

NUTRITION GOVERNANCE IN RWANDA

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ACRONYMS

CFSVA: Comprehensive Food Security and Vulnerability Analysis

CHW: Community Health Workers

CRS: Catholic Relief Services

DPEM: District Plan to Eliminate Malnutrition

ECD: Early Childhood Development

MCCH: Maternal, Child, and Community Health

MIGEPROF: Ministry of Gender and Family Promotion

MoH: Ministry of Health

MINAGRI: Ministry of Agriculture

MINALOC: Ministry of Local Government

MINEDUC: Ministry of Education

NCDA: National Child Development Agency

RBC: Rwanda Biomedical Center

RDHS: Rwanda Demographic Health Survey

SPEM: Sector Plan to Eliminate Malnutrition

SUN: Scaling Up Nutrition

USAID: United States Agency for International Development

UNICEF: United Nations Children’s Fund

WASH: Water, Sanitation and Hygiene

WFP: World Food Program

WHO: World Health Organization

DEFINITION OF KEY TERMS

Food and nutrient security means access by all people of all ages, in all seasons, to the food, diet and nutrients they need for a healthy life.

Malnutrition refers to deficiencies or excesses in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization.

Nutrition Advocacy: Nutrition advocacy is a platform to create movement toward greater political and social commitment for nutrition in a country or a process to strengthen nutrition governance and promote accountability for nutrition

Nutrition governance score is "strong", "medium" or "weak", depending on the presence of a set of elements identified by the countries themselves as crucial for successful development and implementation of national nutrition policies and strategies.

Nutrition specific interventions are those that address immediate and some intermediate causes of malnutrition (especially caring for children)

Nutrition sensitive interventions are interventions of other sectors that incorporate nutrition objectives to improve food and nutrition security

Stunting is a height deficit in children in relation to age, measured using height-for-age (HFA or HAZ); also known as chronic malnutrition.

EXECUTIVE SUMMARY

Background

Rwanda, a low-income country, has had consistent economic growth and impressive improvements in health indicators over the years. However, Rwanda continues to grapple with malnutrition in all forms, especially chronic malnutrition (i.e., stunting) in children in under 5 and undernutrition in adolescent girls and women. The prevalence of stunting remains high (33%) in children under 5, while a significant number of girls and women suffer from micronutrient deficiencies, like anemia, and most do not meet minimum dietary diversity requirements. Undernutrition has severe consequences, negatively affecting cognitive and motor development of children under 5 and increasing their risk of morbidity and mortality specifically for the adolescent girls and women, undernutrition is inter-generational in nature; the undernourished mother will give birth to a low birth-weight baby, the low birth-weight baby will grow as an undernourished child, then to an undernourished teenager and finally to an undernourished pregnant woman.

The Government of Rwanda has various policies, strategies and legal frameworks that prioritize reduction of undernutrition, and the progress in reducing undernutrition in the last 30 years is commendable. However, progress in reducing undernutrition is inconsistent throughout the country and between urban and rural populations. Both Rwanda’s tremendous efforts and commitments towards reducing undernutrition as well as its challenges offer useful lessons for how nutrition governance can be strengthened to accelerate improved outcomes.

Considering this, Catholic Relief Services commissioned a case study to assess different aspects of the nutrition governance in Rwanda. It includes the implemented interventions, key successes, enablers, challenges and opportunities to advance nutrition intervention in Rwanda, among others.

Summary of findings

This assessment reveals several notable achievements in Rwanda's nutrition governance, including multi-sectoral approaches, improved nutrition indicators, strengthened coordination, active community engagement, and scalable nutrition programs. Nevertheless, it is important to acknowledge both the substantial facilitators that drive achievements in Rwanda, and the persisting obstacles; the following table summarizes both.

Enablers	Challenges
<p>Ownership and coordination</p> <p>Strong ownership and engagement at the grassroots level coupled with robust stakeholder coordination ensure efficient intervention implementation. Commitment spans from national to village levels, fostering a collaborative environment conducive to success.</p>	<p>Limited ownership across various sectors</p> <p>Achieving ownership and coordination among diverse sectors remains challenging, particularly at the district level. Sectors struggle to comprehend collaborative strategies, leading to potential implementation gaps.</p>
<p>High-level government commitment</p> <p>Rwanda's government prioritizes nutrition, displaying political will that underpins comprehensive interventions. This commitment</p>	<p>Limited focus on over-nutrition</p> <p>Over-nutrition issues are a growing concern in Rwanda, including obesity and diet-related diseases. Addressing the</p>

drives partnerships on national and international fronts, facilitating effective implementation.	double burden of undernutrition and over-nutrition is essential for public health.
<p>Increased allocation of funds</p> <p>Budget allocations for nutrition have progressively increased, reflecting the government's acknowledgment of their significance. Advocacy efforts have amplified awareness and secured vital additional funding.</p>	<p>Lack of sufficient funding for nutrition interventions</p> <p>Inadequate funding for nutrition interventions poses a significant challenge. Budget constraints and competing priorities hinder allocating resources to programs. While the economy contributes to reducing malnutrition rates, the necessary rate of progress is not achieved due to funding gaps, particularly in social protection.</p>
<p>Governance structures</p> <p>Structured nutrition governance, extending to the village level, streamlines policy execution and guideline adherence. This framework ensures interventions are consistently executed, accountable, and attuned to local needs.</p>	<p>Challenges in monitoring, evaluation, accountability and learning and coordination</p> <p>District-level MEAL and coordination challenges result from high staff turnover and evolving nutrition governance structures. Inadequate feedback mechanisms and data analysis hinder effective collaboration and decision-making. Additionally, lack of interoperability between different nutrition actors' information systems contribute to the scattered effort and lack of lesson learnt sharing.</p>
<p>Collaboration and capacity building</p> <p>Government and development partner collaboration, along with a cascade training approach, has empowered stakeholders at all levels. Master trainers disseminate knowledge to district trainers, and subsequently to community health workers (CHWs), enhancing the impact of interventions.</p>	<p>Capacity gaps and outdated guidelines</p> <p>Stakeholder capacity gaps and outdated guidelines hinder effective intervention. Inadequate caregiver and household member knowledge, scarcity of nutritionists, and evolving Management Information Systems complicate efforts.</p>
<p>Local ownership and community engagement</p> <p>Community engagement and local ownership have sustained success. Community members champion the continuation of successful nutrition interventions with positive impact. Through relatable stories and initiatives, communities empower themselves to manage nutrition challenges. Local leaders' active commitment is also pivotal for achieving sustainable nutrition outcomes.</p>	<p>Limited understanding and engagement of local leadership</p> <p>Lack of local leadership knowledge and engagement in implementing District Plans for Elimination of Malnutrition (DPEM) is a hurdle. Many district leaders perceive nutrition as solely the health department's responsibility, hindering multi-sectoral collaboration. The DPEM lacks specific budget allocation, hampering its execution.</p>

Recommendations

Rwanda has made strides in nutrition thanks to strong government ownership, commitment, increased funding, and effective partnerships. Notable successes in nutrition governance have been realized through multi-sector integration, human resource development, and school feeding programs. However, challenges like sector

coordination, funding shortages, and food insecurity still need to be addressed. This assessment offers the following key recommendation to further improve nutrition governance and fulfill commitments in Rwanda:

- Aligning nutrition stakeholders funding and government priorities
- Convening power and accountability matrix
- Clear guidelines for district-level nutrition coordination
- Enhanced coordination
- Enhanced MEAL
- Capacity building for DPEM and other nutrition actors
- Private sector engagement:
- Strengthening of SUN Platforms
- Foster multi-sectoral collaboration among relevant government ministries to ensure coordinated and cohesive nutrition interventions
- Integrate nutrition interventions into national development policies and plans across different institutions
- Invest in capacity building for healthcare providers at all levels to enhance their ability to deliver quality nutrition services
- Strengthen data management systems to improve monitoring and decision-making for nutrition programs
- Empower local governance structures and promote community engagement in nutrition initiatives
- Advocate for adequate and sustainable funding for nutrition programs to ensure their long-term impact
- Establish a dedicated SUN academia to strengthen the linkage between government policies, programs, and academic research in nutrition

Introduction

BACKGROUND

Nutrition is a critical component of health and development. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity [1]. Malnutrition, in every form, presents significant threats to human health. Today the world faces a double burden of malnutrition that includes both undernutrition and over-nutrition, especially in low- and middle-income countries. There are multiple forms of malnutrition, including undernutrition (wasting, stunting, and underweight), inadequate vitamins or minerals (micronutrient deficiencies), and over-nutrition (overweight, obesity, and resulting diet-related non-communicable diseases). Children who suffer from malnutrition can experience its effects for life. In the short term, malnutrition results in higher rates of mortality and decreased cognitive, motor and language development. Long-term consequences include an increase in non-communicable diseases, reduced cognitive and learning abilities, low school performance, and decreased work capacity.

Rwanda is a low-income country with consistently high economic growth where government revenue collection is relatively high, reaching 19% of GDP in 2019, and it has achieved significant improvements in the health and nutrition status of its population [2]. The mortality rate of children under 5 years has declined fourfold, from 196 deaths per 1,000 live births in 2000 to 45 deaths per 1,000 live births in 2020. Over the same period, the infant mortality rate declined from 107 to 33 deaths per 1,000 live births [3]. Global nutrition targets, such as exclusive breastfeeding and the prevalence of childhood wasting, have also improved. These overwhelmingly positive results reflect a combination of reinforcing factors that includes strong political will and ambitious targets.

However, chronic malnutrition (i.e., stunting) and food insecurity remain a challenge in Rwanda. Although stunting has decreased steadily - from 44% in 2010 to 33% in 2020 -its prevalence remains very high in Rwanda. Other nutritional data have dramatically improved over time, but there is still a gap to fill. For example, micronutrient deficiencies, such as iron deficiency (anemia) remain a pressing challenge in Rwanda, exacerbated by the constraint of food stability throughout the year (**Table 1**). Ultimately, this affects society as a whole, limiting the ability of younger generations to advance out of poverty and contribute to Rwanda's development [4].

TABLE 1. RWANDA'S CHILD AND MATERNAL NUTRITION INDICATORS

	2010	2015	2020
Prevalence of stunting among children under 5 (0-59 months)	44%	38%	33%
Prevalence of underweight among children under 5 (0-59 months)	11%	9%	8%
Prevalence of wasting among children under 5 (0-59 months)	3%	2%	1%
Prevalence of anemia among children aged 6-59 months	38%	37%	37%
Prevalence of anemia among women of reproductive age (15-49 years)	17%	19%	13%
Prevalence of children aged 0-5 months exclusively breastfed	85%	87%	81%

Sources: Rwanda Demographic and Health Surveys 2010 [5], 2015 [6] and 2019-2020 [3].

Rwanda is also challenged by slow progress on adolescent girls' and women's nutrition, which can have lasting effects through generations, as poor nutrition in mothers can lead to poor nutrition in their children. Only 32% of adolescent girls and women ages 15 to 49 in Rwanda consume the minimum dietary diversity [7].

CASE STUDY PURPOSE

Achieving improved nutrition outcomes by 2030 requires a collective effort between international, national, and local nutrition actors. The U.S. Agency for International Development has emphasized that to meet globally accepted nutrition targets, all global and local stakeholders must act “with countries taking the lead on improving their own nutrition status.” However, as noted in CRS' 2021 analysis, *Accelerating Nutrition Governance: Recipe for Success* [8], there are various barriers to countries taking the lead – from national governments struggling with competing priorities, poor coordination between national and sub-national levels, limited institutional capacity for nutrition programming, or insufficient data to adapt programming to rapidly changing contexts. The purpose of this assessment was to:

- Investigate the enablers and barriers to and opportunities for locally led nutrition programming in Rwanda;
- Investigate the implementation of Rwanda nutrition governance frameworks;
- Provide key recommendations to guide renewed commitment to addressing all forms of malnutrition more sustainably and towards achieving global nutrition targets by 2030.

METHODOLOGY

The study team first produced an inception report, conducting an extensive literature review of various nutrition-related documents in Rwanda to provide a solid foundation of knowledge and understanding on the state of nutrition, existing programs, policies, and strategies, as well as relevant research and findings in Rwanda. This review also informed the development of data collection tools and list of stakeholders to interview. After completion of the inception report, a presentation was delivered to the Nutrition Technical Working Group for buy-in.

Given the primary area of focus is nutrition governance, the interviews for this assessment were conducted at national, district and sector levels with nutrition-relevant stakeholders within Rwanda. At national level, all government ministries and agencies relevant to nutrition governance, one rural district (Rwamagana) and one urban district (Kicukiro) were selected for interviews. A sample of two sectors from both districts were interviewed. Stakeholders from central government level, government implementing agencies, private agencies, local and international organizations participated in this study. Ultimately, 16 semi-structured interviews were conducted for this case study. De-identified interviews were analyzed finally to identify key themes related to the state of nutrition governance in Rwanda.

FINDINGS

This section presents a comprehensive overview of nutrition governance in Rwanda. The information shared in this section is based on the information provided by key informants who were interviewed for this assessment and supplemented with the literature review conducted for the inception report. To enhance the authenticity and credibility of the information, direct quotes from de-identified key informants are incorporated where relevant. This allows readers to gain insights directly from the voices of those involved in nutrition governance in Rwanda.

This analysis and findings are organized by the analysis and subsequent findings are organized by the following categories, used during CRS' 2021 nutrition governance analysis aforementioned:

- **Commitment:** e.g., nutrition acknowledged as a policy priority; private, public sector, or civil society organizations (CSOs) supportive of nutrition; nutrition as a budget line item; nutrition champions at community, district, or national levels; etc.
- **Capacity:** e.g., strengthening the technical capacity of nutrition actors or strengthening institutional capacity, such as leadership, management, or programming capabilities.
- **Coordination:** e.g., collaboration, cross-sectoral information sharing, partnerships, linkages, etc. as it relates to nutrition policies and programs.
- **Monitoring, evaluation, accountability, and learning (MEAL)*:** people, processes, structures and resources that work together as an interconnecting whole to identify, generate, manage and analyze project data and feedback to inform management decisions, improve program quality, and meet stakeholder information needs.

RWANDA'S COMMITMENT FOR NUTRITION

Food security, nutrition and early childhood development are prioritized as foundational issues in the National Strategy for Transformation and Prosperity [9]. The government has set an ambitious goal for all districts to reduce stunting to 19% by 2024, aligning with the 2018-2024 Health Sector Strategic Plan. To ensure high-level coordination of nutrition interventions, the National Child Development Agency (NCDA) was established by presidential order [10]. Rwanda has invested in several nutrition-sensitive programs, such as:

- The Girinka Munyarwanda Program (loosely translated as may you have cows program), initiated by His Excellence the President of Republic of Rwanda Paul KAGAME in 2006;
- Nutrition supplementation programs managed by Rwanda Biomedical Center (e.g., provision of fortified blended flours, iron tablets, micronutrient powders, etc.)
- Vision 2020 Umurenge Program, which aims to provide cash transfers to the poorest people; and
- The school feeding program coordinated by the Ministry of Education, introduced from pre-primary to secondary school levels.

Development of Policies, Strategies, and Guidelines for Nutrition

Regarding the development of policies, strategies, and guidelines for nutrition, efforts have been focused on promoting healthy eating habits and enhancing nutrition outcomes. This includes policy programming, advocacy, and collaborative work with key stakeholders to address nutrition challenges comprehensively. The national nutrition policy serves as a comprehensive framework, addressing various aspects of nutrition, including food availability, access, and consumption. Policies, strategies as well as the guidelines in place seek to create an enabling environment for healthier choices by considering factors such as food systems, social determinants, and health equity.

Multiple diverse nutrition intervention approaches

Rwanda has applied a holistic, multiple and diversified strategies to tackle nutrition. This implies that nutrition interventions do not rely on one approach but encompass a wide range of strategies and methods aimed at improving nutrition. These approaches are applied at different levels, including individual, community, and population-wide interventions. **Table 2** details Rwanda's nutrition intervention, as reported by interviewed key informants.

TABLE 2. RWANDA'S INVESTMENT IN NUTRITION

Interventions	Description
Promoting healthy children growth	Key interventions include growth monitoring (weight, height, MUAC), promotion of infant and young child feeding practices, maternal and adolescent malnutrition, addressing micronutrient deficiencies, emphasizing breastfeeding promotion to ensure child well-being, etc.
Nutrition behavior change communication (BCC)	BCC strategies are employed to educate and empower communities with relevant information about healthy dietary choices, breastfeeding practices, and food hygiene.
Village nutrition schools (VNS)	Instead of hospitalizing children with poor growth rates, VNS offers a 12-day follow-up program, in which care and meals are provided to undernourished children and caregivers receiving counselling on how to care for their children. Additionally, VNS offers income-generating skill training to combat poverty's contribution to malnutrition. They employ various teaching methods, like presentations and discussions, and use feedback mechanisms, including participant surveys, to improve nutrition education within the community, fostering holistic well-being and combating malnutrition.
Nutrition support for targeted groups and vulnerable households	Pregnant and lactating women, adolescents, and individuals with special health needs are targeted with tailored nutrition interventions, including education, growth monitoring, and support. Interventions can include kitchen gardens, microfinancing, and small livestock provision so participants can produce nutritious food, generate income, and enhance overall well-being.
School feeding and gardening programs	The Ministry of Education, with partners, provides balanced meals to students during the school day. This initiative aims to alleviate hunger, enhance concentration, and improve academic performance. Moreover, schools promote gardens, where students actively engage in cultivating fruits, vegetables, and herbs. These gardens not only supplement the nutrition of schooling children but also provide hands-on experience in agricultural practices and encourage healthy eating habits.
Government subsidies for food and fertilizers commodities	Food subsidies aim to ease financial strain on consumers and ensure access to nutritious food for all, while fertilizer subsidies support agricultural productivity, reduce costs for farmers, and enhance food security. The government has also enacted price reduction measures on staples like rice, maize flour, and potatoes to increase access to healthier diets.

Water, Sanitation, and Hygiene (WASH) Promotion	WASH activities in schools focus on proper hygiene, clean water access, and improved sanitation. These efforts ultimately aim to enhance health, reduce communicable diseases, and combat malnutrition among students.
Monthly nutrition activities and fortified food provision	Community nutrition outreach and distribution of supplementary (e.g., fortified blended food, such as Shisha Kibondo) or therapeutics, to children and pregnant mothers, prioritizing holistic care from conception for both child and maternal health.

Multisectoral integration of nutrition interventions in Rwanda

Multisectoral integration of nutrition interventions in Rwanda is a pivotal approach that recognizes the multifaceted nature of nutrition. It involves collaborative efforts across sectors like social protection, agriculture, and health. Successful models include kitchen gardening for dietary diversity, savings and loans associations for economic empowerment, and small livestock provision for sustainable protein sources. This approach highlights the importance of involving various sectors in designing and implementing effective nutrition programs. This crosscuts across all aspect of nutrition promotion namely the capacity, coordination, financing and MEAL.

“One of the major interventions implemented in Rwanda is the recognition of other sectors’ role in designing, implementation and successes of interventions targeting nutrition” KII1.

Financing nutrition in Rwanda

Financing for nutrition requires various partners, collaboration between the Government of Rwanda and donors, and financial tracking and accountability measures in place to ensure effective utilization of funds.

The Government of Rwanda allocates a budget designed for nutrition activities yearly. This funding enables the government to implement and sustain nutrition programs that aim to improve the well-being of its population. It represents a commitment to addressing nutrition challenges from within the country’s own financial resources (domestic financing). Rwanda has taken the lead in Africa by being the first on the continent and the second globally to introduce nutrition-responsive budgeting. This method incorporates nutrition priorities into the national planning and budgeting procedures. All institutions involved in nutrition collaborate to establish shared priorities and allocate financial resources transparently to approved nutrition initiatives aligned with these priorities. Additionally, different in-kind activities such as community-driven efforts to build kitchen gardens and clean water infrastructure maintenance are useful to address nutrition challenges in Rwanda.

External funding for nutrition activities comes from foreign governments and international organizations, typically channeled through the national budget or sector budget support, with specific allocations for nutrition-related sectors. For instance, the World Bank supports the Stunting Prevention and Reduction Project (SPRP) to accelerate progress towards Rwanda’s National Strategy for Transformation 1 (NST1) outcomes. Government of Rwanda collaborates with their partners to develop annual action plan based on set nutrition priorities to ensure efficient resource utilization and prevent duplicated and fragmented nutrition interventions. These partnerships and funding mechanisms bolster Rwanda’s efforts in addressing nutrition challenges effectively. Moreover, private sector actively participates in corporate social responsibility initiatives, their involvement encompasses a spectrum of activities, including the production of affordable, nutritionally enriched foods, investments in water, sanitation, and hygiene, and collaborative financial partnerships with the government to jointly support nutrition initiatives.

RWANDA'S CAPACITY FOR NUTRITION

Human resources development for nutrition

Rwanda is committed to the human resources development, specifically addressing training initiatives for health providers as well as the community level stakeholder's capacity to scale nutrition interventions sustainability. These interventions aim to enhance the knowledge, skills, and competencies related to nutrition, including the identification and management of malnutrition, conducting nutrition assessments, providing appropriate counseling, and monitoring progress. These capacity strengthening efforts can involve healthcare providers, community health workers, and other stakeholders involved in nutrition intervention implementation, assessment, counseling, and management. Training programs cover topics such as maternal, infant, and young child feeding; management of malnutrition; and micronutrient supplementation. These programs are tailored to local contexts and address the specific needs of the target districts or province.

The Ministry of Education (MINEDUC) has also invested in strengthening the capacity of parliamentarians to advocate for appropriate budget allocations and policies that address nutrition concerns. By providing training and workshops, parliamentarians are equipped with a comprehensive understanding of the importance of nutrition and its impact on the overall development of children and adolescents. Through these capacity-building initiatives, parliamentarians gain the necessary knowledge and tools to effectively engage in legislative processes and promote nutrition-sensitive policies. Additionally, MINEDUC adopt gardens for cultivating fruits and vegetables in school; this is to not only supplement the nutrition of schooling children but also provide hands-on experience in agricultural practices and encourage healthy eating habits. Students, teachers, and other school staff learn about the importance of diverse and balanced diets while gaining valuable hands on skills on establishing and maintaining gardens.

"We are also...building the capacity of parliamentarians around ensuring appropriate budget allocations and how they can have better oversight for efficiency of budget and building the capacity of decision makers on better budgeting...ensuring what is allocated is efficiently used in a way it will reduce stunting and help achieve National Strategy for Transformation (NST 1) target [to eliminate] all forms of malnutrition" KII.

Capacity-related gaps are observed at all levels in terms of both technical expertise and financial resources. The concept of food and nutrition security is understood differently by different individuals and by implementing institutions across relevant sectors. Consequently, interventions do not necessarily translate into improved food and nutrition security outcomes. In addition, limited knowledge and understanding of food and nutrition security concepts at all levels of decision-making (both at central and decentralized levels) constitute a handicap to the delivery of food and nutrition security programs.

Not all sectors pertaining to food and nutrition security possess personnel with the explicit expertise needed to effectively design, execute, and evaluate programs related to food and nutrition security. For instance, at the level of district health centers, nutritional tasks are sometimes part of the job description of social workers. There is room for capacity development at the level of the individual as nutrition and diet are strongly influenced by cultural beliefs and consumption behaviors. Additional potential also exists for mass education and skills transfers with more of a focus on food and nutrition security. Health care providers (including CHWs) are irregularly trained in nutrition-specific interventions such as maternal infant and young child nutrition (MIYCN), management of acute malnutrition, and management of diet-related non-communicable diseases. Agricultural extension agents are inadequately trained on nutrition-related subjects and therefore unable to incorporate food and nutrition security related issues into the information package delivered to farming communities. Capacity

building in food and nutrition, especially for community health workers who interact with the community daily, is needed to effectively address nutrition issues.

COORDINATION OF NUTRITION ACTIVITIES

The commitment of key stakeholders, from the presidency to the village chiefs, has played a significant role in raising awareness about nutrition. Their dedication to addressing nutrition issues has helped to create a culture of understanding and importance surrounding nutrition across the country.

The high level of awareness can also be shown in the regular discussions and coordination meetings held among government officials and stakeholders. These meetings provide a platform to discuss and address various nutrition-related concerns, ensuring that nutrition remains a priority in national development agendas.

“The awareness of nutrition issues is very high because the commitment from the president to the village chief is very high” KII1.

Nutrition stakeholders in Rwanda

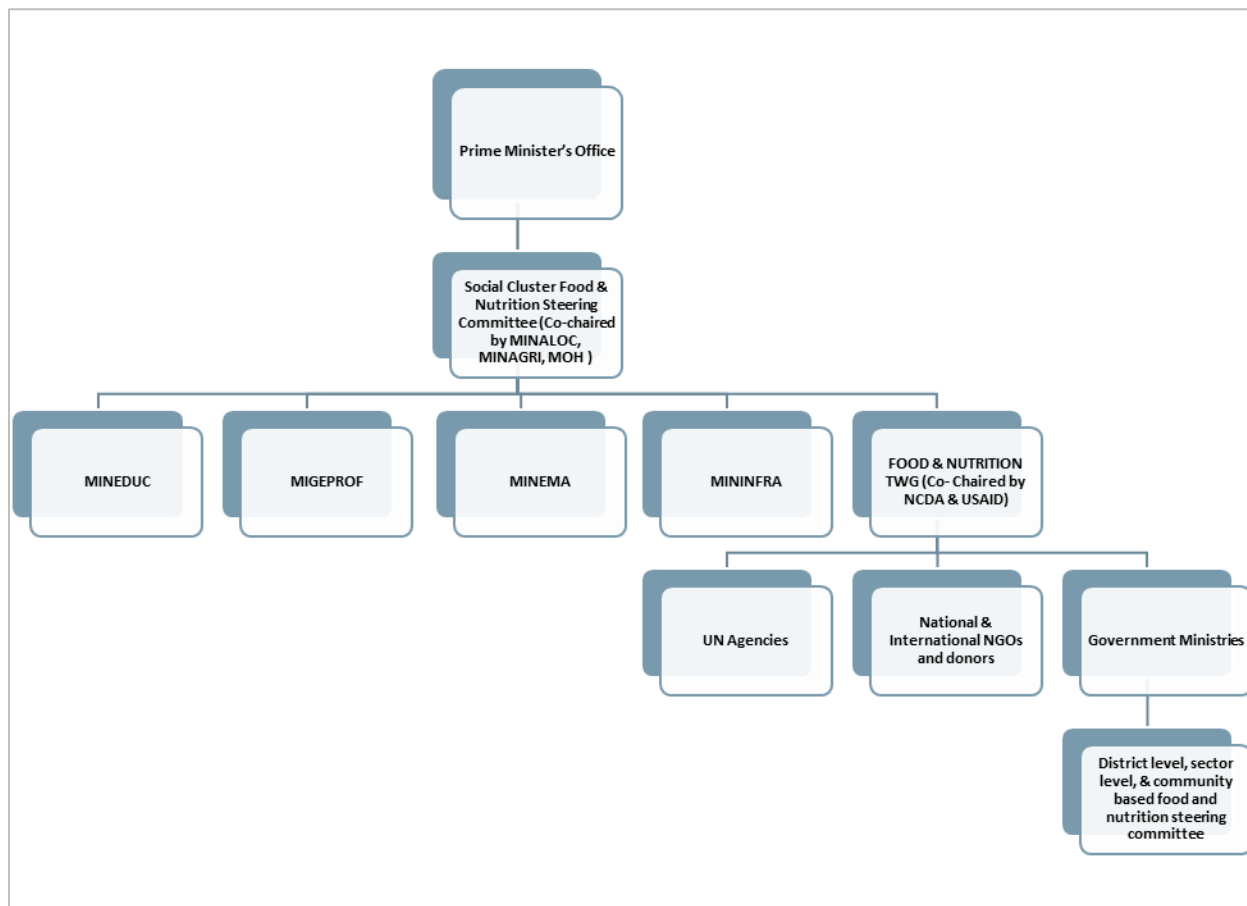
Rwanda's commitment to addressing malnutrition and stunted growth in infants and children is led and coordinated by the National Childhood Development Agency (NCDA). NCDA is tasked with coordinating nutrition-related interventions as a national priority, aiming to eradicate malnutrition. Nutrition-specific activities are primarily the responsibility of the Rwanda Biomedical Centre (RBC), which operates under the Ministry of Health (MoH). Additionally, various ministries and agencies, including the Ministry of Agriculture (MINIAGRI), Water and Sanitation Corporation (WASAC), National Women's Council (NWC), Ministry of Education (MINEDUC), Ministry of Youth (MINIYOUTH), Ministry of Gender and Family Promotion (MIGEPROF), and Rwanda Agricultural Board (RAB), undertake nutrition-sensitive initiatives [2].

Rwanda's National Food and Nutrition Policy emphasizes that all relevant people and institutions should work collaboratively in the fight against malnutrition. Taking a decentralized, multi-sectoral approach requires operating across traditional sectors, such as health, agriculture and local governance, which are still managed by different central ministries as well as district authorities and service providers [11]. This coordination mechanisms in Rwanda provide a forum to bring together relevant sectors and stakeholders to work together to eliminate undernutrition although some reported that coordination is still a challenge. Rwanda's National Food and Nutrition Policy [12] promotes collaborative efforts across sectors, necessitating a decentralized, multi-sectoral approach. As per one of the interviewees, it is essential to mention that regardless of the effort to coordinate nutrition stakeholders, this still need to be strengthened to make sure that every stakeholder understand and are accountable for nutrition activities. This approach involves coordination mechanisms structured as follows:

1. **Prime Minister's Office:** Oversees inter-ministerial coordination through a dedicated committee.
2. **Social Cluster Food and Nutrition Steering Committee:** Co-chaired by MINAGRI, MINALOC, and MOH, this committee includes various ministries and entities.
3. **Food and Nutrition Technical Working Group:** Comprises ministries, UN agencies (United Nations Children's Fund (UNICEF), World Food Program (WFP), World Health Organization (WHO), Food and Agriculture Organization (FAO), Non-Governmental Organizations (NGOs), academic institutions, donors, and the private sector. This is chaired by NCDA and co-chaired by USAID.
4. **District Food and Nutrition Steering Committees (DF&NSC):** Established under MINALOC, these committees include key officers from various sectors at the district level. They plan, coordinate, monitor, and integrate nutrition plans into District Development Plans.
5. **Sector Food and Nutrition Steering Committees:** Similar to DF&NSCs, these committees implement Sector Plans to Eliminate Malnutrition (SPEM).

6. **Community-Based Food and Nutrition Program Facilitation:** Ensures planning and coordination at district, sector, cell, and village levels.

FIGURE 1: THE MANAGEMENT FRAMEWORK OF FOOD AND NUTRITION INTERVENTIONS AND IMPLEMENTATION



Decentralized administrative entities (e.g., districts, sectors, cell and villages) play a critical role in ensuring national priorities are translated into actions on the ground through community-based food and nutrition programs. Detailed District Plans to Eliminate Malnutrition have been established with various efforts to strengthen coordination at the district level. These plans encourage local leadership and ownership and help to break down siloes so that addressing malnutrition is viewed as a multi-sectoral responsibility. Involving district officials in planning process increases activities coordination mechanism, responsiveness to local priorities.

Other relevant ministries involved in nutrition-related efforts include the Ministry of Commerce and Finance (MINECOFIN), which ensures adequate funding for nutrition interventions. Ministry of Trade and Industry (MINICOM) regulates commercial food production and marketing to ensure the quality and safety of food products, especially those targeting children and adolescents to prevent over-nutrition. The Ministry of Environment (MOE) ensures conservation, protection, and development of an environment favorable for sustainable food production. Additionally, some government-affiliated agencies are key stakeholders involved in nutrition initiatives:

- Rwanda Food and Drugs Authority (RFDA): establishes regulations on food fortification and other food-related regulations.
- Rwanda Agriculture and Animal Resources Development Board (RAB): implements national agricultural and animal husbandry policies to improve food production and consumption.

- Local Administrative Entities Development Agency (LODA): implements local economic and community development policies, social protection, and poverty reduction programs.
- Rwanda Basic Education Board (REB): promotes quality education in schools and raises awareness about nutrition through school curricula.
- Water and Sanitation Cooperation (WASAC): manages water, sanitation, and hygiene (WASH) interventions.

Scaling-up Nutrition (SUN) is recognized nutrition stakeholders in Rwanda and actively participates in the national technical working group. They have a Memorandum of Understanding (MOU) with NCDA and collaborate with them to support nutrition-related activities. Other nutrition stakeholders in Rwanda include bilateral donors like U.S. Agency for International Development (USAID) or Japan International Cooperation Agency (JICA); multilateral agencies such as the World Bank, World Food Program (WFP), Food and Agriculture Organization (FAO) and UNICEF, etc.; as well as the local and international non-organizations (NGOs). These actors provide both technical and financial support for nutrition governance efforts.

For example, an interviewee reported that for the World Bank (WB), through its Global Financing Facility, plays a significant role in supporting the nutrition sector in Rwanda. It assists in governance aspects by developing policies, strategies, and operational plans. WB also support multi-sector coordination by development of multi-sectoral single action plan that involves 15 government agencies in the social cluster, including health, agriculture, food security, social protection, education, WASH, and infrastructure sectors. The World Bank provides technical support for NCDA strategic planning as well as the monitoring and evaluation (M&E) through an integrated dashboard capturing nutrition data from various stakeholders.

Coordination mechanisms at national and decentralized levels

At the national level, coordination is facilitated through the Nutrition Technical Working Group (TWG), which meets quarterly to share key information, discuss priorities, and ensure effective coordination. The NCDA chairs the TWG, supported by USAID, which is a co-chair. This coordination mechanism at the national level is implemented and provides a platform for stakeholders to collaborate and align their efforts. At the district and sector levels, coordination is carried out through the District Plan for Elimination of Malnutrition (DPEM) at district level, the Sector Plan for Elimination of Malnutrition (SPEM) at sector level, Cell Elimination of Malnutrition (CPEM) and Village Elimination of Malnutrition (DPEM). These decentralized coordination mechanisms involve local authorities and government stakeholders responsible for addressing nutrition issues. However, challenges exist in fully engaging these committees due to competing daily duties and limited time for implementation and coordination. This is well discussed in the challenges sections (see Challenges to Achieving Nutrition Commitments in Rwanda). The Scaling Up Nutrition Network (SUN) provides a comprehensive support for nutrition actors' coordination. This has enabled the government to control nutrition related interventions to avoid duplication for optimum impact. However, there is still room for further improvement.

“Before, there was a big issue coordinating many partners and NGOs, but when we introduced SUN movement in Rwanda, we brought together all donors, civil society and private sector. We share together the action plan, we do joint supervision together, and this strengthened our coordination, but I think we need to do more in this area”
KII4

Shared nutrition interventions planning across partners

All nutrition stakeholders work together with the government to identify capacity gaps and provide necessary trainings. Financial and technical support is often provided by partners to strengthen the skills and knowledge of government staff and other stakeholders involved in nutrition interventions. This collaborative approach ensures

that capacity-building efforts are aligned with the government's priorities and are implemented effectively. At the beginning of each year, discussions take place between partners and the government to develop an action plan for nutrition interventions. The NCDA and districts provide their priorities, which serve as the basis for the multi-sectoral single action plan. In cases where funding priorities change, collaborative discussions occur to reallocate budgets and identify alternative activities that align with the overall nutrition goals. This collaborative approach is essential to ensure that resources are allocated efficiently, and interventions are targeted where they are most needed. Coordination helps to identify ongoing activities and prevent unnecessary duplication of efforts.

“The annual development of a multi-sectoral single action plan (SAP) is a key governance aspect where all 15 institutions commit to prioritized activities, and technical evaluations are conducted with the support of nutrition focal points in each institution” KII12

Coordination difficulties

Rwanda faces several challenges related to implementation of its nutrition activities. For example, the large number of organizations implementing nutrition activities makes it challenging and costly for the NCDA to oversee and coordinate these activities. Further, Rwanda's nutrition-relevant policies do not clarify institutional arrangements, such as who should prioritize what nutrition activities, nor what indicators and targets should be used to measure progress. Additionally, only some of the ministries under the Social Cluster have fully dedicated food and nutrition focal points. Where they do exist, appointed staff are too few and often overloaded due to conflicting priorities in their respective institutions, where the nutrition focal persons in some institutions are already tasked with other responsibilities. Additionally, the majority of nutrition focal persons (both at central and decentralized administrative entities levels) lack nutritional education background [13]. The decentralized arrangements of nutrition related interventions differ across sectors, resulting in unclear roles and responsibilities among decentralized actors. This often leads to overlapping functions and a lack of accountability mechanisms to effectively address nutrition issues.

At the policy and strategic framework level, a prior review noted there is limited clarity on synergies and coherence towards addressing major food and nutrition security challenges across sector-specific strategic plans. The linkage between Rwanda's Ubudehe categories - a social stratification program depending on income by which participants are selected - and food and nutrition security is also unclear. Further, food and nutrition security policies, strategies and programs are uninformed by any gender situational analysis and thus do not adequately consider gender equity. Other gaps identified include a lack of strategies and regulations concerning dissemination of weather information, and lack of clarity on policies or mechanisms on food price regulation and food quality and safety management.

MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL) IN RWANDA

This section provides an overview of the MEAL processes involved in nutrition interventions in Rwanda. It highlights the importance of coordination, data collection and analysis, collaboration with stakeholders, knowledge sharing, and performance targets set at various levels.

Data collection and analysis

Nutrition monitoring in Rwanda is carried out through routine data collection and surveys. Comprehensive surveys like the Comprehensive Food Security and Vulnerability Analysis are conducted nationwide every three years. Additionally, food monitoring and food price monitoring surveys are conducted in collaboration with the

National Institute of Statistics. This robust monitoring system ensures effective tracking of nutrition programs and informs decision-making processes.

Many indicators are captured through the Health Management Information System (HMIS) and the Service Information System for Communicable Diseases (SISCOM) within the Ministry of Health. Community Health Workers (CHWs) play a vital role in data collection, using smartphones to collect data, which is then sent to the health center. From there, the data is centralized in the HMIS at the Ministry level. However, there are additional indicators, such as children growth data from the Village Nutrition Schools, which are not captured in the HMIS. Efforts are underway to develop an application for home care system for data storage and easy access for internal use and will independently operate from HMIS system.

Rwanda's nutrition accountability tools

Scorecards are accountability tools used to monitor and evaluate the quality and delivery of programs, with necessary guidelines and training support provided at the district and community levels. These scorecards have been developed by various stakeholders to track specific nutrition indicators. So far, a child scorecard, ECD scorecard, DPEM scorecard and child growth scorecard have been developed. These tools facilitate assessment and accountability, enabling policymakers and stakeholders to make informed decisions and take timely actions to address nutrition challenges and promote child well-being in the country.

- The Child Scorecard monitors 22 critical interventions received or missed by pregnant women and children under the age of 2. It has two main intentions: consolidating data on the accessibility and usage of integrated interventions at child level during the first 1,000 days of life and strengthening feedback mechanism for evidence decision making.
- The ECD scorecard was initiated by NCD and it intends to assess the quality of ECD service delivery and the level of satisfaction of beneficiaries. It has 6 pillars including nutrition, health, WASH, parent education and social protection, school readiness, and child protection and inclusiveness with a set of indicators for each pillars.
- The DPEM scorecard tracks the advancement of nutrition, WASH, and ECD initiatives implemented to prevent and reduce malnutrition at the district level across diverse intervention areas.
- The Child Growth Card, known as "IFISHI Y'IMIKURIRE YUMWANA" in local language, tracks a child's growth and health from conception to age two.

Rwanda has also introduced the “nutrition command post,” recently approved by the Prime Minister's Office. This command post operates at both the national and sector levels across all relevant sectors. The nutrition command post is a strategic mechanism that allows for real-time monitoring and evaluation of the implementation of the accelerated two-year plan to reduce stunting. Evaluations are expected to take place on a weekly basis, allowing for a rapid assessment and timely adjustments to achieve nutrition targets efficiently.

Rwanda also sets performance targets at different levels, including district mayors who sign annual performance contracts (Imihigo in local language) with the President. These contracts outline clear and measurable targets, ensuring accountability and driving progress in nutrition interventions and are part of evaluation strategy for nutrition target progress.

Sharing lesson learnt in implementing nutrition interventions

Nutrition actors, including NGOs, have a platform to share their learnings through the Nutrition Technical Working Group. This group serves as a forum for sharing information, lessons learned, challenges, and research findings. Presentations and discussions within this group provide valuable insights and contribute to ongoing improvements in nutrition interventions. The Technical Working Group serves as a key platform for sharing

information, lessons learned, challenges, and research findings. It acts as a gatekeeper for research conducted in the field of nutrition, providing a platform for review and endorsement of the research findings.

Self-Monitoring and Government Evaluation

Organizations engaged in nutrition interventions have their own targets and activities for evaluation. They evaluate themselves based on their set targets and activities. However, government entities also conduct monitoring visits to ensure accountability and assess if the promised interventions have been delivered by the partners in charge. As per interviewed nutrition stakeholder, the government make random visit to their stakeholders to verify if they have done what they initially planned and intended to do. Government evaluations rely on their own indicators reported in HMIS but they often consult the partners' reports for MEAL purpose.

Moreover, Rwanda planned to include the Seasonal Agriculture Survey (SAS), the districts' annual planning and evaluation of Imihigo (performance contracts), as well as the annual sector backward looking reports to get data on food and nutrition.

To ensure accountability and measure progress, the national nutrition policy sets specific targets for improving nutrition outcomes. These targets may include reducing the prevalence of malnutrition, increasing access to nutritious food, and promoting healthy lifestyles. By establishing clear objectives, the policy provides a roadmap for action and facilitates coordination among various stakeholders involved in nutrition-related activities. The development of policies, strategies, and guidelines for nutrition is crucial in addressing the challenges associated with nutrition and promoting positive health outcomes.

Rwanda Country Strategic Review of Food and Nutrition Security (FNS) as well as national food and nutrition policy[13][12] highlighted a number of challenges facing the nutrition sector in Rwanda including lack of accurate data on nutrition, lack of comprehensive monitoring and evaluation of food and nutrition security For instance, the current government's source of malnutrition status depends on demographic and health survey, which is conducted every five to 10 years.

NUTRITION GOVERNANCE SUCCESSES

Through this case study, the following became evident as key successes for Rwanda's commitment to nutrition governance:

- **Improved nutrition indicators:** Maternal and infant mortality rates have reduced. Wasting has been reduced to 1% compared to the WHO cut-off of 5%, and underweight reduced to 8% compared to the WHO cut-off of 10%. Rwanda has made remarkable progress in reducing stunting rates among children under five. From 38% in 2015, the prevalence of stunting has decreased to 33% in 2020. Although the set target for stunting reduction (19%) has not been fully achieved, the significant reduction is a testament to Rwanda's efforts to date.
- **Adoption of a multi-sectoral approach:** The government, together with various ministries and stakeholders, collaborates to address nutrition issues comprehensively. Through the social cluster and technical working group meetings, priorities are identified, strategies are developed, and progress is monitored collectively.
- **Strengthened coordination among stakeholders:** The establishment of the National Coordination Agency for Development (NCDA) has facilitated collaboration between ministries and partners. Coordination with the government ensures that partner activities align with the national priorities. Regular meetings at the social cluster and technical working group levels provide a platform for information sharing, planning, and progress reporting. Efforts have also been made to avoid duplication of nutrition interventions.

Regular discussions and adjustments to action plans allow for efficient use of resources and a focused approach to addressing nutrition challenges.

- **Robust policy framework as a foundation for nutrition:** The government has put in place policies such as the Economic Development and Poverty Reduction Strategy (EDPRS) and the National Strategy for Transformation (NST1), which provide a solid foundation for effective implementation of nutrition programs.
- **Active community engagement and empowerment:** Communities are involved in the planning, implementation, and monitoring of nutrition interventions through working together with partners. In addition, community are supportive and part of the specialized malnutrition elimination committees (DPEM, SPEM, CPEM and VPEM). Household commitment to combat malnutrition through performance contract are typical examples the community engagement to address nutrition issues. Community engagement is further encouraged through competitions and initiatives that empower communities to take ownership of their health, such as the establishment of ECD centers in their respective villages. Efforts are made to enhance the knowledge and engagement of Parent Lumiere, these are parents, who regardless of socio-economic struggles, they managed to overcome malnutrition in their own households, using practical strategies. Through relatable stories, they empower peers with actionable insights, fostering a cycle of progress. Parent lumiere work closely with CHWs to increase community understanding on how to cope with nutrition issues. Involving the community in the design and planning of interventions in Rwanda ensures that they reflect the specific needs and aspirations of the local population.
- **Integration of growth monitoring into vaccination programs:** By combining these essential services, children's growth and development are monitored regularly, allowing for early identification and intervention in cases of malnutrition.
- **Expansion of nutrition programs:** Rwanda has shown a strong commitment to the sustainability of nutrition programs. The Child Scorecard and Stunting Free Village Model have both been handed over to the government for nationwide scaling. The government's increased budget allocation reflects its ownership and commitment to sustaining nutrition initiatives. Further, Rwanda's school feeding program has witnessed significant expansion. Starting from seven districts, it has been scaled up to cover pre-primary to secondary levels nationwide. This achievement ensures that millions of children receive nutritious meals, contributing to their overall well-being and educational outcomes.

ENABLERS FOR NUTRITION SUCCESSES IN RWANDA

Various enablers have played a significant role in advancing nutrition outcomes and promoting a culture of health and well-being in Rwanda. These include:

Ownership and coordination: At the ground level, there is a strong sense of ownership and engagement in nutrition initiatives. The coordination between stakeholders is robust, ensuring effective implementation and monitoring of interventions. The commitment to addressing nutrition issues is evident at all levels from national level (cluster ministries) to the village level (VPEM), fostering a collaborative environment for success.

High-level government commitment: The Rwandan government has declared nutrition as a high priority. This political will and commitment have set the stage for comprehensive nutrition interventions. The government's prioritization of nutrition encourages partnerships with both national and international stakeholders, fostering a supportive environment for effective implementation.

Increased allocation of funds: Over the years, there has been a gradual increase in the budget allocated to nutrition interventions. This increased financial commitment demonstrates the government's recognition of the importance of addressing nutrition challenges. Advocacy efforts have played a crucial role in raising awareness and securing additional funding for nutrition interventions.

Governance structures: Rwanda's well established governance structures, extending up to the village level (DPEM, SPEM, CPEM and VPEM) have facilitated the implementation of policies and guidelines. This organized framework guides implementation at all levels, promoting consistency, accountability and meeting local needs.

Collaboration and capacity building: Effective collaboration between government and partners has been instrumental in achieving nutrition successes. Master trainers at the national level and trainers at the district level have been key in building the capacity of various stakeholders, including CHWs. This cascade approach ensures that knowledge and skills are disseminated to the community level, enhancing the overall impact of interventions.

Community involvement and ownership: The involvement and ownership of nutrition interventions by the community have been crucial for sustained success. Decentralized malnutrition elimination committees (DPEM, SPEM, CPEM and VPEM) provide the community with various opportunities to become active nutrition stakeholders and increase the ownership of the nutrition issues.

Recognition of other partners' role: The recognition of the role of other sectors in nutrition promotion has led to improved coordination. The establishment of the NCDA has facilitated multi-sectoral coordination and collaboration. Development partners, including UN agencies and USAID, work closely with the government, ensuring a coordinated and synergistic approach to nutrition interventions.

Importance of local leadership involvement: The success of nutrition interventions is attributed to the active involvement and leadership of local authorities. Local leaders play a vital role in owning the problems and driving community engagement. Their commitment and support are crucial for achieving sustainable nutrition outcomes.

CHALLENGES TO ACHIEVING NUTRITION COMMITMENTS IN RWANDA

Although Rwanda has made significant progress in addressing malnutrition and improving nutrition outcomes, several challenges persist, including:

Limited ownership across various sectors: One of the biggest challenges is ensuring ownership and coordination among different sectors involved in nutrition interventions. While efforts have been made to lay the foundation for multi-sectoral coordination, it still requires further enhancement, particularly at the district level. Some sectors do not fully understand how they can work together to improve nutrition outcomes, leading to potential gaps in implementation.

"Multisector coordination still has a long way to go. We have laid the foundation for it and we are driving towards the goals, but still it is challenging...[for example] at sector level, social development officers in charge of social protection and agronomic activities do not understand how they can work with those in charge of health to improve nutrition." KII

Lack of sufficient funding for nutrition interventions: Competing priorities and the overall GDP constraints make it difficult to allocate sufficient resources to nutrition programs. Although the economy has contributed to reducing malnutrition rates, the required rate of progress is not being achieved due to the size of the problem. Funding gaps exist, particularly in social protection, where emphasis has historically been placed on cash

assistance, neglecting other essential nutrition-sensitive interventions. Additional funding is needed to support complementary approaches, such as financial literacy, access to finance, and nutrition-sensitive support.

Limited understanding and engagement of local leadership: The lack of knowledge and engagement of local leadership, including mayors and vice mayors, in the implementation of DPEMs, poses a significant challenge. Many district leaders perceive nutrition as solely the responsibility of the health department, without recognizing the multi-sectoral and holistic approach of DPEMs. This knowledge gap hinders effective coordination and collaboration among different departments in addressing malnutrition. DPEM roles and responsibilities of the DPEM committee were not clearly defined and its activities and functionality are scattered across different sectors and depend largely on partners' support. In addition, the DPEM lacks a specific budget allocation, which creates a challenge in implementing nutrition-specific activities. The same applies to sector, cell and village plan to eliminate malnutrition, they do not have budget and they operate through human security budget, which is of a general purpose and nutrition has a little attention. While other departments like agriculture, health, and social protection have allocated budgets within the district plan, nutrition activities are often not adequately accounted for. Resource mobilization and budget allocation reviews are necessary to secure dedicated funding for nutrition interventions.

Capacity gaps and outdated guidelines: Capacity gaps among stakeholders involved in nutrition interventions, such as training needs in nutrition, ECD, and social protection, hinder effective implementation of nutrition interventions. Outdated guidelines and lack of nutrition specific coordinating committees in some institution further exacerbate the challenges. It is recommended to update guidelines, establish inclusive coordination committees, and provide targeted training to address these capacity gaps. Additionally, the inadequate knowledge of caregivers and household members, particularly on maternal and child nutrition, is associated with lower education levels. Changing attitudes and behaviors related to nutrition is a complex challenge. Interviewed key informants highlighted the lack of nutritionists across health facilities and institutions involved in nutrition intervention implementation.

Challenges in monitoring and coordination: Monitoring and coordination present significant challenges at the district level. High turnover among government staff and frequent changes in nutrition governance structures disrupt the continuity of activities and partnerships. Lack of a robust feedback system and coordination mechanisms hinder effective collaboration among different institutions and partners involved in nutrition interventions. Moreover, although data collection is in place, there is challenge in the analysis of data to inform decision-making effectively. Timely and reliable data from some sectors involved are still problematic due to evolving Management Information Systems (MIS) platforms and issues of interoperability.

Another challenge that was reported is the limited access to nutritional foods especially in rural areas especially among poor households.

"Limited access to diverse and nutritious food, especially in rural areas, is a challenge we must address collectively. It is not just about food availability, but also about ensuring the availability and quality of nutrition services within our health systems. Only through concerted efforts can we pave the way for a healthier and more equitable future KII10".

RECOMMENDATIONS

This section highlights opportunities for improvement in nutrition governance, including coordination and collaboration, capacity building, resource mobilization, and advocacy. Implementing these recommendations could drive further reductions in malnutrition and strengthening local ownership and sustainability of nutrition programming in Rwanda.

Aligning nutrition stakeholders funding and government priorities: There is an opportunity to ensure alignment between stakeholders funding and government priorities for nutrition. Establishing mechanisms that encourage nutrition stakeholders to align their interventions with the government's strategic directions and funding priorities can lead to more efficient and impactful nutrition outcomes. This has started already and so much has been done in multi-sectoral single action planning, however the interviewed stakeholders insisted a needs for more focus and strength so that the government and various stakeholders can work together to share responsibility for nutrition outcomes. It was reported that there is a need for resource tracking system that aligns all actors with the government's strategic directions and operation plans can enhance coordination, avoid unnecessary duplications, and optimize the available budget across stakeholders.

Convening power and accountability matrix: To create a clear accountability matrix, it is recommended that the convening power for nutrition interventions be elevated to a higher level than the National Coordination Agency for Development (NCDA) or ministerial line. Currently, accountability for nutrition-related results among various ministries is parallel, making it difficult to establish a cohesive accountability framework. Placing the convening capacity at the highest office, such as the Office of the Prime Minister, would ensure stronger accountability and coordination across ministries. Currently, nutrition is implemented under various institutions, each with their own primary priorities. Centralizing nutrition under a specialized organ will ensure focused attention, improved coordination, and efficient management of nutrition interventions.

Clear guidelines for district-level nutrition coordination: Clear guidelines and policies should be developed to outline the role and responsibilities of District Plan for Elimination of Malnutrition (DPEM) committees. These guidelines should specify how these coordination committees should function, including their composition, interaction, and collaboration from the district to village levels. Well-defined guidelines will improve the functionality and effectiveness of the DPEM committees in coordinating and monitoring nutrition interventions.

Enhanced coordination: Facilitating coordination mechanisms is crucial for effective implementation of DPEM activities. Regular meetings should be held to capture recommendations and gaps, identify challenges, and propose solutions. Strengthening the role of the DPEM secretariat in coordinating and following up on these recommendations will improve the functionality and impact of the DPEM coordinating committee.

Enhanced MEAL

Digitalizing monitoring and evaluation can improve the efficiency of reporting and follow-up of ongoing nutrition interventions. Advanced computer reporting systems and databases can help track stunting and nutrition-related data in real-time, facilitating timely and effective interventions. With these systems, the interoperability between diverse nutrition partners is ensured for easy coordination and accountability.

Capacity building for DPEM and other nutrition actors: Capacity building efforts should prioritize nutrition knowledge and skills for the DPEM committees. Understanding nutrition interventions and coordination processes will enable them to effectively fulfill their roles and responsibilities. Regular training and support can enhance their ability to drive positive nutrition outcomes at the local level. Looking in further to the sector, cell and village levels, community members emerge as vital agents for nutrition. Capacity building efforts must extend to include local leaders, healthcare workers, teachers, and community health workers and various formal and informal community organizations. These individuals are the grassroots conduits for translating nutrition

knowledge into action. By providing them with the necessary skills and expertise, we empower them to drive nutrition-focused initiatives that resonate with the unique needs and cultural contexts of their communities.

Private sector engagement: Greater emphasis should be placed on engaging the private sector in nutrition initiatives. Private sector partnerships can bring additional resources, expertise, and innovative solutions to address nutrition challenges. Strengthening relationships with the private sector will enhance the sustainability and effectiveness of nutrition programs in country. Keeping them engaged from the design, planning and implementation of nutrition interventions constitute a great opportunity to have their share both technically and financially towards improving nutrition in Rwanda. Specifically, private sector federation is very relevant to ensure food supply chain in Rwanda.

Strengthening of SUN Platforms: The SUN UN platform, SUN Civil Society Network (CSN), and other SUN-related platforms should be revitalized and activated. These platforms provide opportunities for collaboration, knowledge exchange, and advocacy. Currently, SUN is not working at its best, a comprehensive approach to get the best use of their potential will certainly bring in positive change in nutrition governance in Rwanda NCDAs should take the lead to strengthen SUN partners to streamline the working framework.

Foster multi-sectoral collaboration among relevant government ministries to ensure coordinated and cohesive nutrition interventions: The Government should strengthen multi-sectoral single action planning to ensure that all nutrition stakeholders are working together towards same targets. Rigorous accountability and MEAL are encouraged to ensure that each of the involved stakeholder is responsibly implementing the agreed on nutrition priorities. This will ensure that efforts are synchronized, resources are pooled, and strategies are aligned to address various aspects of nutrition comprehensively. Real time data collection and interoperable dashboard can lead to transparent and reliable source of nutrition indicators monitoring.

Integrate nutrition interventions into national development policies and plans across different institutions: Nutrition is a fundamental aspect of overall development, reflecting in areas beyond health, such as education, economic planning, and social welfare, this will ensure that nutrition is a priority in each institution. Nutrition priorities should be part of the broader national development strategies, policies, and plans. While some government institutions do not have nutrition specific component, it should be made clear that nutrition is cross-cutting and should be reflected across many if not all sectors.

Invest in capacity building for healthcare providers at all levels to enhance their ability to deliver quality nutrition services: This focuses on training and enhancing the skills of healthcare providers, ranging from community health workers to doctors and nurses, in delivering effective nutrition services. Well-trained professionals can provide accurate guidance, support, and interventions to individuals and communities.

Strengthen data management systems to improve monitoring and decision-making for nutrition programs: Developing robust data systems allows for the collection, analysis, and interpretation of nutrition-related information. This data-driven approach facilitates better decision-making, program evaluation, and monitoring of progress, enabling timely adjustments to interventions as needed. Harmonizing reporting platform will resolve the interoperability issues and allow accurate monitoring and evaluation of the nutrition interventions and facilitate the knowledge and lessons learnt sharing.

Empower local governance structures and promote community engagement in nutrition initiatives: This involves giving local governments and community members a role in planning, implementing, and evaluating nutrition programs. Engaging communities ensures that interventions are contextually relevant, responsive to local needs, and foster ownership and sustainability.

Advocate for adequate and sustainable funding for nutrition programs to ensure their long-term impact: The government should allocate adequate and sustainable funding to ensure that programs can operate effectively

over the long term, leading to lasting positive impacts on nutritional outcomes. In addition, the government should advocate for additional resources for nutrition programs from external partners, such as donors.

It was also suggested by some respondents that there is a need to establish a dedicated SUN academia to strengthen the linkage between government policies, programs, and academic research in nutrition: This refers to engaging academic institution or platform focused on nutrition research as part of Scaling up Nutrition forum. SUN academia will help in policy analysis, program evaluation ultimately leading to bridging the gap between academia, government policies, and on-ground programs, leading to evidence-based decision-making and innovation in nutrition interventions.

CONCLUSION

The assessment reveals both positive accomplishments and persistent challenges in nutrition interventions in Rwanda. Noteworthy progress has been made through initiatives like establishment of the National Coordination Agency for Development (NCDA) and the implementation of various nutrition policies, reflecting the government's commitment to addressing nutrition issues. There is lot of lesson to learn from the nutrition governance in Rwanda. Key nutrition successes and related enablers are exciting news to tell the World, while addressing the challenges remain cornerstone for achieving nutrition commitment.

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