

# Rwanda

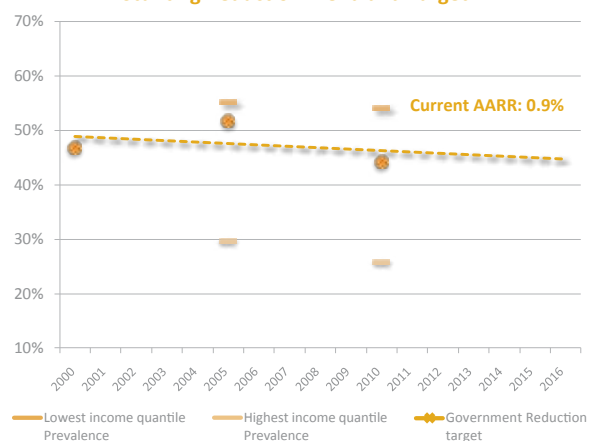


Joined: December 2011

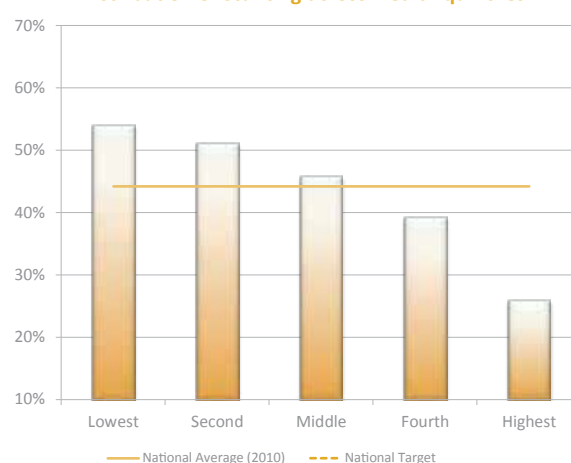


Demographic data	
National Population (million, 2010)	10.8
Children under 5 (million, 2010)	1.8
Adolescent Girls (15-19) (million, 2010)	0.50
Average Number of Births (million, 2010)	0.40
Population growth rate (2010)	2.78%
WHA nutrition target indicators (DHS 2010)	
Low birth weight	6.2%
0-5 months Exclusive Breastfeeding	84.9%
Under five stunting	44.3%
Under five wasting	3.0%
Under five overweight	7.1%
Coverage of Nutrition-relevant Factors	
Infant and young child feeding practice	
6-23 months with Minimum Acceptable Diet	16.8%
6-23 months with Minimum Diet Diversity	25.8%
Programs for vitamin and mineral deficiencies	
Zinc Supplementation for Diarrhea	-
Pregnant Women Attending 4 or more Antenatal Care Visits	35.4%
Vitamin A supplementation (6-59 months)	3.0%
Households Consuming Adequately Iodized Salt	99.3%
Women's Empowerment	
Female literacy	76.9%
Female employment rate	86.1%
Median age at first marriage	21.4
Access to skilled birth attendant	98.0%
Women who have first birth before age 18	6.1%
Fertility rate	5.1
Other Nutrition-relevant indicators	
Rate of urbanization	18.44%
Income share held by lowest 20%	5.16%
Calories per capita per day (kcal/capita/day)	2,021.6
Energy from non-staples in supply	36.04%
Iron availability from animal products (mg/capita/day)	0.5
Access to Improved Sanitation Facilities	61.8%
Open defecation	1.1%
Access to Improved Drinking Water Sources	73.6%
Access to Piped Water on Premises	5.0%
Surface Water as Drinking Water Source	8.8%
GDP per capita (current USD, 2013)	633.00
Exports-Agr Products per capita (current USD, 2012)	3.81
Imports-Agr Products per capita (current USD, 2012)	1.22

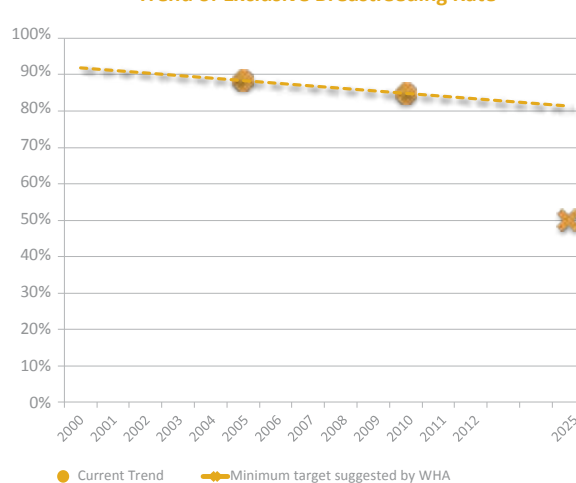
Stunting Reduction Trend and Target



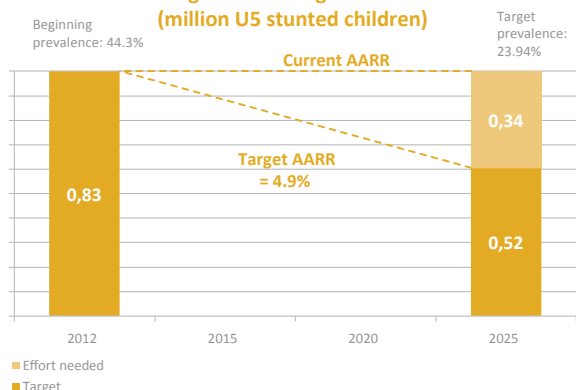
Distribution of stunting across wealth quintiles



Trend of Exclusive Breastfeeding Rate



Targeted Stunting Reduction (million US stunted children)



## Bringing people together into a shared space for action

Rwanda is strongly committed to reducing malnutrition. Several multi-stakeholder platforms to scale up nutrition have been set up. At the national level, the **Food and Nutrition Steering Committee (SCF&NSC)** under the Prime Minister's Office is the highest level government convening body. It is co-chaired by the Ministries of Health, Agriculture, and Local Government, and provides advice and reports on nutrition and household food security. It is complemented by the National Food and Nutrition Technical Working Group (NF&NTWG), which includes participation from all partners including the Social Cluster Ministries, UN agencies, NGOs, academia, donors, and businesses. Food and Nutrition Steering Committees (DF&NSC) are planned at District level. Sector level administrations will also form Sector Food and Nutrition Steering Committees to coordinate technical assistance to communities.

**REACH** serves as the nutrition coordinating mechanism for UN agencies. The private sector has established the National Food Fortification Alliance, a platform which includes industries, consumer associations, academia and government ministries, and which consults mainly on food fortification. A Civil Society Alliance has been established in June 2014 with WFP as participating UN organization.

## Aligning actions around a Common Results Framework

To operationalize the National Strategy to Eliminate Malnutrition, 5 key ministries (Health, Agriculture, Education, Gender, and Local Government) are putting together yearly multi-sectoral Joint Action Plans to Eliminate Malnutrition since 2012. Programs are being progressively scaled up with increasing coverage.

All 30 districts have developed District Plans for the Elimination of Malnutrition (DPEM), which are currently being implemented at varying degrees. In September 2013, the government launched the "Thousand Days in the Land of a Thousand Hills" Nutrition Campaign, which calls government and partners to focus on the available, affordable and cost-effective solutions to improve nutrition during the 1,000 days window of opportunity.

The plan has an M&E element which utilizes innovative mechanisms such as rapid SMS or performance-based contracts with mayors. The rapid SMS has also been expanded to include tracking a full 1,000 days of maternal and child health post-natal and new born care services. Currently, Rwanda is working on incorporating Length for Age Measurements into Growth Monitoring and Promotion with EU support, and is using DevInfo as a monitoring tool in 22 districts.

Rwanda hosted in early 2014 high level nutrition events such as the 3rd National Nutrition Summit "Promote the first 1,000 Days to Prevent Child Stunting"; the 2<sup>nd</sup> Global Conference on Bio-fortification; and the Rwanda CAADP II High Level Meeting.

## Ensuring a coherent policy and legal framework

**The National Nutrition Policy (2007) and the National Strategy to Eliminate Malnutrition (2010-2013)** have been updated. The new National Food and Nutrition Policy (2013) and the National Food and Nutrition Strategy (2013-2018) include nutrition specific and nutrition sensitive approaches to addressing under-nutrition.

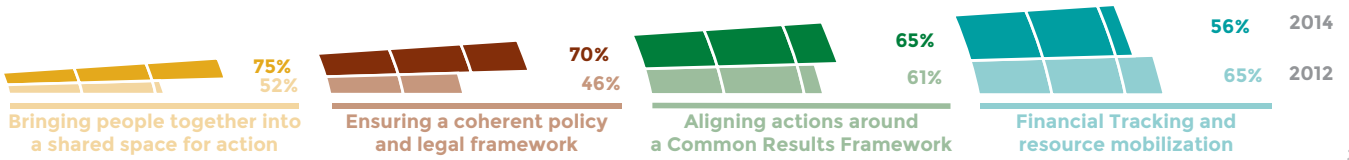
There are current policies in key sectors that have an impact on nutritional outcomes including agriculture, poverty reduction and development, health, education and social protection. Two of them are the **Strategic Plan for the Transformation of Agriculture in Rwanda Phase III Plan 2013-2017** and the **Annual Strategic Plan 2013-2014 of the Ministry of Gender**. The Ministry of Local Government has updated the Social Protection Strategy. The Health Sector Strategic Plan III (2012-2018) has also been updated. The Ministry of Agriculture has developed a costed Nutrition Action Plan (2013-2018). Other key legislations are on process for approval such as the Maternity Protection Law, Measures for the Implementation of the International Code of Marketing of Breast-milk Substitutes, and Food Fortification.

## Financial Tracking and resource mobilization

The comprehensive Joint Action Plan to Fight Malnutrition is costed on an annual basis. The Government's financial contribution has been clearly identified but more clarity on partners' contribution is needed. The Government has signed an MOU with the EU to provide USD 10 million for nutrition over the next 3 years. Various partners are leveraging funds from donors both in country and outside. It is estimated that Rwanda may receive up to USD 12 million per year for nutrition over the next 3 years. The Swiss Agency for Development Cooperation also provided USD 3 million starting 2013 to support implementation of DPEM in two districts through the One UN Joint Nutrition Project. The Embassy of the Netherlands funded a nutrition programme through UNICEF starting with 10 districts in 2013 and expanded to 14 more districts in 2014. The total funding for this programme for 4 years is USD 24,724,633.

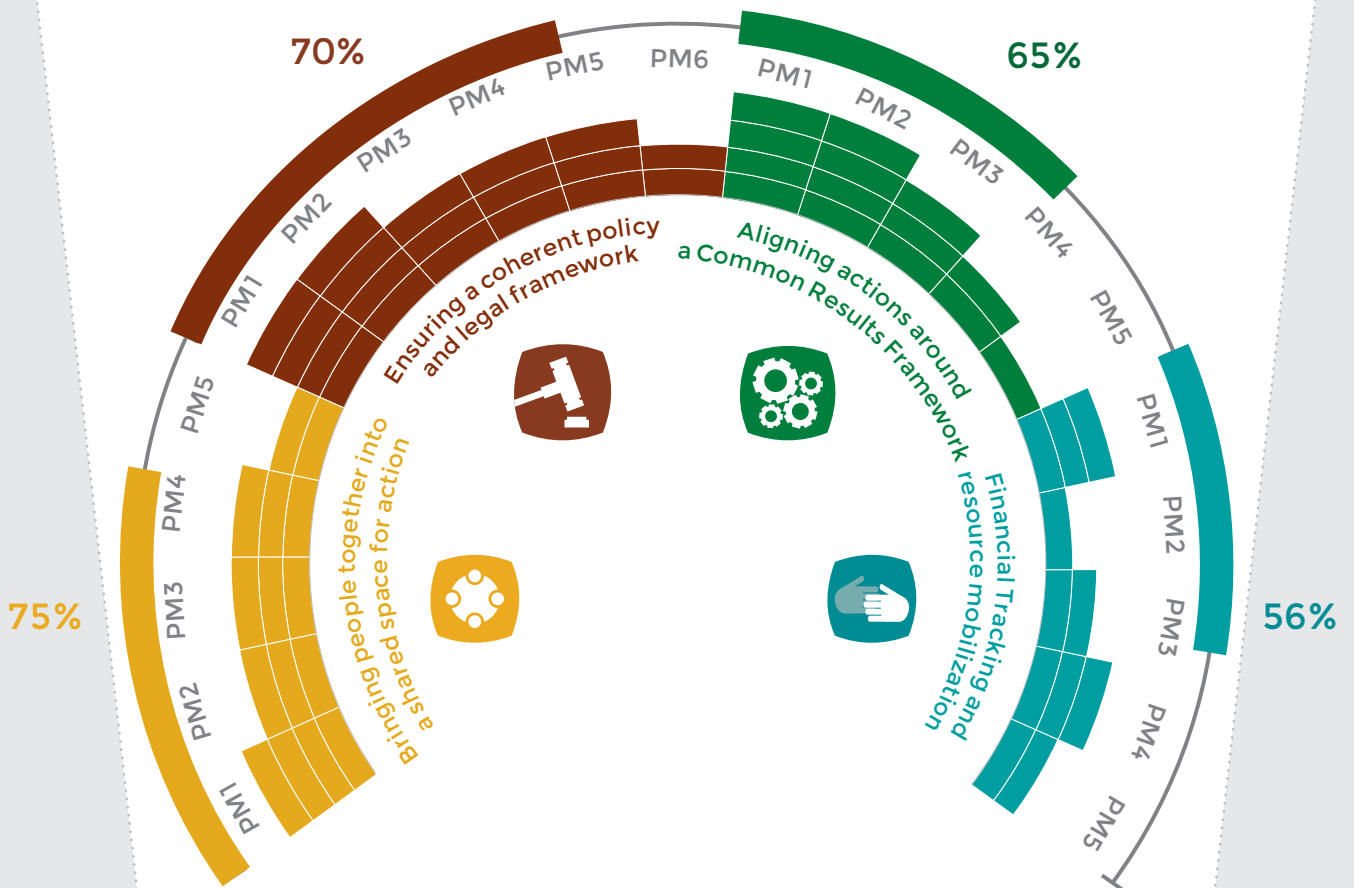
# Progress Across Four SUN Processes Rwanda

## 2012<sup>1</sup> and 2014<sup>2</sup> Scoring of Progress Markers



## 2014 Dashboard for Progress Markers

Stage of Preparedness



<sup>1</sup>Externally assessed by the SUN Movement Secretariat  
<sup>2</sup>Internally assessed by in-country self-assessment exercise