
Rwanda: Nutrition Profile

Background

Since the civil war and genocide in the early 1990s, the Government of Rwanda (GOR) has embarked on rebuilding the country and improving the quality of life for its people. Rwanda's Vision 2020 strategy, with its focus on good governance, productive and market-oriented agriculture, and regional and international economic integration, has been key to development.¹ Economic growth has been strong, with GDP growth averaging 8 percent over the past decade. The poverty rate dropped from 77.8 percent in 1995 to 44.9 percent in 2012,² which is largely attributed to improved agricultural production, slower population growth, and an increase in both farm and nonfarm wages and income transfers.³ However, Rwanda — a small, landlocked country with the highest population density in sub-Saharan Africa — remains one of the world's poorest countries, ranking 166 out of 187 countries on the UNDP's Human Development Index of 2011. The rural poverty rate is three times higher than that in urban populations. Hilly terrain, erosion and limited natural resources are critical determinants of rural poverty and complicate agricultural production, which accounts for one-third of GDP and employs nearly 80 percent of the labor force.² Rwanda is one of six African countries making especially impressive progress on the Millennium Development Goals (MDGs).⁴ Rwanda is on track to promote gender equality and empower women (MDG 1) and to combat HIV/AIDS, TB, malaria and other diseases (MDG 6), though much work is still needed to eradicate extreme poverty and hunger (MDG 1) and reduce child mortality (MDG 4).⁵

Nutrition Situation

Despite the impressive economic recovery, household food insecurity and undernutrition remain a challenge. As many as 460,000 households (21 percent) have unacceptable food consumption and may be considered food insecure.⁶ The areas of highest food insecurity are the northern and western areas bordering Lake Kivu and along the Congo Nile Crest. From 2005 to 2010 there were improvements in nutritional status among children under 5 and among women. These improvements are largely attributed to the implementation of the National Multisectoral Strategy to Eliminate Malnutrition, which includes active nutrition screening of children by community health workers.⁷ Rates of stunting, underweight and wasting have all decreased, and there has been a remarkable reduction in anemia in children under 5. However, even with these improvements, chronic malnutrition is still far too high, with disparities that overwhelmingly affect rural children: 47 percent of rural children are stunted, as compared with 27 percent of urban children. Regions with the highest rates of food insecurity also have the highest rates of stunting: 51 percent and 50 percent in the Northern and Western provinces, while the lowest rates (24 percent) are in the city of Kigali. Mothers' levels of education and wealth quintile have a clear inverse relationship with prevalence of stunting.⁷ Undernutrition in children is attributed not only to food insecurity and poverty, but also to inadequate feeding, particularly during weaning, and insufficient intake of micronutrients — only 20 percent of Rwandan children consume food rich in iron, which is critical to growth and cognitive development.⁷ According to the recent results of a cost of hunger study in Rwanda, 21.9 percent of child mortality is associated with undernutrition, while the social and economic impact of child undernutrition leads to the loss of \$820 million, equivalent to 11.5 percent of Rwanda's GDP.

Rwanda Nutrition Data		
Population	10.9 Million	
Population under 5 years of age (0-59 months)	1.9 Million	
	2005⁸	2010⁷
Prevalence of stunting among children under 5 (0-59 months)	51%	44%
Prevalence of underweight among children under 5 (0-59 months)	18%	11%
Prevalence of wasting among children under 5 (0-59 months)	5%	3%
Prevalence of anemia among children aged 6-59 months	52%	38%
Prevalence of anemia among women of reproductive age (15-49 years)	26%	17%
Prevalence of thinness among women of reproductive age (15-49 years)	10%	7%
Prevalence of children aged 0-5 months exclusively breastfed	88%	85%
Prevalence of breastfed children aged 6-23 months receiving a minimum acceptable diet	16%	17%

National Nutrition Policies

The GOR has demonstrated its commitment to improving nutrition through the institution of various national policies and initiatives. The Ministry of Health (MOH) implemented the National Multisectoral Strategy to Eliminate Malnutrition (2010-2013) and a comprehensive joint action plan to fight malnutrition under the Office of the Prime Minister, which provides a common results framework for nutrition. Multisectoral nutrition committees were established at central and 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. USAID supported nutrition activities at health facilities and in communities, including supporting the scale-up of the GOR's Community-Based Nutrition Program.⁹ Furthermore, a national multisectoral Food and Nutrition Policy and Strategic Plan for 2013-2018 was completed in October 2013 to guide the GOR and development partners in the implementation of nutrition activities with a multisectoral approach to address stunting. The policy and the strategic plan is aligned to the five-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 of age was introduced in the EDPRS II. Further, in September 2013, the GOR together with development partners launched a 1,000 days campaign that will be implemented in three phases to increase awareness of improved maternal, infant and young child feeding practices.

In December 2011, Rwanda joined **Scaling Up Nutrition (SUN)**, 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 Director of Maternal and Child Health in the MOH is the SUN focal point person, while USAID is the donor convener for SUN in Rwanda, and together with the U.N. coordinates the support of nutrition-specific and nutrition-sensitive programs.

Furthering its investment in improving nutrition, Rwanda was the first country to sign a CAADP (Comprehensive Africa Agriculture Development Programme) Compact, in 2007. 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. Today Rwanda is one of the few African countries to meet the CAADP-recommended target of 10 percent of agricultural expenditure in the national budget.³

USAID Programs: Accelerating Progress in Nutrition

Highlighted Bilateral Nutrition Projects in Rwanda				
Project Name	Year Awarded	End Date	Objective(s)	Funding Stream(s)
Integrated Improved Livelihood Program (IILP)	2011	2016	Improve the livelihoods and food consumption of Rwanda's very poor, particularly women.	Feed the Future
USAID/Gimbuka	2012	September 2015	—Improve the nutritional status of mothers and children, especially those under two years of age —Strengthen the well-being of OVC and their families affected by HIV/AIDS.	PEPFAR, Feed the Future
UNICEF Nutrition Activity	2010	September 2015	Support the government's efforts by enabling districts to deliver nutrition services during the 1,000 days window.	Field Mechanism (Feed the Future)

Feed the Future Progress

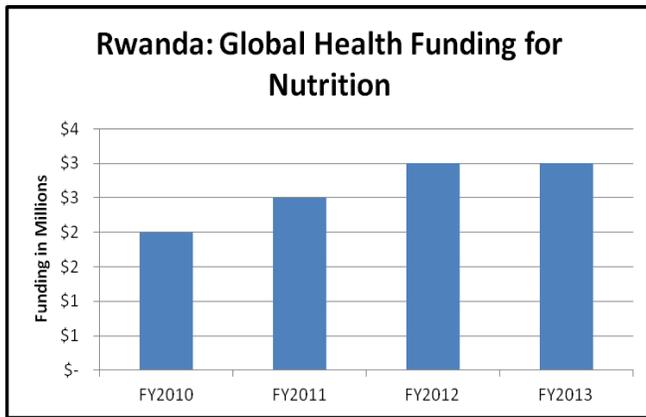
Rwanda's Feed the Future Multi-Year Strategy identifies market linkages, infrastructure, nutrition, innovation and policy as focal points for support and intervention, and is expected to reach 174,000 children and 713,000 vulnerable persons overall. The strategy focuses on enabling improvements for private 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 five-year Strategic Program for Agricultural Transformation III, and is fully aligned with the CAADP framework.

Rwanda's Feed the Future flagship project is the **Integrated Improved Livelihoods Project (IILP)**, also known as Ejo Heza, which means "Brighter Future" in Kinyarwanda. The project's goal is to improve the livelihoods and food consumption of 75,000 of Rwanda's very poor, particularly women, by building the capacity of low-income households to access the financial services necessary to grow their enterprises, as well as assist financial service providers to develop and deliver

USAID/Rwanda Feed the Future Targets for 2015

- Help an estimated 713,000 vulnerable Rwandan women, children and family members — mostly smallholder farmers — escape hunger and poverty.
- Reach more than 174,000 children with services to improve their nutrition and prevent stunting and child mortality.
- Achieve improved income and nutritional status for significant numbers of additional rural populations through strategic policy engagement and institutional investments.

effective products to the rural market. As health and nutrition affect people's ability to be productive, Ejo Heza will also integrate nutrition messaging throughout its program activities as well as promote kitchen gardening and improved food handling to support more nutritious diets.¹⁰ The IILP has been highly successful, with the value of agricultural loans accessed during 2012 six times higher than the target, indicating much greater demand for rural financial service products than previously anticipated. The IILP also demonstrated the value of an integrated approach by training 20,063 individuals on improved nutrition and child health practices, surpassing the goal of 18,500.⁹



Other USAID Nutrition-Related Development Assistance

Under **PEPFAR**, the U.S. Government provides support for access to a broad range of care and support services for people living with HIV/AIDS. Nutrition assessment and support is at both facility and community levels, through established community health worker programs, and some clinical partners provide linkages to food support.¹² In PEPFAR-supported prevention of mother-to-child transmission sites, counseling and nutrition support was given to 2,323 eligible pregnant and lactating mothers across 198 sites in 2012.⁹

The **Food for Peace (FFP) Title II program** is also active in Rwanda. FFP targets approximately 89,000 food-insecure Congolese refugees and returnees within Rwanda. FFP partners with the U.N. World Food Programme to provide food and nutritional assistance to Congolese refugees, and recovery support to Rwandan refugees returning home from neighboring countries.

Rwanda joined the *Committing to Child Survival: A Promise Renewed* campaign in 2012, and 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.

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