for in the 2013 School Health Policy through

a national Home Grown School Feeding Programme. Within that policy the *One Cup of Milk per Child* programme that then covered about 75,000 children in 100 schools was to be expanded. The programme of subsidizing secondary school tuition by providing meals was slated to continue and expand. A school feeding programme for highly vulnerable districts formerly supplied with food from WFP was moving toward closedown with only about 80 schools covered.

In 2012-13 a “white paper” by MINEDUC/WFP outlined, and justified the national “Home Grown School Feeding Programme.” The implementation of that Home Grown School Feeding is called for in the School Health Policy. Implementation is expected to be major effort that will require resource mobilisation at all levels from international and national to community. The completion of the substantial organisational arrangements needed at different levels and in different environments and types of settings (urban, town, rural) will also be challenging. When implemented on a large scale the Programme will have benefits to the educational system, to pupils, and to small scale farmers in the communities.

Health and nutrition – student assessment in schools

Another food and nutrition related activities recommended in the 2013 School Health Policy is incorporation of various nutrition indicators into new school health and nutrition assessments of children. Also recommended are limited levels of school feeding, provision of milk, school gardening and farms that serve as learning opportunities for students and inclusion of some nutrition topics at different levels of the curriculum. Deworming activities in schools have been carried out nationally in collaboration with MINISANTE.

The Education Sector Strategic Plan (ESSP) places emphasis on food and nutrition through the curriculum and “Life Orientation” learning areas, supplemented with co-curricular/school-based activities and development of gardening programmes.

Organisational linkage

Active linkage to the MINISANTE will needed for collaboration on health and nutrition related student assessments and for content advice on food and nutrition curriculum content. Linkage will be needed with the MINAGRI to support expanding the programme providing milk for students, and for activities involving small livestock and gardening. MINAGRI involvement will also be needed to assist in working out sources of appropriate local foods for schools under the Home Grown School Feeding Programme. Challenges are expected in developing community ownership and support of school health and nutrition, improving hygiene and physical activities including school sports, and contributing to the home grown school feeding programme. Another anticipated challenge area that will require innovative solutions is development of gardening and related activities primarily as valuable teaching-learning activities in both rural and urban areas. Overcoming this challenge will require operational research and promotion with school staff. Recent innovations in urban gardening and schools should be used to assist.

Food and nutrition in emergencies

Food and Nutrition for Refugees

More than 74,000- refugees were living in Rwanda in 2013 with more than 32,000 having arrived from the Democratic Republic of the Congo in 2012. Refugee camps receive food supplies and non-food assistance. The populations of these camps face several constraints affecting health and nutrition that may include overcrowding, hygiene and sanitation problems, issues with food distribution, firewood supplies and relations with the populations of surrounding areas.

The Ministry of Disaster Management and Refugee Affairs (MIDIMAR) has UNHCR as its main UN counterparts. Technical issues related to food and nutrition for refugees were generally dealt with by development partners assisting with supplies, and international guidelines as well as in camp assistance. An area needing significant improvement involves better information sharing from the level of the refugee camp or point of emergency to key decision makers in the Social Cluster Ministries and development partners.

The development in 2013 of strategic plans by MIDIMAR concurrent with work on the NFP provided an opportunity for nutrition to be introduced more systematically into

preparedness planning and response to both disasters and refugee affairs and initial policy guidance is introduced as one of the strategic direction.

In addition to work with refugees, the country has National Strategic Reserves of staple food that can be used in the case of national disasters such as floods or droughts.

Information sources informing the NFNPP

In addition to information from formal sources analysis of the situation and determination of not only what is needed but what is possible requires attention to lessons learned from with DPEM planning and monitoring and implementations from sector and community level work on innovations and innovating packages aimed to achieve improved nutrition and household food security. Many of the innovations introduced and carried out on a small scale in various districts and many communities had not yet been implemented on a wide scale nor had potentially useful lessons learned been proudly disseminated.

Information of this type was accessible in the form of presentations and abstracts prepared for the Second National Nutrition in 2011. The materials from that meeting also provided additional information on the international research on innovations relevant to chronic malnutrition and household food security.

Achievements under the 2007 National Nutrition Policy and challenges remaining in 2013

Overall analysis of the situation provided a summary of achievements that took place under the era of the 2007 National Nutrition Policy and those that remained major food and nutrition challenges remaining in 2013. (See Table 1) These remaining challenges are addressed in this updated and revised National Food and Nutrition Policy 2013.

Table 1 : Key Achievements and Challenges of NNP (2007)

Major Achievements National Nutrition Policy (2007)	Remaining Challenges to be Addressed by the National and Nutrition Policy (2013)
National priority of nutrition and household food security	
<ul style="list-style-type: none"> • EDPRS 2, HSSS III, MINAGRI NAP include substantial emphasis on nutrition and the HSSP III includes specific nutrition objectives including reductions in acute and chronic malnutrition in children. • Rwanda joined the Scale UP Nutrition Movement. • MIDIMAR and representatives from United Nations Agencies) confirming cooperation in Disaster and Refugee Management programmes. • A specific results area on nutrition added in Development Group 3 (One UN) 	<ul style="list-style-type: none"> • Sustaining the achievements through continued evidence based advocacy • Assuring practical but challenging policy and strategy objectives. • Assuring a flow of policy related information on successful strategy and programme innovations to all levels including the highest level of Government. • Assuring opportunities for partner and donor assistance are not missed and are adequately followed up with required and advocacy focused reporting. • Funding for development of district plans to eliminate malnutrition needs stronger guarantees from Government and development partners.
Active identification and management of acute malnutrition	
<ul style="list-style-type: none"> • Substantial reductions in acute malnutrition among children through adoption of National Protocol for Management of Malnutrition (2009). • Capacity building of CHWs on screening and on National Protocol. • Presidential Initiative to Eliminate Malnutrition along with on-going follow-up. 	<ul style="list-style-type: none"> • Building sustainability for clinic and community level identification and use of the protocol. • Improving the overall system for procurement, supply and efficient logistics around commodities needed for severe and moderate cases.

Chronic malnutrition in children under two year	
<ul style="list-style-type: none"> • Shift in priorities to prevention of chronic malnutrition as well as active identification of acute malnutrition (2000). • Substantial but insufficient reduction in chronic malnutrition among children under five and particularly in children under two year old children. • Initial implementation of decentralised cross sector approaches through NmSEM JAPEM and DPEM (2010-2013). • Launch of the National 1st 1000 Days Campaign to prevent stunting in children under two years of age (2013). 	<ul style="list-style-type: none"> • Developing effective, decentralised intervention programmes to further reduce stunting and sustain objectives HSSP objectives on chronic malnutrition and those in EDPRS 2. • Sustaining a national, multi-sector campaign to promote the concept of 1st 1000 Days, the importance of related services and key practices nationwide. • Assurance of development partners support for DPEM implementation focusing on stunting. • Developing an effective linkage between national 1st 1000 Days Campaign and refocused decentralised and community-based nutrition programmes in all districts. • Strengthening DPEM to fully link with 1st 1000 Days to Prevent Stunting National Campaign. • Obtaining Development Partner support for DPEM planning and monitoring. • Assuring full integration of DPEM into District Development Plans and District Budgets
Sector specific household food security and nutrition-sensitive policies, strategies and programmes	
<ul style="list-style-type: none"> • Household food security and nutrition focused plans and strategies developed by key Social Cluster Ministries. • Nutrition Action Plan by MINAGRI. • School Health Policy by MINEDUC. • Social and Behaviour Change Communication Sub-Strategy for Maternal, Newborn and Child Health by Ministry of Health. • Community-Based Environmental Health Promotion Programme (CBEHPP) by MINISANTE and MININFRA. • Development of Early Childhood Development Policy (MINEDUC). • Implementation of CFSVA&NS rounds 	<ul style="list-style-type: none"> • Operationalisation of sector-specific nutrition and household food security related strategies and policy. • Enhancing collaboration and coordination within and across sectors and partners to assist and implement activities to reduce chronic malnutrition in all districts. • Assuring sector specific activities link with all major policy objectives and are not viewed as “sector contributions to the NFNPP”. • Linking nutrition activities in also contribute to 1st 1000 Days Community Based Programme Objectives. • Assuring 1st 1000 Days concept enhances support for related services and interventions that contribute directly or indirectly to improved nutrition, household food security and prevention of infections
Micronutrient deficiencies	
<ul style="list-style-type: none"> • Major improvements in Vitamin A supplementation coverage. • Iodine nutrition improved universal access in iodine nutrition through iodize salty MINISANTE • Substantial but insufficient improvement on anaemia in, pregnant women and children, particularly those <2. 	<p>Building and promoting a, multi-intervention package to prevent Vitamin A deficiency.</p> <p>Assuring iodine deficiency diseases and iodized salt are monitored and any problems addressed.</p> <p>Developing an effective, affordable, practical national strategy to prevent and control anaemia particularly targeting children under five, under two and pregnant women.</p> <p>Developing appropriate operational research on zinc deficiency and prevention strategies.</p>

Nutrition in emergencies	
<ul style="list-style-type: none"> • New MIDIMAR set up and operational linkage was established with key Ministries and Development Partners. • Major influx of refugees from the DRC well managed and adequate food provided including special foods for most vulnerable groups including pregnant and lactating women and children less than five years. 	<ul style="list-style-type: none"> • Establishing a rapid communication system in early warning services in emergencies. • Assuring well developed strategies and emergency preparedness plans that are compliant with international guidelines in the areas of nutrition.
Capacity building in food and nutrition	
<p>Multiple in-service trainings of CHW and support materials In MIYCN</p> <p>BA Program in Nutrition Initiated (KHI)</p> <p>Multiple orientation and training opportunities for clinicians and nutrition officers</p>	<ul style="list-style-type: none"> • On-going training and supportive supervision of CHWs and health staff at all levels in areas related to improving house hold food security and nutrition. • Addressing the immediate need to develop and implement an effective strategy to strengthen supportive supervision of CHWs in nutrition related activities • Designing and developing a funding strategy for a national short, medium, and long-term nutrition capacity building plan and strategy and priority activities of the plans. • Developing, producing , effectively disseminating, and orienting users on high priority materials to support 1st 1000 Days Community Based Programmes • Private sector food production and processing linkage to nutrition related non communicable disease)
Monitoring, evaluation, operational research and information sharing	
<ul style="list-style-type: none"> • RapidSMS introduction extended to nutrition indicators. • Introduction of Food Security and Nutrition Monitoring System. • Introduction of nutrition variables into RapidSMS. • Introduction of District level sampling and analysis- RDHS • Indicator improvements in Household food security and Nutrition-CFSVA&NS • Successful large scale operational research and effectiveness study on Micronutrient Powders for in home fortification. • 1st and Second National Nutrition Summits organised. • Effective sharing of relevant strategic and programme information including areas of important gaps through the first and second National Nutrition Summits. 	<ul style="list-style-type: none"> • Improving nutrition surveillance and feedback channels into operational groups facilitating and supervising district and lower level programmes and plans. • Continued emphasis on using an evidence base for policy advocacy, strategy priorities, objective setting and intervention selection. • Expanding and strengthening the RapidSMS system to national scale in all districts and to better facilitate feedback and analysis at all levels. • Developing improved systems for active, on-going information sharing on programmes across districts and between national and international levels and districts to support 1st 1000 Days and other household food security and nutrition programmes. • Developing an effective forum for useful information exchange to support DPEM and 1st 1000 Days national campaigns and community based actions nationwide. • Improving information sharing on nutrition and food security problems of refugees and those in emergency situations

Nutrition and Household Food Security Governance and Coordination

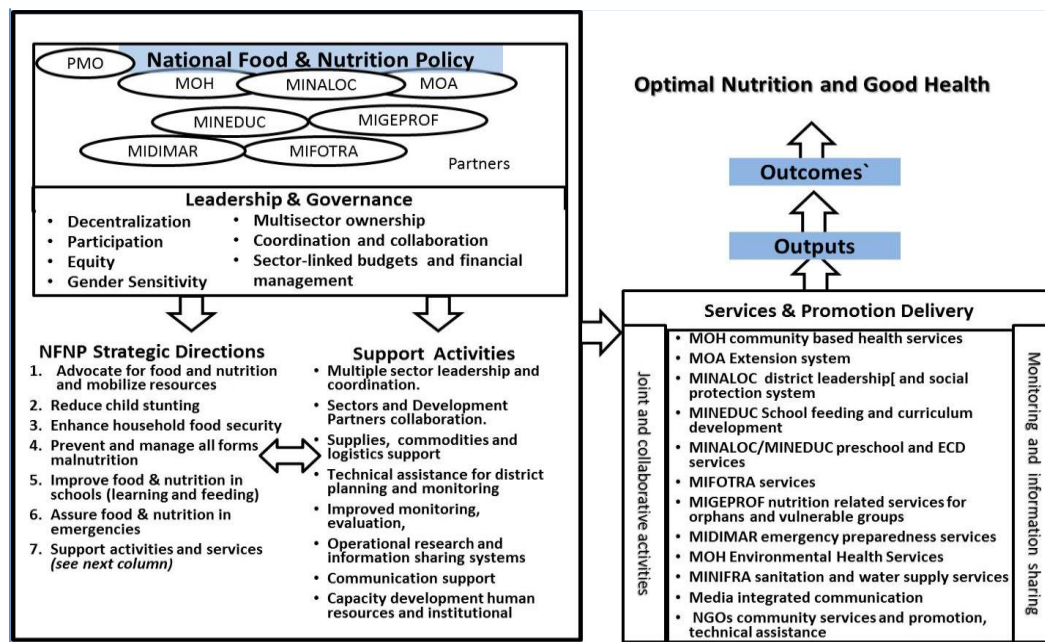
<ul style="list-style-type: none"> • Leadership of DPEM and JPEM given to MINALOC expanding policy ownership. • Social Cluster decision to rename policy to National Food and Nutrition Policy. • Ownership of NFNP expanded to MINAGRI, MINISANTE and MINALOC with active participation of other sectors. • Active participation of nutrition focal points and technical personnel from all Ministries in the Social Cluster Nutrition Technical Working Group meetings. • Active participation of Provinces and Districts multi-sector teams in planning and in development of District Plans to Eliminate Malnutrition • Active participation in development of the NFNP. 	<ul style="list-style-type: none"> • Assuring that sector budgets for nutrition continue to include and increase contributions for multisector activities and that these are effectively coordinated to assure high levels of synergy and no redundancy in the multisector interventions and program activities. • Assuring full integration of District Plans to Eliminate Malnutrition into District Development Plans and District Budget” • Completing and implementing Governance model design for national and decentralised actions to improve nutrition and household food security. • Costing of new interventions and programmes called for under the NFNP and NFNSP (2013-2018). • Further improvements to multisector monitoring and evaluation systems to support nutrition and household food security programmes and strategies. • Further strengthening linkages with partners and donors. • Improving decentralised activities and participation in planning, implementation coordination and monitoring • Improving the communication and sharing of data from the district on malnourished families and children to allow many stakeholders to better plan and coordinate and mobilise resources for related work.
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Conceptual Framework for the National Food and Nutrition Policy

The National Food and Nutrition Policy uses a conceptual framework adapted from HSSP III. This framework includes “Leadership and Governance” showing the ownership of the policy broadened to three Ministries with other Ministries and development partners including NGOs, actively participating. Governance includes multisector ownership, sector-linked budgets and financial management nutrition related interventions that are the responsibility of a specific sector and contributions to jointly operated strategies and programmes.

Decentralisation, participation, equity and gender sensitive are essential components of good government. These each inform the NFNP strategic directions, and recommendations on organisational and coordination mechanisms. Leadership, and good governance along with the programmes and program support feed into a set of food and nutrition services and food and nutrition support promotion delivery systems. The delivery systems in this multisector field include joint and collaborative activities and require added support and improvement potential through monitoring and information sharing within and across the delivery systems levels. The delivery systems that generate outputs work both independently and in collaboration on different strategic directions. The outputs generate outcomes that improve nutrition for the population. (See Figure 3)

Figure 4: Conceptual Framework for National Food and Nutrition Policy (MINAGRI instead of MOA)



Vision and Mission and Objectives of the National Food and Nutrition Policy

NFNP Vision

The vision of the NFNP is to ensure services and practices that bring optimal household food security and nutrition for all Rwandese.

This policy is based on the values of solidarity, ethics, and equity, as well as cultural diversity and the importance of gender, for the harmonious development of Rwanda as a nation.

NFNP Mission

The mission of the NFNP is to provide a legal framework and favourable environment for the effective promotion and implementation of food and nutrition strategies and interventions that guarantee the nutritional well-being of the entire population, giving special attention to pregnant and lactating women and children under two years of age for the sustainable development of Rwanda.

NFNP Objectives and Outcomes

General objective

The general objective of the National Food and Nutrition Policy is to improve the household food security and nutritional status of the Rwandan people, to substantially reduce chronic malnutrition in children under two years of age and to actively identify and manage all cases of acute malnutrition.

Strategic objectives and key expected outcomes

In order to improve the food and nutritional status of the population, the policy seeks to achieve the following specific objectives that are taken from the HSSP III:

Strategic objectives

1. *Sustain the position of food and nutrition as central priorities of the Government across Sectors at all levels and among Development Partners. (Strategic Direction 1)*
2. *Prevent stunting in children under two years of age. (Strategic Direction 2)*
3. *Strengthen, expand and promote services and practices that result in household food security year round. (Strategic Direction 3)*
4. *Prevent and manage all forms of malnutrition. (Strategic Direction 4)*
5. *Strengthen nutrition education in schools and higher learning institutions through curricular and extracurricular activities (Strategic Direction 5)*
6. *Strengthen emergency preparedness and response in areas for nutrition and food security of families and individuals (Strategic Direction 6)*
7. *Improve governance systems and accountability (planning, budget allocation, implementation and monitoring and evaluation) for nutrition and food security. (Strategic Direction 7)*

Programme priorities for improving nutrition and household food security

The NFNP includes seven strategic directions in order to provide a comprehensive base for effectively addressing the major nutrition problems of the country in ways that are effective, practical and can be managed using existing organisational structures. As a whole these strategic directions are viewed as the optimal overall approach to solving the country's nutrition and household food security problems. They take into consideration existing human and financial resources and those that can be reasonably expected to become available through the Government budget and from Development Partners.

Principles behind the Policy's Strategic Directions

Underlying the NFNP and each of the strategic directions and the interventions are principles similar to those used to underlie the 1997 National Nutrition Policy. These are foundation for effective policy implementation and good governance in Rwanda.

Decentralisation, community participation, multisector collaboration, gender sensitive and equity

The strategic directions in the NFNP and NFNSP are highly consistent with Rwanda's commitment to **decentralisation**. Where possible, they place emphasis on district level planning and intervention implementation and monitoring. They rely on and include **community participation** and ownership of key activities. In all cases, the strategies of the NFNP are **gender sensitive** and, where possible, push forward **equitable access** to appropriate food and nutrition services including social protection.

Empowerment

Principle of **empowerment** is achieved through **community-based, highly participative** activities aiming at improving nutrition and household food security in an efficient and, potentially, highly effective. A major strategic direction of the NFNP links the national campaign to prevent child stunting with District Plans to Eliminate Malnutrition and also with organised, regular community based activities focused on the 1st 1000 Days CBF&NP to Prevent Stunting.

The NFNSP Strategic Directions and intervention packages emphasise making better use of existing basic services, simple and affordable techniques, and useful information that can be effectively used by families. Priority is given to more frequent joint participation by frontline specialists and workers from other sectors besides health. Empowerment of communities also comes through participation in the management process (prioritisation, planning, implementation and monitoring). Government workers and development partners are expected to provide technical support and capacity building

Synergy and integration among activities

The NFNP emphasis on **integrating activities** recognises the close linkage of poverty and food, nutrition, and health. This requires appropriate integration of household food security strategies into strategies and programmes of each Ministry in the Social Cluster and into the work of NGOs and other Development Partners.

The NFNSP includes strategic directions that are fully multisector requiring several Social Cluster Ministries to work together. These include Strategic Directions 1, 2, 6 and 7. Other strategic directions are more focused on a specific sectors including household food security (Strategic Direction 3) nutrition interventions closely linked with health (Strategic Direction 4), another focused on school feeding and food and nutrition learning and another focused on nutrition in emergencies. Despite their sector focus, none of the strategic directions can implement the intervention packages they include without involvement from more than one Ministry. The multisector participation requirements for effective implementation of the NFNSP will bring synergy to intervention packaged that address the multiple causes of child stunting through integrated solutions. This requires cross-sector collaboration, joint activities and active partnerships.

Collaboration and active partnerships

Because many of the strategies needed to fight against malnutrition in Rwanda follow multisector approach **collaboration and active partnerships** are needed for their success. The NFNP is co-owned by MINAGRI, MINISANTE and MINALOC with and major responsibilities of Strategic Directions by the MINISANTE, MINAGRI, and MIGEPROF, MINEDUC and MIDIMAR and active collaboration from the other Social Cluster Ministries and Development Partners

An effective nationwide response that addresses the priorities of the EDPRS 2 requires sectors to both allocate a share of their resources and work together where needed. While collaboration is required for success, the NFNP also takes into account each Ministry's mandate, responsibilities and human resources.

Effective coordination

Coordination within and among the NFNP strategies is critical for successful implementation. The priority for effective coordination was reflected in the strategic decision to organise a Food and Nutrition Steering Committee (SCF&NSC) within the Social Cluster Ministries under the Prime Minister's Office. Similar Food and Nutrition Steering Committees (DF&NSC) are planned at District level to assure District Governments have the support needed to bring all sectors in together in DPEM strengthening, implementation, monitoring and reporting.

Strategic Directions of the NFNP

Building on these principles, the NFNP includes seven Strategic Directions that include packages of interventions that relate closely to the major problem areas outlined in the situation analysis. They also considered international priorities and recent research relevant to Rwanda's major issues of nutrition and household food security.

Six operationally focused strategies are complemented by a seventh strategy encompassing required support services. The seven NFNP strategic directions, their major interventions and illustrative expected outputs are briefly described in the following section. They are outlined in greater detail in Rwanda's National Food and Nutrition Strategic Plan for 2013-2018.

Strategic Direction 1: Food and nutrition advocacy to sustain commitment and mobilise resources for policy implementation

Objective Sustain the position of food and nutrition as central priorities of the Government across Sectors at all levels and among Development Partners.

The movement of food and nutrition problems and issues to a central and high position in the country's development objectives was achieved by 2010. This was demonstrated by the EDPRS 2 inclusion of food and nutrition as a foundational issue and incorporation in HSSP III of nutrition-specific and nutrition-sensitive objectives and indicators to be achieved by 2018. The magnitude, persistence and causal complexity of remaining and emerging food and nutrition challenges requires that central positioning of food and nutrition on the national agenda be sustained.

Strategic Direction 1 will use strategic advocacy, to sustain and further build commitment among all levels of Government, not only to the importance of food and nutrition for health and national development, but to supporting the multisector, multi-level approaches needed for policy implementation. The strategic direction also aims toward broader commitment to cross sector participation at district level and integration of food and nutrition interventions into District Development Plans and budgets. Full dissemination of the NFNP in forms ranging from the full document to summaries and electronic versions accompanied by channels for feedback, will be part of powerful advocacy strategy.

This strategic direction also addresses the national priority of preventing stunting in children by reaching every family about the central importance of the 1st 1000 Days. It also targets and Government and NGO staff members responsible for providing more of the many services needed to prevent stunting and those involved in promoting the practices that help prevent chronic malnutrition in children under two.

This strategic direction on advocacy and resource mobilisation requires multiple data types and sources. These include data-based evidence drawn from national sources such as the RDHS and CFSVA/NS and international sources. Human interest information drawn from stories around NFNP implementation successes and constraints will also be used. Data from districts succeeding with and rapidly scaling up their DPEM are viewed as a source useful to districts where there are problems. Such information will be a source for efforts to secure policy implementation resources from Government mainly through sector and district budgets and from Development Partners.

Resource mobilisation efforts targeting Development Partners will link the NFNP to international guidelines and up-to-date research and movements such as "Scale Up Nutrition" as well as the information on progress and constraints regarding Rwanda's, multi-

intervention, multi-strategy decentralized approach to improving nutrition and household food security.

Strategic Direction 2: Prevent stunting in children under two years of age at national scale

Objective: Prevent stunting in children under two years of age.

The second strategic direction of the NFNP addresses what is viewed in the EDPRS 2 as the most serious food and nutrition problem facing the country. This strategy aims to further lower the prevalence of stunting over a five year period.

National level 1st 1000 Days Campaign

The first of three main interventions under this NFNP strategy is a national campaign to “1st 1000 Days in the Land of 1000 Hills.” This intervention, initiated by the Prime Minister in 2013, aims to introduce the problems and solutions surrounding child stunting to the nation. The use of the “first 1000 Days” theme promotes the importance of growing to a normal height during the first 1000 days of life - as an achievement that affects a whole lifetime. Initial national campaign messages focused on the importance of stunting prevention, the multiple causes of stunting, the impact of child stunting at individual, family and national levels, services and practices that prevent stunting and the need for everyone to become involved for their new children’s sake and o to support this national objective.

The campaign requires active collaboration and support from each Ministry of the Social Cluster Ministry. Many Ministries need to involve staff through their work and as family members, media activities and promotion through Umuganda nationally.

Where possible, services contributing to prevention of child stunting in health, sanitation, nutrition, agriculture, education and social protection interventions should be co-branded with the 1st 1000 Days logo and themes. As the campaign becomes successful in creating an enhanced value for women and young children during this period of life the co-branded interventions will gain addition importance and increased demand.

Refocused and strengthened District Plans to Eliminate Malnutrition (DPEM) and District Food and Nutrition Steering Committee (DF&NSC)

While District Plans to Eliminates Malnutrition need to continue to cover a wide range of problems and solutions for each district, they also need to be refocused to put much greater emphasis on the prevention of child stunting. Because chronic malnutrition is multi-causal and the strategies needed to effectively combat the problem include many interventions this refocusing should be effective in dealing with many nutrition and household food security problems facing many of the districts. The NFNP notes that acute malnutrition is itself a major cause of chronic malnutrition and stunting. Strengthened emphasis on stunting prevention should not neglect continued promotion of active identification and outpatient or inpatient management of cases of severe or moderate acute malnutrition. Each DPEM needs to place significant emphasis to the prevention of stunting in children under two years.

Promotion from the national campaign, while a highly important component of Strategic Direction 2 will not be sufficient to rapidly reduce child stunting as called for in EDPRS 2.

The NFNP recommends District Administrations increase multisector participation to include social protection staff and field workers to increase linkage between nutrition and household food security interventions and the most vulnerable. Coordination is required to strengthen the DPEM and adjust these plans, assure all major problems are covered and to effectively facilitate “1st 1000 Days Community Based Food and Nutrition Programs” (1st 1000 Days CBF&NP) at village level.

A District Food and Nutrition Steering Committee (DF&NSC) is needed to support mayors in planning, facilitating and monitoring the strengthened multisector DPEM. Active participation is required from senior and technical staff from MINALOC, MINISANTE, MINAGRI, MINEDUC and MIGEPROF as well other sectors as appropriate. The responsibilities of the District Administration DF&NSC will include effective DPEM planning, implementation support and monitoring. The DF&NSC should assure each participating sector organises their work at sector cell and community level to allow joint community level facilitation responsibilities by CHWs, MINAGRI extension staff and

MINALOC social protection staff, National Women's Council Village Committee Chairpersons and village Chiefs.

Regular DPEM reporting should include information on performance against set indications and constraints in both sector specific and joint activities at sector, cell and village levels.

An essential activity of DF&NSC is to support District Administration in fully integrating the DPEM into District Development Plans.

Village level: "1st 1000 Days Community-Based Food and Nutrition Programs"

Village level is where the objective of preventing child stunting will be achieved. The strengthened DPEM and increased multisector involvement should provide technical and resource support needed to facilitate effective implementation of 1st 1000 Days CBF&NP to prevent stunting and address other nutrition and household food security problems.

This will require, at minimum, continued promotion of breastfeeding, more appropriate dietary intake" (nutrient dense food, micronutrients) for pregnant and lactating women and children who have reached age of complimentary feeding, provision of appropriate health care for all pregnant and lactating women and for infants and young children. To achieve this will require significant additional efforts in promoting key services and effective social and behavioural change communication. In many cases, especially for the most vulnerable, this may also require helping families learn how to secure and properly use nutritious foods. I

Interventions in the 1st 1000 days CBF&NP should also include community based interventions to improve essential new born care, management and referral of preterm neonates or neonates with intra-uterine growth retardation (IUGR). The broader range of these topics may include kitchen gardens, MIYCN, antenatal care, hygiene, food preparation, use of treated bednets, social protection services, cooking demonstrations, food preservation, micronutrient nutrition, deworming, and other services and practices that help preventing stunting. Early childhood stimulation and care is also important.

Rapid operationalisation of the 1st 1000 Days CBNF&NP and expansion to national scale is made possible because they build on existing food and nutrition activities that include monthly community-based growth monitoring and promotion. These activities should be retained but adjusted as needed to better balance the priority given to child measurement and referral of suspected acute malnutrition cases, with MIYCN promotion and counselling, educational and demonstration activities nutritional care for sick children, health care services, home food security techniques, social protection related topics and important practices to improve early childhood development and care.

These refocused and strengthened community activities should include regular, active participation from extension staff of MINAGRI, social workers from MINALOC, CHWs from MINISANTE NWCVC leaders or members linked with, MIGEPROF and, where possible, frontline staff from NGOs and other Development Partners.

Linkage among the National 1st 1000 Days Campaign, strengthened DPEM and the 1st 1000 Days CBF&NP should be monitored at national level. More operational monitoring and appropriate intervention adjustment needs to be carried out at the level of districts, sectors, cells and villages.

1st 1000 Days Projects and related efforts began in 10 Districts in 2013, supported by funding and technical assistance from Development Partners. The strategies of the MINAGRI *Nutrition Action Plan* were expected to begin implementation later that year. These projects and other models at district, sector, cell and community levels should inform and help guide rapid expansion of DPEM with a major focus on prevention of stunting toward national level.

It includes linkage with most other strategies of the NFNP. Many interventions of the more sector specific strategies are also brought into this strategy in modified ways to support national, district and community level actions aimed at lowering the prevalence of chronic malnutrition in children. This cross linkage is essential for successful implementation because stunting prevention is recognised as being linked with more than 20 existing or planned interventions in Rwanda and many more home practices in areas of nutrition, household food security, social protection, hygiene and sanitation, and infection prevention and treatment. Interventions affecting the health and nutrition of the pregnant woman are

linked as well because these stunting can be also be caused or contributed to by poor gestational growth and low birth weights.

Strategic Direction 3: Promote services and practices that result in improved household food security

Note: This strategy is adapted from existing programmes and the Nutrition Action Plan of the MINAGRI which is a co-owner of the NFNP.

Objective: Strengthen, expand and promote services and practices that result in household food security year round

The importance of this strategic direction rests in the high potential to raising the nutritional status of agricultural household members by improving food production quantity and diversity and promoting practices that result in more nutritious meals for the family. Home gardening can improve access to vitamin and mineral rich vegetables and livestock holding can increase household availability of vitamin and mineral rich products, including eggs and meat. The NFNP recommends intervention packages that combine improved agricultural products and practices with nutrition education components that have been more successful in improving diets than stand-alone agricultural interventions. The agricultural extension service system offers an additional communication platform to deliver nutrition-superior knowledge to farm families and to their men, who usually control household resources but share less responsibility for the nutritional and health well-being of children.

The NFNP recommends that continued expand the following important MINAGRI interventions that link directly and indirectly with household food security including the following:

- GIRINKA, the One-Cow-per-Poor-Family Programme.
- One Cup of Milk per child
- Establishment of school gardens with assistance for scale up and better linkage to learning objectives in nutrition and household food security.
- Provision of subsidised fertilizer and free seed as part the Crop Intensification Programme (CIP) targeting vulnerable families.
- Promotion of improved kitchen garden and small livestock to improve micronutrients, increase protein availability and provide a pathway to increased income for vulnerable families.

In addition to these existing programmes the NFNP recommends and supports new and strengthened interventions outlined under the strategic objectives of the NAP. These include the following:

- Food Security and Nutrition Monitoring System to regularly monitor food security and nutrition in Rwanda and the **strategic grain reserve** for use in preventing food shortages and in emergencies.
- Key interventions that **increase and diversify household food production** including coordination of agricultural outreach activities to vulnerable households in collaboration with health facilities. These include establishment of village nurseries for fruit and agroforestry trees, support for homestead gardens and small livestock through Farm Field Schools that are composed of vulnerable households, and establishment of model nutrition gardens at village level.
- Interventions to improve **nutrition-related agricultural knowledge/practices of households** including preparation and dissemination of nutritious local recipes, provision of small-scale storage and processing technology and technical assistance in food processing, preservation and utilisation to vulnerable households.
- Capacity building from MINAGRI staff through "agriculture for nutrition" modules for University of Rwanda.
- Interventions to support **income generating capacities of food and nutrition insecure** households through cost sharing arrangements that promote agro-processing and small-scale agricultural technologies.
- Technical and financial assistance to vulnerable households in greenhouse farming and commercial vegetable and fruit production, and support for scaling up the One Acre Fund model in the most vulnerable Districts.

- Interventions to support improved **availability, affordability and quality of nutritious food** including extension and input support to producers of bio-fortified bean and maize seeds and sweet potato vines as well as communication campaigns to promote planting and consuming of bio-fortified foods, the benefits of milk consumption for children. Support for entrepreneurs to develop innovative milk products and packaging.
- Interventions to support **improved nutritional impact of social transfer schemes** linked to the agriculture sector that include a protocol for high priority agricultural interventions and good agricultural practices that can help fight stunting. Training of Rwanda Agriculture Board (RAB) staff and agricultural village promoters in participating in and facilitating 1st 1000 Days CBF&NPs. Preparation of a common framework for engagement (CFE) for school feeding
- Interventions to support for improving **governance of food and nutrition security** including quarterly progress reports against the strategy (NAP), the National Food and Nutrition Strategic Plan and relevant action plans. Conducting of Food and Nutrition Security Monitoring (FSNM) rounds Comprehensive Food Security and Vulnerability Analysis and Nutrition Surveys. (CFSVA/NS)

Many of the interventions outlined here should be included in DPEM and closely linked to the 1st 1000 Days CBF&NP. This linkage should include active and regular participation by MINAGRI extension staff and agricultural promoters in the monthly gatherings of pregnant women and families with young children at community level. This will significantly broaden the range of expertise available to for discussions and demonstrations beyond what can be done by CHWs alone.

Strategic Direction 4: Prevention and management of all forms of malnutrition

Objective” Prevent and manage all forms of malnutrition

Strategic Direction 4 includes the key food and nutrition interventions that are primarily the responsibility of the MINISANTE. These address acute malnutrition, promoting and addressing weaknesses in maternal Infant and young child nutrition (MIYCN), micronutrient deficiencies, nutrition and HIV/AIDS, hygiene and sanitation and the prevention and control of nutrition-related non-communicable diseases. Many of these factors are direct or indirect causes of stunting.

Acute Malnutrition

Acute malnutrition is recognised in the NFNPP both as a dangerous condition in itself and also as a major contributor to stunting among children under two years of age. To assure continuation in trends showing lowered prevalence of acute malnutrition and to achieve the MDG of 2.5% in 2014 and the HSSP III target of 2.5% in 2017 this intervention area includes a set of closely linked activities.

The NFNPP calls for activities supporting active identification and effective management of acute malnutrition cases to continue. These include: growth monitoring, promotion and counselling on MIYCN, improved feeding of a sick child, community IMIC and annual community level mass screening of children under five years, and effective application of the national Protocol for the Management of Acute Malnutrition.

These will be sustained and closely linked to the 1st 1000 Days CBF&NPs. This intervention package also calls to improving supplies and logistics and continuous capacity building of health care providers at health facility level to treat and refer cases with SAM.

Maternal, Infant and Young Child Nutrition (MIYCN)

MIYCN promotion and support is an intervention package that aims to improve nutrition during pregnancy and lactation, promote and counsel on early and exclusive breastfeeding, assure mothers understand and have the skills needed effective complementary feeding. High quality visual materials to support this area of work are disseminated nationally. This will continue to be an important area of activities for CHWs and all health care workers during 1st 1000 Days CBF&NP. MIYCN should be further reinforced during ante natal and post natal care visits, during health facility birth stays and throughout the first two years of life by health facility based staff and by CHWs during regular home visits. Establishment of workplace areas for breastfeeding (exclusive breastfeeding should be promoted) should also

be promoted. Key indicators regarding MIYCN will remain important components of RDHS and CFSVA/NS.

Micronutrient interventions

Micronutrient interventions will be implemented through several sets of activities in order to effectively address specific micronutrient issues and distinct target groups. Delivery channels for **Vitamin A supplement** distribution among children under five and lactating women will be modified and strengthened as conditions allow. **Iron and folic acid supplementation** for pregnant women will be substantially strengthened because of persistently low levels of compliance and high anaemia among pregnant women. Deworming activities should also be continued.

New strategies to reach children 6-24 months of age with sufficient iron is a NFNP priority because of the extremely high levels of anaemia in this age group (68%) and the potentially negative impact on health and cognitive development. Successful large scale trials of in-home fortification of complementary foods using small sachets of micronutrient powders will be scaled up. A “National Plan for the Reduction of Iron Deficiency Anaemia” will be developed and implemented.

Promotion of fortified staples will continue to be promoted as well as local production of high quality fortified foods that can supplement families who are managing cases of moderate acute malnutrition and that can provide needed nutritional support for PLHIV and families highly vulnerable to acute malnutrition

The scope of high quality food supplement use is expected to accelerate and expand because of Government commitment to mobilizing funds to support high quality, micronutrient fortified supplementary food for nutritionally vulnerable children under five years and, pregnant and lactating women in Ubudehe 1 and 2.

The prevention of iodine deficiency will continue to be a priority through monitoring to assure that all salt is iodized and that the population does not have lower than normal levels of iodine²². Existing regulations will be modified as needed.

Nutrition and HIV/AIDS & PMTCT

In the area of nutrition and HIV/AIDS the NFNP recommends that the nutritional state of PLHIV and persons with tuberculosis be strengthened and sustained through interventions that closely correspond to national programme recommendations. **PMTCT** should be addressed through continued promotion of exclusive breastfeeding and introduction of healthy complementary foods. At the appropriate time, supplemental food and careful monitoring for HIV positive mothers is recommendation in order to prevent the often fatal consequences of acute malnutrition among children over six months living with HIV.

WASH

Further improvements and sustaining effective **hygiene and sanitation promotion** is needed using primarily community level activities in rural areas and improved solid waste management and promotion in towns and urban areas. The NFNP recommends that in this intervention area which is managed by the Environmental Health Service and also by MININFRA should be well linked with 1st 1000 Days CBF&NP. The NFNP emphasis on breaking the synergy between infection and malnutrition requires well planned and promoted activities that focus on the hygiene in relation to infants and children too young to use a latrine or care for their own cleanliness. The difficult hygiene issues related to preventing faecal – oral transmission of infectious bacteria from infants to themselves and from infants and young children to others needs additional emphasis, promotion and operational research.

Diet related non-communicable diseases

Prevention and management of diet related non-communicable diseases is an intervention area that requires attention because of the increasing prevalence of overweight and obesity,, particularly in urban areas. The growing concern and costs related to cases of Type II

²² As measured through surveys of urinary iodine level.

diabetes and other NCDs such as hypertension that are linked in part to nutrition require monitoring and also a strategic plan for prevention as well as care.

Lifestyle changes contributing to these problems and strategies to encourage physical activity should be further explored in order to allow effective prevention strategies to be formulated. To address the growing problem of over-nutrition and a general lack of dietary diversity, a set of nationally recommended dietary guidelines should be developed with specific adaptations for groups and life stages having different nutrient requirements. Recommended levels of physical activities should be included among intervention priorities in these areas. The MINISANTE is expected to treat prevention of over nutrition as a multisector issue.

Strategic Direction 5: Improving food and nutrition in schools²³

Objective: Strengthen nutrition education in schools and higher learning institutions through curricular and extracurricular activities.

School feeding

The first intervention area calls for sustaining and expanding existing school feeding programmes including meals in secondary schools and the Cup of Milk programme for children in pre- and primary schools currently carried out in collaboration with the MINAGRI. The NFNP recommends that emphasis be placed on brining on line and rapidly expanding new approaches to school feeding including the large scale “Home-Grown School Feeding Programme.”

Learning about food and nutrition

The second intervention area includes expanding and improving food and nutrition teaching and learning. The NFNP recommends that along with other subject areas, the core concepts behind the national effort to prevent chronic malnutrition in children and the national 1st 1000 Days campaign to prevent be more fully integrated into curriculum, at appropriate levels. This will help assure that when school students become adults and parents they are well aware of these concepts and many of the services and practical skills that can protect a pregnant and lactating women and her child throughout the first 1000 day “widow of opportunity.” The 2013-2015 national “1000 Days in the Land of 1000 Hills” communication campaign provides an opportunity to obtain a wide range of relevant materials that should be useful in this area of work.

Gardening and small animal husbandry at schools are recommended with emphasis that, in agreement with the 2013 School Health Policy, the first objective of these activities is to enrich student learning about food and nutrition. Improving students’ nutrition through such gardening and related activities should be viewed strictly as a secondary objective. Innovative approaches are encouraged to bring adaptations of these activities to schools in urban areas and towns where schools have minimum land.

Nutrition assessment and services

The NFNP endorses the Education Sector Strategic Plan and the School Health Policy requirement for regular nutrition and health assessments for all children, to be conducted in collaboration with MINISANTE health facility staff. Schools are encouraged to strengthen and expand follow-up on malnutrition cases, through counselling, health facility referral, and solutions through schools programmes, the family, the community, social protection services and other means. Deworming and Vitamin A supplementation in schools should continue.

Strategic Direction 6: Assuring food and nutrition in emergencies

Objective: Strengthen emergency preparedness and response in areas for nutrition and food security of families and individuals

23 Strategic direction 5 of the NFNP is based primarily plans and strategies and operationally focused research from the MINEDUC including the “School Health and Nutrition Policy” 2013 and the Home Grown School Feeding Programme, White Paper, Ministry of Education, 2013.

Strategic Direction 6 concerns assuring adequate nutrition for persons affected by disasters and for refugees. The NFNP objective is to assure that persons and families affected by disasters and in refugee situation receive a variety of nutrient rich food. The NFNP recommends that emergency preparedness plans be reviewed in relation to the international and national guidelines and that preparedness and response develop contingency strategies for assuring adequate nutritional care on feeding infants and young children, the injured and some elderly.

Further strengthening of disaster and refugee preparedness and response are recommended through additional joint planning with the MINISANTE and key Development Partners including UNICEF, WFP, UNHCR and WHO. Links should also be strengthened with donors that can help assure the rapid availability of therapeutic foods for cases of serious acute malnutrition and supplementary rations to support moderate acute malnutrition management. Others with special nutritional needs including HIV positive mothers, PLHIV, pregnant and lactating women and children under five years of age should be included in preparedness planning and response.

Special attention should be given to children who were breastfeeding but have been separated from their mothers and for children 6-24 months of age who need to receive well prepared complementary foods and require feeding several times per day.

NFNP intends through Strategic Direction 6 to provide a base for advocacy and technical assistance for on-going improvement in disaster and refugees preparedness and management planning in the areas of food and nutrition. Such advocacy is expected to help build local capacities and secure national and international resources need to support improved preparedness and response.²⁴

Strategic Direction 7: Supporting programmes and services

Objective: Improve governance systems and accountability (planning, budget allocation, implementation and monitoring and evaluation) for nutrition and food security.

Strategic Direction 7 includes the supporting organisational arrangements and activities needed for effective policy implementation. The NFNP recommends good governance and accountability (planning, budget allocation, implementation, communication support and monitoring and evaluation). Multisector leadership will be based in the Social Cluster Ministries with appropriate coordination mechanisms to support policy implementation. This strategic direction also deal with issues where more integrated plans are needed including a comprehensive national food and nutrition capacity building

Allocation and mobilization of resources for policy implementation are also covered, although many of the resources needed including most supplies and commodities are cross referenced to existing sector ministries' policies, programmes and budgets and their Development Partners.

Specific supportive intervention areas include:

- Mechanisms to assure coordination and leadership for implementing the NFNP and NFNSP
- Assure supplies and commodities not provided through sector specific and multisector strategies (Ministries budgets, District budgets and funds provided by Development Partners) that mobilized as needed to implement the NFNP and NFNSP.
- Design and implementation of multilevel monitoring and evaluation of the NFNSP including integration with Rwanda SISCOM HIMS²⁵, RapidSMS and the overall E-Health Framework as well as monitoring systems of other Social Cluster Ministries
- Development and funding for a problem based operational research agenda

²⁴ Fortified corn-soy blend (CSB) and a Rwanda product of fortified maize grains, soy beans and sorghum called SOSOMA are commonly used for children with moderate acute malnutrition (MAM). A CSB++ is a CSB recipe that is fortified with oil and dry skim milk.

²⁵ SISCOM and HMIS were combined into what is called the District Health Information System 2 (DHIS 2) in 2014.

- Mechanisms for effective strategic information sharing at national and district levels to support NFNP and NFNSP implementation
- Communication support for policy advocacy, resource mobilisation, alliance building and to effectively promote and community level social and behavioural change. .
- Development of a comprehensive national short, medium and long term capacity building plan(s) national expertise requirements in nutrition and household food security along with a strategy for necessary funding.
- Technical assistance decentralised levels by NFNTWG Task Force Teams.
- Integration of NFNSP activities into national programmes such as IMCI, HIV, NCDs etc.⁷⁵

The continuation of existing support services and activities as well as additional support will be provided across the strategic directions, specific intervention packages of the NFNSP. Effective implementation of these support services will draw primarily upon resources committed by participating Ministries and Development Partners including technical expertise, personnel and organisational services. Of particular importance will be assuring adequate support to districts to strengthen their DPfEM, assure they are aligned with the priorities of the NFNP and integrated into District Development Plans

In some cases additional funding resources will be needed from participating Ministries and Development Partners to implement essential NFNSP support. It is expected that the SCF&NSC will request the NF&NTWG to set up tasks forces and/or teams to assist in developing and carrying out many of these supportive services and activities. The commitment of the Social Cluster Ministries and the Development Partners represented in the NF&NTWG will be a critical factor in successful implementation of the NFNP and the NFNSP.

Implementation plan and management framework

The seven strategic directions of the NFNP are necessarily interrelated in order to address the major nutrition problems facing Rwanda in the current period of rapid economic growth and expanded access to basic services. The first six strategic directions include packages of interventions that overlap. This reflects the need for reinforcing approaches to address basic, underlying and immediate causes of malnutrition. T

The DPfEM and “1st 1000 Days Community Based Food and Nutrition Programmes” require added responsibilities and participation of the MINISANTE, MINAGRI MIGEPROF and MINALOC at District, sector cell and community levels. These expanded responsibilities and participation are in line with the overall missions and objectives in each of these sectors. They are needed to effectively promote services and practices that will result in improvements in household food security year round and better nutrition for families and prevent stunting in young children.

Implementing the NFNP will be facilitated by progress made and higher priority from Government and Development Partners for solving nutrition and household food security problems. Implementation will also be guided by recent qualitative and quantitative national research and surveys and international research that will provide information on the effectiveness, costs, and benefits of relevant food and nutrition interventions. The NFNP implementation priorities also draw from review of national priorities lessons learned around implementation achievements and problems of the 2007 National Nutrition Policy, the National multisector Strategy to Eliminate Malnutrition (2010-2013), the Joint Action Plans to Eliminate Malnutrition (JAPfEM) and the District Plans to Eliminate Malnutrition 2011-2013.

Plans for NFNP implementation accept the importance and urgency of each strategy and that each intervention addresses one or more of the direct, underlying and basic causes of food insecurity and malnutrition. The NFNP recommends a pragmatic implementation approach that takes into account existing and future resources and human capacities. Policy implementation priorities also take into account the potential effectiveness and coverage scale of the interventions in each strategic direction, their complexity, and the immediacy of the problems they address.

Leadership and coordination at national and decentralised Levels

Joint NFNP ownership

The clear linkage and synergy between household food security, optimal nutrition, and social protection requires a truly multisector approach. Recognition of this includes the Social Cluster Ministries decision to broaden the policy name to “National Food and Nutrition Policy” and expand policy ownership and planning and implementation responsibilities to include the MINALOC, MINISANTE and MINAGRI. Social Cluster Ministries including MINEDUC, MIGEPROF and MIDIMAR also have essential NFP implementation responsibilities as well.

In order to strengthen the consistency and efficiency of actions undertaken by many sectors and partners, the food and nutrition activities will be coordinated from, at minimum, at central, district level and sector levels. Each level has its specific mission: central level to conceptualise policies and strategies and mobilise resources, provincial level to offer technical services in support of the district level which operationalises or implements programs and supports as needed those managed by the community.

Coordination and leadership at national level

Coordination of overall NFP implementation at its highest organisational level is in the Prime Minister’s Office through the Inter-**Ministerial Coordination Committee** (IMCC) that meets quarterly to review progress reports on Food and Nutrition from the Social Cluster Ministries.

Coordination of strategies and activities under the framework of the NFP is the responsibility of the Social Cluster Ministries. A **Social Cluster Food and Nutrition Steering Committee** (SCF&NSC) inside the Social Cluster will be set up and be co-chaired by staff from the three Ministries that co-own the National Food and Nutrition with active participation by other Social Cluster Ministries. This Steering Committee will both advise and report on nutrition and household food security. The SCF&NSC will be responsible for the National Nutrition Food and Nutrition Technical Working Group.

The **National Food and Nutrition Technical Working Group** (NF&NTWG) has participation from all partners including ministries, UN agencies (UNICEF, WFP, WHO, FAO), national/international NGOs, academic institutions, donors and the private sector. Beginning in 2013, the NF&NTWG membership expanded to include members of the ad hoc Household food security and Nutrition Working Group that has been set up in MINAGRI to develop a MINAGRI-owned Nutrition Action Plan.

The NF&NTWG will meet (full membership of smaller task forces) at the request of the SCF&NSC. These meetings will be organised by co-chairs of the working group. The NF&NTWG will provide technical advice and assist in coordinating and organising national activities and provide technical assistance for decentralised activities. Provincial level will support the policy through provision of technical services including capacity building activities.

Coordination and leadership at District level

At decentralised level a multisector **District Food and Nutrition Steering Committee** (DF&NSC) will be set up and under MINALOC and be answerable to the District Mayor. The DF&NSC should include key officers from health (MINISANTE), household food security (MINAGRI), family and gender (MIGEPROF), social protection and early childhood development (MINALOC), sanitation and hygiene (MININFRA and MINISANTE Environmental Health Department) and education (MINEDUC), planning (MINECOFIN)). The primary functions of the DF&NSC are:

- DPEM planning,
- Coordination of sector participation in joint activities,
- Monitoring implementation of interventions and
- Assuring fully integration of DPEM into DDPs including the multisector 1st 1000 Days Community Based Food and Nutrition Programmes.

Sector Level Coordination

Sector level administrations will also form **Sector Food and Nutrition Steering Committees** with similar membership of the DF&NSC to coordinate technical assistance to communities as they refocus and initiate 1st 1000 Days Community Based Nutrition

Programmes. Coordinating joint sector participation in providing technical support to these and other household food security and nutrition related programmes and monitoring them will be the primary responsibility of these steering committees. Technical assistance and funding support will be welcomed from NGOs at each level including those of the community. This layer of coordination may be needed effectively support village level activities.

Community-Based Food and Nutrition Programme facilitation

Community based and community managed programmes to help families to learn about and adopt practices that improve household food security and nutrition often require facilitation that includes planning and coordination at district, sector and cell level. To ensure the most vulnerable families participate requires additional work and commitment. “1st 1000 Days Community Based Food and Nutrition Programmes should include participation by pregnant women and families with young children including those among the most vulnerable.

The NFNP recommends that 1st 1000 Days CBF&NP be implemented across the country under NFNP Strategic Direction 2 with linkage to interventions outlined in NFNP Strategic Directions 3, 4, and 5. At the community level facilitation support should be a joint responsibility of frontline workers in the MINAGRI, MINISANTE, and MINALOC (social workers), with assistance when possible from MINEDUC headmasters and teachers, NGOs, community leaders, and community level organisations.

Stakeholder roles and responsibilities

The Ministries and Government agencies, development partners and the private sector each have necessary roles under the NFNP. Many have responsibilities at both national and decentralised levels. (See Table 2).

Table 2: National Food and Nutrition Policy Stakeholders Roles and Responsibilities at National and Decentralized Levels (Government Ministries listed in alphabetical order)	
Prime Minister’s Office	
<i>Overall responsibility for the National Food and Nutrition Policy and implementation of the National Food and Nutrition Strategic Plans</i>	
Social Cluster Ministries	
<i>Responsibility for effective, coordinated planning, implementation and monitoring of the and National Food and Nutrition Policy and National Food and Nutrition Strategic Plans Set up and use of the multisector Social Cluster Food and Nutrition Steering Committee (SCF&NSC)</i>	
Ministry of Agriculture and Livestock Resources (MINAGRI)	
<i>NFNP co-owner and with primary responsible for Strategic Direction 3. Jointly responsibility for Strategic Directions 1, 2, 7. Active collaborator on Strategic Direction 4, and 5.</i>	
<u>National level</u> <ul style="list-style-type: none"> • Provision of leadership in NFNP implementation as co-owner of the multisector NFNP. • Co-chair Social Cluster F&N Steering Committee • Collaboration with MINALOC and MINISANTE and other Ministries and the NF&NTWG to elaborate national nutrition strategies and guidelines as appropriate • Collaboration with MINISANTE and MINALOC and the NF&NTWG on monitoring NFNSP implementation 	<u>Decentralized levels</u> <ul style="list-style-type: none"> • Co-chairmanship of the District Food and Nutrition Steering Committee • Collaboration with MINALOC and MINISANTE on strengthening of District Plans to Eliminate Malnutrition (DPEM) • Collaboration with MINALOC and MINISANTE on monitoring DPEMs at district and lower levels. • Facilitation of 1st 1000 Days

<ul style="list-style-type: none"> • In addition to promotion of full NFNP implementation assumption of principle responsibility for implementation of NFNP Strategy 3: “Promoting Household Food Security” /MINAGRI Nutrition Action Plan. • Active collaboration and participation in the National 1st 1000 Days Campaign (Strategy 2) and assuring it is sustained • Development of protocols for incorporating Household Food Security promotion with 1st 1000 Days CBF&NP activities. • Incorporation of agriculture activities contributing to prevention of chronic malnutrition in children under two years into agriculture related training • Collaboration with MINALOC on strengthen linkages of vulnerable households to food security , nutrition and social protection programmes • Collaboration with MINALOC and MINISANTE and NF&NTWG on monitoring NFNSP Implementation 	<p>CBF&NP activities through activities outlined in NFNP Strategy 3/MINAGRI Nutrition Action Plan.</p> <ul style="list-style-type: none"> • Integration of DPEM into District Development Plans (DDP) and budgets in collaboration with MINALOC and MINISANTE. • Adapting protocols for incorporation of Household Food Security promotion with 1st 1000 Days CBF&NP activities. • Expanded implementation of agricultural policy on land reform for improvement of household food security and income generation with priorities for staple foods such as rice, maize, potatoes. • Reinforced nutrition surveillance system in collaboration with the MINISANTE, including mapping of food insecure zones.
Ministry of Defence (MINADEF)	
<p><u>National Level</u></p> <ul style="list-style-type: none"> • Integration of food and nutrition activities in its Plans of Action • Promotion of 1st 1000 Days to Prevent Stunting and related services and activities among military families. • Logistical support, when possible for exceptional, large scale programmes. 	
Ministry of Disaster Management and Refugees (MIDMAR)	
<p><i>Primary responsible for Strategic Direction 6 in collaboration with MINISANTE Active collaborator on Strategic Direction 1, 7</i></p>	
<p><u>National Level</u></p> <ul style="list-style-type: none"> • Improved nutritional diversity of food basket in emergency preparedness and response, especially addressing the special needs of pregnant women and lactating, children 6-24 months and other highly vulnerable persons. • Enhanced emergency preparedness and response that include necessary linkages with MINISANTE to assure regular monitoring for acute malnutrition (sever and moderate), and necessary therapeutic and supplementary food products to assure effective case management 	<p><u>Decentralize level</u></p> <ul style="list-style-type: none"> • Coordinate work to asses and determine the food and nutritional needs and status of current refugees and lead advocacy to correct any problems. • Coordination preparations of plans for any future influx of refugees includes adequate preparations for nutritious foods and feeding for all persons affected including most vulnerable individuals and groups,
Ministry of Education (MINEDUC)	
<p><i>Primary responsible for Strategic Direction 5. Active collaborator on Strategic Direction 2, 3, 4</i></p>	
<p><u>National level</u></p> <ul style="list-style-type: none"> • Leadership on implementation of NFNP Strategy 5: Improving Food and Nutrition 	<p><u>Decentralized levels</u></p> <ul style="list-style-type: none"> • Implementation of Expanded Strengthened and expansion of

<p>In Schools” and the School Health Policy interventions</p> <ul style="list-style-type: none"> • Strengthened and expanded school food and nutrition strategies, interventions and programmes • Monitoring NFNSP Strategy 5 and the food and nutrition elements in the School Health Policy collaboration with MINAGRI, MINALOC, MINISANTE and the NF&NTWG • Development of practical guidelines for incorporation of nutrition and household food security concepts and skills into education curriculum and extracurricular activities. • Incorporation of the key concepts of the “1st 1000 Days window of opportunity in including key services for prevention of chronic malnutrition in children secondary school curriculum 	<p>growth monitoring for preschool and school children.</p> <ul style="list-style-type: none"> • Expanded integration of gardening and animal husbandry with learning objectives related to household food security and family nutrition at all levels. • Agreement on and introducing 1st 1000 Days concepts into curricular and extracurricular activities into schools and preschool activities. • Expanded Integration of nutrition education in the community parental education program.
Ministry of Gender and Family Promotion (MIGEPROF)	
<i>Jointly responsible on Strategic Direction 2, Active contributor and collaborator on Strategic Directions 1, 2, 3, 4, 6, 7.</i>	
<p><u>National level</u></p> <ul style="list-style-type: none"> • Leadership advocacy for nutrition as woman and child right • Effective advocacy for adequate (fully paid) maternity leave for breastfeeding working women. • National promotion of 1st 1000 Days and related services and practices through radio and television • Family Performance Contracts • Special activity periods focused on nutrition and household food security • Assure family and gender sensitivity in emergency preparedness and response 	<p><u>Decentralized levels</u></p> <ul style="list-style-type: none"> • Collaboration with MINAGRI, MINALOC and MINISANTE on identification and support for food insecure families and households. • Family Performance Contracts • Special Activity periods focused on nutrition and Household Food Security • NCW Village Committees Kitchen Cooking demonstrations with linkage to 1st 1000 Days F&NCBP

Ministry of Health (MINSANTE)

NFNP co-owner

Primary responsible for Strategic Direction 4.

Jointly responsible for Strategic Directions 1, 2, 7.

Active collaborator on Strategic Direction 3, 4, and 5.

National level

- Provision of leadership in NFNP implementation as co-owner of the multisector NFNP.
- Co-chair of F&N Steering Committee in Social Cluster Ministries
- Collaboration with MINALOC and MINAGRI and other Ministries and the NF&NTWG to elaborate national nutrition strategies and guidelines as appropriate
- Collaboration with MINAGRI, MINALOC and NF&NTWG on monitoring NFNSP Implementation
- Promotion of implementation of the full NFNP
- Principle responsibility for Strategy 4: on preventing and managing malnutrition interventions
- Active collaboration and participation in the National 1st 1000 Days Campaign (Strategy 2) and assuring it is sustained
- Strengthened in-service training on relevant health services and key practices to prevention of chronic malnutrition and link with agriculture related training
- Development protocols for adapting existing Community-based Nutrition Programmes activities into the 1st 1000 Days CBF&NP activities.
- Coordination of national plan for capacity building in food and nutrition
- Reinforcement of the role of nutritionists at the central and local levels ,
- Collaboration with MINAGRI and MINALOC and NF&NTWG on communication and advocacy strategies for food and nutrition.
- Definition of norms and standards of nutrition with other ministries and NF&NTWG
- Reinforcement of nutritional surveillance system (collaboration with MINAGRI, MINALOC
- Collaborating with MINALOC and MINAGRI and development partners in monitoring NFNSP Implementation

Decentralized levels

- Serving as Co-chair of the District Food and Nutrition Steering Committee and ensure that each district completes District Plans to Eliminate Malnutrition
- Collaboration with MINALOC and MINAGRI on development and strengthening of District Plans to Eliminate Malnutrition (DPEM)
- Collaboration monitoring multisector DPEM implementation at decentralized level. Coordination by CHWs of 1st 1000 Days CBF&NP activities in cooperation with MINAGRI and MINALOC (and NGOs) as outlined in NFNP Strategy 2 and associated protocols and guidelines.
- Collaboration with MINALOC and MINSANTE to assure DPEM integration into District Development Plans and budgets
- Adaptation of relevant health and nutrition promotional materials and guidelines for use in supporting 1st 1000 Days CBF&NP activities.
- Expansion and effective use of Rapid-SMS to support nutrition surveillance in collaboration with the MINAGRI
- Collaboration with MINAGRI in mapping of food insecure zones.

Ministry of Justice (MINIJUST)

<i>Active collaborators on, NFNP Strategic Directions 1</i>	
<u>National level</u>	
<ul style="list-style-type: none"> Intervention in the approval and monitoring of food and nutrition related laws, codes and legislations. 	
Ministry of Infrastructure (MININFRA)	
<i>Active collaborators on, NFNP Strategic Directions 4 (hygiene and sanitation)</i>	
<u>National level</u>	<u>Decentralized levels</u>
<ul style="list-style-type: none"> Improvement to infrastructure that facilitates marketing of fresh and processed foods. On-going improvement to safe water infrastructure and its equitable distribution and management. Develop and implement master plan for housing to reserve space for agricultural production. Expanded implementation of grouped housing policy (village) that saves land for agriculture. Promotion of collective environmental management activities. 	<ul style="list-style-type: none"> Improvement in solid waste disposal, Enhanced collaboration with MINISANTE Department of Environmental Health on Community based Hygiene and Sanitation activities
Ministry of Local Government (MINALOC)	
<i>NFNP co-owner</i>	
<i>Jointly responsibility for Strategic Directions 1, 2, 7.</i>	
<i>Active collaborator on Strategic Direction 3, 4, 5, 6.</i>	
<ul style="list-style-type: none"> National level Leadership in NFNP implementation as co-owner of the multisector policy. Serve as Co-chair of F&N Steering Committee in Social Cluster Ministries Collaborating with MINAGRI and MINISANTE and other Ministries and the NF&NTWG as appropriate to elaborate national nutrition strategies and guidelines. Collaborating with MINISANTE and MINAGRI and other Ministries and the NF&NTWG on implementation and monitoring of the NFNP. Actively collaborating and participating in National 1st 1000 Days Campaign and assure it is sustained With MINAGRI, MINISANTE, MIGEPROF, develop protocols of social protection linkage with NFNP Strategic Directions 2, and 3 to guide districts. Leading Ministry for improving linkages between social protection programmes and food and nutrition (targeting with food and nutrition indicators that reinforce nutritional support to vulnerable groups. Collaboration with MINISANTE and MINAGRI and the NF&NTWG on monitoring NFNSP implementation 	<u>Decentralized levels</u> <ul style="list-style-type: none"> Serving as Chair of the of the District Food and Nutrition Steering Committee ensure completion of DPEM and their integration into District Development Plans Coordinating with MINISANTE, MINAGRI, MIGEPROF, and MINEDUC on development of DPEM. Assure protocols for social protection linkage with NFNP Strategic Direction 2 and 3 are appropriately adapted and followed. . Coordinating monitoring of multisector DPEM Actively participating 1st 1000 Days CBF&NP activities. Ensuring children's protection through respect of their rights in regards to food and nutrition

**The Ministry of Natural Resources (land, forests, environment and mining)
(MINIRENA)**

Active collaborators on, NFNP Strategic Directions 1, 2, 4,

<u>National level</u>	<u>Decentralized levels</u>
<ul style="list-style-type: none"> • Adoption and implementation of the National Policy on Genetically Modified Organs. 	<ul style="list-style-type: none"> • Tree planting and tree nurseries to protect ecosystems that favour agricultural production. • Promotion of potable water, sanitation, hygiene education in schools and households. • Promote the land protection to increase the food production/security

Ministry of Public Works and Labour (MIFOTRA)

Active collaborators on, NFNP Strategic Directions 1, 2, 3, 4

<u>National level</u>
<ul style="list-style-type: none"> • Increased duration and advantages for maternity leave totally paid for working women. • Increased time-off allocated for breastfeeding for women after maternity leave. • Support for establishment of breastfeeding women support groups in work places. • Promotion of the linkage of healthy nutrition and increased productivity including the gained productivity based on reduction in child stunting (1st 1000 Days), prevention of iron deficiency anaemia and other food and nutrition related factors.

The Ministry of Sport and Culture (MINISPOC)
<i>Active collaborators on, NFNP Strategic Directions 1,2,3,4,5, 6,</i>
<u>0National and decentralized levels</u>
<ul style="list-style-type: none"> • Enhanced integration and support for nutrition in youth clubs, anti-AIDS clubs, sport clubs, etc. • Promotion of healthy nutrition and diet as a traditional and cultural value.
Ministry of Trade and Industry (MINICOM)
<i>Active collaborators on, NFNP Strategic Directions 1,2,3</i>
<u>National level</u>
<ul style="list-style-type: none"> • Sustained monitoring of import regulations on iodized salt in collaboration with MINISANTE. • Enforcement and monitoring of new standards for requirement that all staples, imported and nationally produced are appropriately fortified. (Wheat flour, oil, maize flour, etc.). • Promotion and support for local production of fortified staples and highly nutritious supplementary foods for use in management of acute moderate malnutrition and, where necessary for highly vulnerable groups such as families affected by HIV and tuberculosis and to support PMTCT.
Ministry of Youth and ICT (MYICT)
<i>Active collaborators on, NFNP Strategic Directions 1, 2, 3, 4, 5</i>
<u>National and decentralized levels</u>
<ul style="list-style-type: none"> • Facilitation of the integration of healthy foods and nutrition and promotion of 1st 1000 Days to prevent stunting through channels that reach youth.
Rwandan Bureau of Standard (RBS)
<i>Active collaborators on, NFNP Strategic Directions 1,3</i>
<u>National level</u>
<ul style="list-style-type: none"> • Definition and dissemination of quality standards of imported or locally produced foods including micronutrient fortified products. • Reinforcement of food quality control.
Districts
<i>Decentralized implementer of NFNSP Strategic Directions 1,2,3,4,5,6,7,</i>
<ul style="list-style-type: none"> • Set up District Food and Nutrition Steering Committee led by MINALOC with co-chairs from MINISANTE. MINALOC (social protection) MINAGRI and MIGEPROF. • Review and strengthen DPEMs with major additional emphasis on prevention of stunting in children under two years. • Develop plan for DPEM implementation with emphasis on assisting communities to set up 1st 1000 Days CBF&NP. • Develop collaboration protocols for multi sector collaboration in joint facilitation of 1st 1000 Days CBF&NP by frontline staff of MINALOC, MINAGRI, MINISANTE, and MIGEPROF. • Develop DPEM and 1st 1000 Days CBF&NP multisector monitoring systems. • Document lessons learned and share across sectors and districts.

Development Partners	
<i>(National and international NGOs, Professional Associations, UN organizations, bilateral and multilateral donors)</i>	
<i>Active collaborators on, NFNP Strategic Directions 1, 2, 3, 4, 5, 6,</i>	
<u>National level</u> <ul style="list-style-type: none"> • Support and participation in sustained advocacy for nutrition • Technical and financial support for the NFNP strategies, interventions, operational and supportive activities and services. • Active participation in the NF&NTWG and support for its activities. • Promotion of greater information sharing on interventions and operational issues relevant to improving implementation of NFNP strategies at all levels 	<u>Decentralized Levels</u> <ul style="list-style-type: none"> • Technical and Financial support to district, sector and community based programmes. • Development, production and dissemination of programme communication support materials. • Documentation and sharing of operational issues and innovations across districts and nationally. • Technical assistance and operational trials and adjustment of community and district level monitoring systems for food and nutrition strategies.
Private sector	
<u>National level</u> <ul style="list-style-type: none"> • Increased investment in production, processing and marketing of high quality, safe and beneficial food products for local consumption and export. • Increased support for implementation of NFNP interventions and activities. • National and decentralized levels • Support for and participation in the 1st 1000 Days national campaign including company programmes that motivate and promote services and practices to prevent stunting among staff. 	

NFNP Monitoring and Evaluation

Coordination at national level of NFNP implementation through the NFNSP 2013-2018 and annual JAPEM will be organised by the SCF&NSC. Information on an agreed set quantitative and qualitative outcome indicators will be drawn mainly from established monitoring procedures of participating sectors, related management information systems and national surveys (RDHS, CFSVA\NS and FNSMS). Other sources should include international guidelines and operational research on innovations and interventions and sector review missions. Operational progress on annual JAPEM including DPEM progress with 1st 1000 Days CBF&NPs will also be assessed by quarterly visits to districts and lower levels by multisector teams drawn mainly from the NF&NTWG; Macro analysis of information on nutrition and key health indicators obtained through the RapidSMS system nationwide will also be used.

At District level NFNSP monitoring will be planned in DPEM. DPEM will be monitored using sector based information systems. Complementing these, DF&NSC will organise 1st 1000 Days CBF&NP progress reporting system that brings together into a visual display of sector and joint sector progress on key output indicators progress toward the district's annual objective in terms of preventing stunting in children under two years of age. Supportive supervision will be used throughout the year to assist in improving the technical quality, coordination and sector personnel participation in sector specific and joint activities.

Community based monitoring of food and nutrition needs to be strengthened. This includes development of key indicators by and for the 1st 1000 Days groups and community leaders. Frontline personnel need to monitor household participation in 1st 1000 Days CBNP. Successful outcomes in terms of better health and normal of children in every community, depends, in part, on full participation by those families and women who are preparing for and within the 1st 1000 period. Community leaders, CHWs and others need to assist in assuring that and the poorest and most vulnerable are encouraged to participate on a regular basis.

In addition to that, a more strategic and problem based multisector food and nutrition research agenda is needed. A substantially improved and more dynamic system for sharing technical and operational information is needed. This system should accommodate sharing both formal and less formal information from all levels and particularly districts. The system should focus on innovations that can be adapted and used and lessons learned from 1st 1000 Days CBNP.

Resource allocation and mobilisation

The NFNP because it is cross sector depends for implementation on successful nutrition-specific and nutrition-sensitive services, programmes and interventions carried by several Government Ministries, and Development Partners using sector allocated and generate resources. Some strategic directions include multi sector activities that require collaboration among different Ministries and other partners, many of which will provide inputs and conduct activities using their own resources.

However, the NFNP also calls on these Ministries to sustain, strengthen, expand and promote these actions. If advocacy is required that such actions become or remain priorities with sufficient resources allocated this may come from within the sectors or from Development Partners. These partners should also be approached to assist with the operational research, modelling or planning needed to support advocacy for the sector-specific interventions called for by the NFNP. Participating Ministries and Development Partners will also be sources of technical assistance and funding for cross-sector operational research, food and nutrition advocacy, and activities related to and planning, monitoring and completing JAPEM annually and NFNSP in five year periods linked to the EDPRS cycles.

At District level, integration of DPEM to District Development Plans and budgets is called for by NFNP based on the importance of the interventions called for to district development. Substantial assistance to initiating 1st 1000 Days Food CBF&NP in 10 districts and many closely related at decentralised level are funded through Development partners including bi-lateral donors, the One UN, different UN agencies and NGOs. Each participating Ministry will support participation of their staff Additional resources needed to adjust community based food and nutrition activities toward the 1st 1000 Days, facilitate related activities and monitor progress be drawn from Sectors and sought from Development Partners.

Additional support will be required for overall NFNSP development and monitoring and to develop and prepared new communication support materials that support the 1st 1000 Days national campaign, orientation on the multisector integration of DPEM and their monitoring and to support activities not covered by specific sectors and outside the resource base of many communities. Sources of funds, technical assistance and supplies and commodities for such work will be worked out with the SCF&NSC.

Funds will also will be required for some interventions and support activities called for in the NFNP. These include, among others development of a comprehensive “National Capacity Building Plan in Food and Nutrition”, development of a “National Strategic Plan to Prevent Anaemia” and a consolidated “Problem Based Food and Nutrition Research Agenda”.

Conclusion

Despite the number and scope of the challenges remaining from the 2007 National Nutrition Policy that need to be addressed, the National Food and Nutrition Policy (2013) was developed in an environment of considerable past achievement

Rwanda’s joining of the international *Scale up Nutrition–1st 1000 Days Movement* in 2012 and its launching of the national campaign *1st 1000 Days in the Land of 1000 Hills* during Uganda in September 2013 generated new levels of commitment and brought help bring

new resources to nutrition programmes focused on reducing child stunting. Active Government and media participation along with international support has facilitated resources availability resources and enhanced commitment to National Food and Nutrition Policy programmes across sectors at central and decentralised levels.²⁶ That campaign also benefitted nutrition and food program implementers through introducing to communities the importance of the critical 1000 day “window of opportunity” during which the permanent damage of child stunting can be prevented. The campaign also brought strategic communication support to serve as a basis of support for 1st 1000 Days community based programme services and practices, thereby increasing popular demand and participation.

Renaming the NNP, the National Food and Nutrition Policy and expanding ownership and primary implementation responsibilities to include MINISANTE, MINALOC, and MINAGRI increased sector commitments and opened opportunities for joint programmes packages. These should allow more effective DPEM and their integration into the cores of District development planning, budgeting implementation and monitoring.

During 2013 as the National Food and Nutrition Policy was under development, some agreements had been completed and others were under final negotiation with international partners that would provide an initial tranche of funding and technical support for national and district levels projects and programmes focused on linking household food and security interventions. These projects included at their centre or as a high priority, community based programmes to address child stunting. This increased the opportunity for successful implementation of the National Food and Nutrition Policy.

The agriculture sector’s enhanced commitment to strategies that systematically support household food security adds potential to the policy objective of rapidly reducing the percentage of households with problems of nutritious food access. These strategies can have tremendous impact if activities are targeted as planned to areas with the greatest problems and, where possible to the most vulnerable families and groups. Impact can be further increased if useful lessons learned are captured and adapted for improving household food security in homes at national scale. Plans to effectively link household food security improvement strategies and interventions with the most vulnerable families, offers an important pathway to effective social protection and the potential for better nutrition.

Continuingly improving child health services at facility and community levels, greater access through health insurance expansion and improved household and community hygiene are helping to break the dangerous synergy of infection and malnutrition. Strong MINISANTE commitment helps assure such services will be sustained, expanded where national coverage has not yet been achieved, and strengthened where operational gaps are identified.

Provision of food in schools remains severely limited and existing programmes do not reach high percentages of students despite universals agreement on the benefits of such activities. However, the completion of a plan for a “Home Grown School Feeding Programme” that provides a framework to address this large nationally. The commitment of the education sector to strengthening food and nutrition through curricular and extracurricular activities provided an important opportunity to build knowledge and better prepare students to participate effectively in protecting their own and their future children’s nutrition.

Active participation by many levels of Development Partners providing high levels of commitment and effective advocacy, essential funding for development and trial of innovative interventions and strategies, and added technical, increases the opportunity for NFNP implementation success.

In such an environment of opportunities, there is substantial opportunity to meet many of the existing nutrition and household food security challenges that face the country. The new National Food and Nutrition Policy includes a strategic directions aimed toward effective advocacy to sustained and further build commitment to the Policy and its strategic priorities. This revised policy is not resource demanding because it mostly calls for adjusting,

²⁶ 1st 1000 Days in the Land of 1000 Hills to Prevent Stunting campaign was launched during Umuganda (30 September 2013) with support and participation from the Prime Minister’s Office, each of the Social Cluster Ministries, UNICEF and national media.

strengthening and expanding existing programmes, and continuous improvement through more effective monitoring and strategic adjustment in the context of the country's adoption of performance based financing. The NFNP provides a conceptual framework, interrelated strategic directions, organisational and coordination mechanisms and plans for resource allocation and mobilisation.

Its collaborative implementation by all sectors of Government with continued support from Development Partners should lead to achievement of stated objectives and move the country toward the overall goal improving household food security and the nutritional status of the Rwandan people. In doing this chronic malnutrition in children under two years of age should be reduced along a trend line that intersects in 2018 with the objective set by the HSSP III (24.5%) and continues downward. Active identification and effective management of all cases of acute malnutrition will be sustained and further improved.

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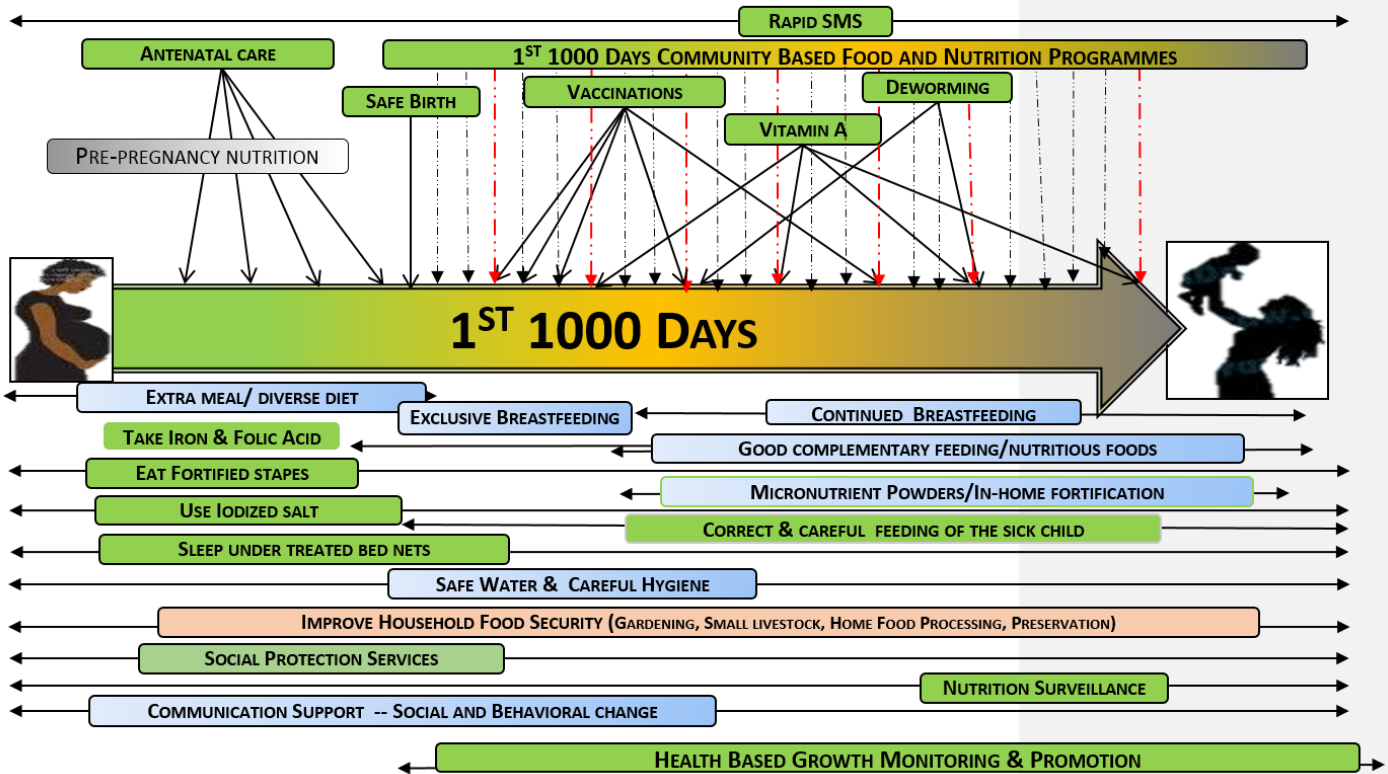
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1ST 1000 DAYS SERVICES, INTERVENTIONS & PRACTICES THAT HELP PROTECT CHILDREN FROM STUNTING



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