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## Rwanda: Nutrition Profile

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Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Rwanda, where 38 percent or 661,200 children under 5 years suffer from chronic malnutrition (stunting or low height-for-age) and 37 percent or 643,800 suffer from anemia, according to the most recent Demographic and Health Survey (DHS) (National Institute of Statistics of Rwanda [NISR] [Rwanda], Ministry of Health [MOH] [Rwanda], and ICF International 2015).

### **Background**

Since the end of civil war and genocide in 1994, the Government of Rwanda (GOR) has embarked on rebuilding the country and improving the quality of life for its people. Rwanda's long-term development goals are defined in "Vision 2020," a strategy that seeks to transform the country from a low-income, agriculture-based economy to a knowledge-based, service-oriented economy with middle-income country status by 2020. These goals build on remarkable development successes over the last decade that include high growth, rapid poverty reduction, and reduced inequality. Between 2001 and 2015, real GDP growth averaged about 8 percent per annum. Strong economic growth has been accompanied by substantial improvements in living standards, with a two-thirds drop in child mortality and near-universal primary school enrollment (World Bank 2017). Despite this, Rwanda—a small, landlocked country with the highest population density in Sub-Saharan Africa—remains one of the world's poorest countries. About 62 percent of the population lives on less than US\$1.25 per day (USAID 2017).

Agriculture is the foundation of the Rwandan economy, accounting for 29.5 percent of GDP at current prices, 45.9 percent of employment, 63 percent of foreign exchange earnings, and 90 percent of the country's food needs. However, agricultural productivity remains low. The vast majority of farmers practice subsistence farming on small, hilly plots. Due to erosion and poor soil fertility practices, up to half of the country's land is severely degraded. The use of improved seeds, pesticides, and fertilizers is limited (USAID 2017).

Currently, Rwanda ranks 123<sup>rd</sup> out of 157 countries in progress toward meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2017). According to the most recent DHS in Rwanda (2015), the infant mortality rate is 32 per 1,000 live births and the under 5 mortality rate is 50 per 1,000 live births (NISR, MOH, and ICF International 2015).

### **Nutrition and Food Security Situation**

Despite Rwanda's impressive economic growth, household food insecurity and undernutrition remain a challenge. In part due to low agricultural productivity, over a third of the Rwandan population experiences food insecurity. Nationally, 38 percent of children under 5 years are stunted and 2 percent suffer from acute malnutrition (wasting or low weight-for-height). Stunting increases with the age of the child up until 23 months, rising from 18 percent among children 6–8 months to a peak of 49 percent among children 18–23 months. Variation in children's nutritional status by province is quite evident, with stunting being highest in West (45 percent) and lowest in the city of Kigali (23 percent). Forty-one percent of rural children are stunted, as compared with 24 percent of urban children. Both a mother's level of education and wealth quintile have a clear inverse relationship with prevalence of stunting. For example, the prevalence of stunting is higher among children living in the poorest households (49 percent) than among children in the richest households (21 percent) and is higher among children whose mothers have no education (47 percent) than among those whose mothers have a secondary education or higher (19 percent) (NISR, MOH, and ICF International 2015).

Early childbearing also contributes to malnutrition in Rwanda. By age 19, 21 percent of adolescent girls had begun childbearing in 2014–2015, which is a slight increase from 20 percent in 2010 (NISR, MOH, and ICF International 2015; NISR, MOH, and ICF International 2010). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low birth weight baby who is more likely to become malnourished, and be at increased risk of illness and death than those born to older mothers. The risk of stunting is 33 percent higher among first-born children of girls under 18 years in Sub-Saharan Africa, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Rwanda is also experiencing the double burden of malnutrition with 21 percent of women and 8 percent of children under 5 years suffering from overweight and obesity (NISR, MOH, and ICF International 2015). Eighty percent of all households are food secure, which corresponds to about 1,963,975 households. However, 979,045 of these households are considered marginally food secure, meaning they are at high risk of becoming food insecure. Of the 473,847 households considered food insecure, 63,696 are severely food insecure. The level of food insecurity is particularly high in the western and northern parts of the country, especially in the livelihood zones of Western Congo Nile Crest Tea Zone (49 percent), Lake Kivu Coffee Zone (37 percent), and the Northern Highland Beans and Wheat Zone (32 percent). At the provincial level, the Western Province is most concerning, with over 35 percent of its households considered food insecure. Although the Western Province holds 22 percent of the country’s households, 42 percent of all severely food insecure households in Rwanda are found there. At the district level, Rutsiro (57 percent), Nyamagabe (42 percent), Nyabihu (39 percent), Nyaruguru (37 percent), Rusizi (36 percent), Karongi (35 percent), and Nyamasheke (35 percent) have the highest percentages of households classified as food insecure (National Institute of Statistics of Rwanda [NISR] [Rwanda], Ministry of Agriculture [MOA] [Rwanda], and World Food Programme 2015). Undernutrition, especially stunting, in children is attributed not only to food insecurity and poverty, but also to inadequate feeding, particularly poor complementary feeding practices. Only 19 percent of children 6–23 months receive a minimum acceptable diet (NISR, MOH, and ICF International 2015).

<b>Rwanda Nutrition Data (DHS 2010 and 2014–2015)</b>		
Population 2016 (UNICEF 2017)	11.92 million	
Population under 5 years (0–59 months) 2016 (UNICEF 2017)	1.74 million	
	DHS 2010	DHS 2014 2015
Prevalence of stunting among children under 5 years (0–59 months)	44%	38%
Prevalence of underweight among children under 5 years (0–59 months)	11%	9%
Prevalence of wasting among children under 5 years (0–59 months)	3%	2%
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	6%	6%
Prevalence of anemia among children 6–59 months	38%	37%
Prevalence of anemia among women of reproductive age (15–49 years)	17%	19%
Prevalence of thinness among women of reproductive age (15–49 years)	7%	7%
Prevalence of thinness among adolescent girls (15–19 years) (BMI less than 18.5 kg/m <sup>2</sup> )	13%	11%
Prevalence of children 0–5 months exclusively breastfed	85%	87%
Prevalence of children 4–5 months exclusively breastfed	76%	81%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	71%	81%
Prevalence of children who receive a pre-lacteal feed	14%	5%

Prevalence of breastfed children 6–23 months receiving minimum acceptable diet*	17%	19%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	7%	8%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	16%	21%
Coverage of iron for pregnant women (for at least 90 days)	1%	3%
Coverage of vitamin A supplements for children (6–59 months in the last 6 months)	93%	86%
Percentage of children 6–59 months living in households with iodized salt	91%**	90%**

\*Defined as percentage fed 4+ food groups and minimum meal frequency.

\*\*For both years, almost all households with salt tested used iodized salt. The remaining percentage did not have salt in the house.

## **Global and Regional Commitment to Nutrition and Agriculture**

Rwanda has made the following global and regional commitments to nutrition and agriculture:

<b>Year of Commitment</b>	<b>Name</b>	<b>Description</b>
2007	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. Rwanda was the first country to sign the compact in 2007.
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The Head of the Nutrition and Hygiene Department at the National Early Childhood Development Program at the Ministry of Gender and Family Promotion is the SUN focal point person. USAID is the Co-Chair of the National Food and Nutrition technical working group and the donor convener for SUN in Rwanda and, together with the United Nations, coordinates the support of nutrition-specific and nutrition-sensitive programs. In 2015, the SUN Civil Society Alliance (SUN-CiSA) was created, which includes

		70 civil society members from both local and international organizations working in various capacities on food security and nutrition. Academia is engaged through the National Food and Nutrition Technical Working Group (SUN 2015).
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Rwanda pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (A Promise Renewed 2017).

### **National Nutrition Policies/Legislation, Strategies, and Initiatives**

Rwanda’s commitment to improving nutrition is outlined in the following documents which align with the Rwanda Vision 2020 and the Economic Development and Poverty Reduction Strategy (EDPRS 2):

- Third Health Sector Strategic Plan (2012–2018)
- National Multi-Sectoral Food and Nutrition Policy and Strategic Plan (2013–2018)
- Plan for the Transformation of Agriculture (PSTA IV) (2018–2023)
- National Multi-Sectoral Strategy to Eliminate Malnutrition (2010)

The GOR has demonstrated its commitment to improving nutrition by instituting various national policies and initiatives. The Ministry of Health (MOH) implemented the National Multi-Sectoral Strategy to Eliminate Malnutrition (2010) and a comprehensive joint action plan to fight malnutrition under the Office of the Prime Minister, which provided a common results framework for nutrition. Multisectoral nutrition committees for the District Plans to Eliminate Malnutrition (DPEMs) were established at local levels, bringing together mayors, district directors of health, nutritionists, agronomists, and officers from social protection, veterinary, hygiene, and sanitation sectors. In 2012, the U.S. Government provided support for the implementation of the national nutrition strategy at the district level. A national Multi-Sectoral Food and Nutrition Policy and Strategic Plan for 2013–2018 was developed to guide the GOR and development partners in the implementation of nutrition activities with a multi-sectoral approach to address stunting, with active nutrition screening of children under 5 years being conducted by community health workers during monthly growth monitoring and promotion. The policy and the strategic plan are aligned to the 5-year (2013–2018) Economic Development and Poverty Reduction Strategy (EDPRS II) that aims to propel Rwanda’s economic growth to a middle-income-status country by 2020. To give nutrition a visible platform for advocacy, a nutrition indicator to reduce chronic malnutrition among children under 2 years was introduced in the EDPRS II. Further, in September 2013, the GOR together with development partners launched a first 1,000 days campaign, called “1,000 days in the Land of a 1,000 Hills,” that is being implemented in three phases to increase awareness of improved maternal, infant, and young child feeding practices and is being updated.

In addition, through the Ministry of Agriculture, the Government of Rwanda has developed a new 5-year strategic plan for agriculture investment (PSTA IV 2018–2023), which will ensure mainstreaming of food security and nutrition throughout strategic programs.

In Rwanda, several multi-stakeholder platforms have also been set up at central and local level to scale up nutrition. The Inter-Ministerial Coordination Committee is the highest-level convening body under the leadership of the Minister of Health and co-chaired by the Minister of Finance and the United Nations Resident Coordinator. The committee brings government and development partners together. Staff from the ministries of health, agriculture, and animal

resources and local governments co-chair the Social Cluster Food and Nutrition Steering Committee (SCF & NSC). Together, they coordinate and implement the National Food and Nutrition Policy (NFNP) and the National Food and Nutrition Strategic Plan (NFNSP) with the support of the ministries of education, gender, and family promotion, disaster management and refugees, and public service and labor. The National Food and Nutrition Technical Working Group (NF & NTWG) was set up in 2013 and is Rwanda’s multisectoral nutrition coordination platform. The NF&NTWG includes representation from the SCF & NSC, donors, UN agencies, civil society, academia and the private sector. The private sector has established the National Food Fortification Alliance under the auspices of the NF & NTWG within the MOH. At the local level, multisectoral nutrition committees are composed of mayors, district directors of health, nutritionists, agronomists, and social protection, veterinary, and hygiene and sanitation officers.

Rwanda has identified multisectoral approaches and coordination efforts as key ingredients to accelerate progress in nutrition and food security programs. Thinking that the national food and nutrition coordination secretariat, which was established to help coordinate the country’s efforts to reduce undernutrition, especially child stunting, needed complementarity, the GOR created a national early childhood development (ECD) program to have a family-focused approach to address child stunting in Rwanda. It is envisioned that the coordination secretariat and the ECD program will be housed together to complement each other and to accelerate Rwanda’s food security and nutrition agenda using a multisectoral approach. USAID in Rwanda is currently engaging development partners and the GOR to start discussing the need to revise the national food and nutrition policy and its strategic plan as the current 5-year policy (2013–2018) expires. To develop the new policy, USAID will ensure that the most current evidence in programming integrated nutrition interventions is considered and included for effective multisectoral management and prevention of all forms of malnutrition among women and children.

### **USAID Programs: Accelerating Progress in Nutrition**

As of January 2018, the following USAID programs were active in Rwanda. Rwanda’s Feed the Future Multi-Year Strategy identifies market linkages, infrastructure, nutrition, innovation, and policy as focal points for support and intervention. The strategy focuses on enabling improvements for private-sector-led growth in the agriculture sector and on building capacity within value chains to improve the competitiveness of farmers and commodities. This demand-driven approach directly supports Rwanda’s Vision 2020 strategy, which foresees a transformation from subsistence to market-oriented agriculture. The Feed the Future approach also links directly to Rwanda’s new 5-year Strategic Program for Agricultural Transformation IV, and is fully aligned with the Comprehensive Africa Agriculture Development Programme (CAADP) framework.

<b>Selected Projects and Programs Incorporating Nutrition in Rwanda</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
Hinga Weze (Cultivate for Better Production)	2017–2022	The purpose of the project is to sustainably increase smallholder farmers’ income, improve the nutritional status of women and children, and increase the resilience of agriculture and food systems to the changing climate.
Twiyubake - The Improved Services for Vulnerable Populations (ISVP)	2015–2020	The project aims to improve the protection of vulnerable populations against adverse circumstances.
Caritas Rwanda USAID/Gimbuka	2012–2020	The purpose of the project is to improve the nutritional status of mothers and children, especially those under 2 years and strengthen the well-being of OVC and their families affected by HIV/AIDS.
Gikuriro-Integrated Nutrition and WASH Activity (INWA)	2015–2020	The objective of the project is to improve the nutritional status of women of reproductive age and children under 5 years of age, with an emphasis on the 1,000-day window of opportunity from pregnancy until a child’s second birthday.

FXB (USAID/Turengere Abana)	2015–2020	The purpose of the project is to improve the nutritional status of women of reproductive age and children under 5 years, with an emphasis on the 1,000-day window of opportunity from pregnancy until a child’s second birthday.
African Evangelical Enterprise (USAID/Ubaka Ejo)	2015–2020	The objective of the project is to improve the nutritional status of women of reproductive age and children under 5 years, with an emphasis on the 1,000-day window of opportunity from pregnancy until a child’s second birthday.
Rwanda Social Marketing Program (RSMP)	2013–2019	The objective of the project is to promote behavior change practices through improved communication techniques and social marketing of health products and services.
Tworore Inkoko Twunguke (Let Us Raise Chickens for Profit)	2017–2019	The objective of the project is to increase the production of broiler chickens in Musanze district to increase incomes of rural smallholders and improve household nutrition outcomes through increased consumption of animal protein (chicken meat). To achieve the program goal, the activity will provide 750 Rwandan male and female farmers with the capital, training, equipment, feed, technical service and marketing support necessary to successfully produce broiler chickens.
Rwanda Private Sector Driven Agricultural Growth (PSDAG) Project	2014–2019	The objective of the project is to increase smallholder incomes by promoting private sector investment, with two primary complementary objectives: <ul style="list-style-type: none"> <li>• To assist the GOR to increase private sector investment.</li> <li>• To facilitate increased private sector investment by upgrading agricultural value chains.</li> </ul>
Feed the Future Rwanda Orange-Fleshed Sweet Potato (OFSP) for Income and Nutrition	2015–2018	The purpose of the project is to promote the production and consumption of OFSP in 10 districts in USAID’s Feed the Future zones of influence in Rwanda. The project will contribute to Feed the Future objectives of inclusive agricultural sector growth and improved nutritional status, especially of women and children.
Scaling Up Iron-Rich Beans	2015–2018	This project will scale up the production of biofortified beans to increase income and the consumption of more nutritious beans.
GAIN (Market Place for Nutritious Foods)	2015–2017	The objectives of the project are to: <ul style="list-style-type: none"> <li>• Increase agricultural productivity, by supporting local companies to improve their businesses.</li> <li>• Expand markets and trade by creating new domestic markets for foods with high nutritional potential.</li> <li>• Increase investment in agriculture and nutrition-related activities, by fostering successful businesses that produce locally sourced, nutritious products.</li> <li>• Improve nutrition-related behaviors by supporting marketing and communications efforts that emphasize healthy, safe, nutritious food and food production, and consumption approaches.</li> </ul>
Food for Peace (FFP)	Ongoing	FFP targets approximately 89,000 food-insecure Congolese refugees and returnees within Rwanda. FFP partners with the World Food Programme to provide food and nutritional assistance to Congolese refugees, and recovery support to Rwandan refugees returning home from neighboring countries.

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