

## COUNTRY PROFILE ON NUTRITION 01/2021

# RWANDA



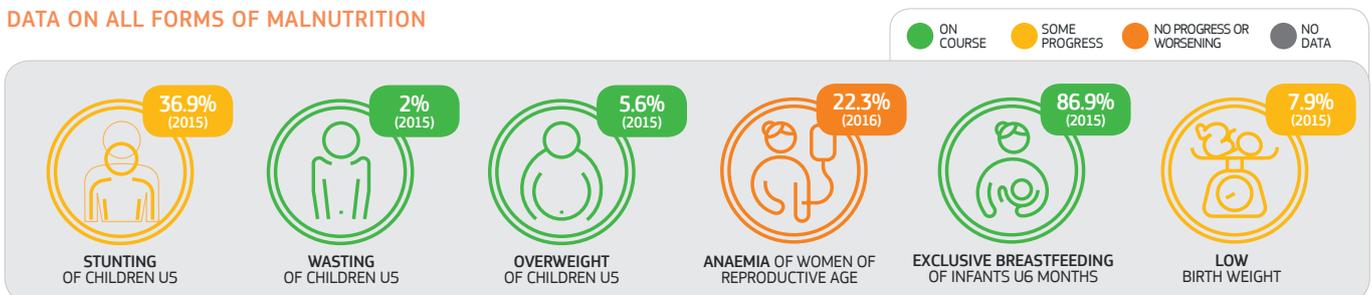
### Nutrition situation in Rwanda

#### AT A GLANCE

Rwanda has a population of 12.6 million people, which is estimated to rise to 16.2 million by 2030. The country has achieved significant progress in reducing stunting rates, from 51% in 2005 to 36.9% in 2015<sup>1</sup>. This is due to the coherent way in which national nutrition strategies and programmes were developed and implemented in multiple sectors (health, agriculture, social protection) and levels (central, district, community). Nevertheless, over half a million children under five remain stunted, with regional disparities revealing that western districts fare worse. Moreover, Rwanda faces all forms of malnutrition including anaemia (the complex causes of which are poorly understood<sup>2</sup>), rising overweight and obesity in all age groups,

and diet-related non-communicable diseases. High levels of poverty and cultural behaviours are contributing factors, compounded by a growing population and urbanisation<sup>3</sup>. 40% of rural households are affected by weather-related shocks and face seasonal food access difficulties affecting poor diet quality, especially in children<sup>4</sup>. The most vulnerable are also hit hardest by the economic impacts of COVID-19<sup>5</sup> (with the cost of a nutritious diet rising by up to 15%). Malnutrition comes with a high social and economic cost: child undernutrition alone is estimated at 11.5% of annual GDP<sup>6</sup>. Rwanda has a Gender Inequality Index value of 0.402 and is ranked at 92 of 162 countries in the 2019 index.

#### DATA ON ALL FORMS OF MALNUTRITION



#### NUTRITION GOVERNANCE

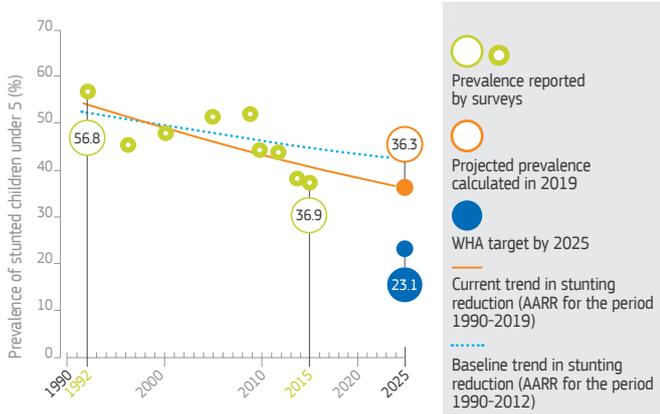
- Rwanda joined the Scaling Up Nutrition (SUN) movement in 2011.
- A new multisectoral national nutrition policy focusing on all forms of malnutrition is currently being finalised (pending Cabinet approval). The national early childhood development programme (NECDP) 2018-2024 coordinates all nutrition activities through a multisectoral approach. It provides the operational framework; defines sector roles and responsibilities; sets a comprehensive common results framework and promotes an integrated and holistic approach (in health, nutrition, WASH, education, child protection and early child development).
- Despite this comprehensive framework, resource mobilisation is a challenge that undermines implementation of activities and multiyear planning.
- In October 2019, the food fortification regulations were signed, making fortification mandatory for maize flour, wheat flour, edible oil, sugar and salt.

#### Example of EU support

The EU supports nutrition in Rwanda through the sustainable agriculture and food security sector. The Kitchen and School Garden Programme was part of EU's budget support provision (EUR 200 million, EUR 50 million for nutrition) and intended to support the government to the national nutrition strategy, for the period 2009-2013. Implemented through key partnerships (ministries of agriculture, local administration and education), the nationwide programme aims to increase the production, availability and affordability of fruit and vegetables for households and targeted communities such as schools. The approach is relevant as poor diet quality (linked to economics and cultural barriers) is a key determinant of malnutrition in Rwanda. An evaluation in 2018 found that kitchen gardens enabled households to eat vegetables more regularly, although their quantity and diversity were restricted by small plot sizes and the limited variety of foods grown. Strengthening the links between detecting malnutrition, nutrition education and agriculture extension, community participation and more effectively targeting measures to vulnerable households could deliver greater nutrition gains. This evaluation greatly informed the insertion of kitchen garden activities into the NECDP 2018-2024 strategic plan.

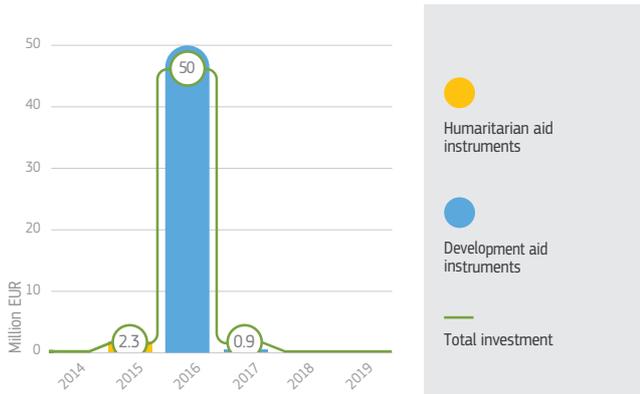
## Progress on the two EU pledges for nutrition

### TREND, PROJECTION AND TARGETS IN THE PREVALENCE AND NUMBER OF CHILDREN (U5) STUNTED



Rwanda has demonstrated its political commitment by setting a national target of reducing child stunting to 19% by 2024 and prioritising an integrated approach to early childhood development (through strengthened coordination across all sectors). The country has experienced a considerable decline in the prevalence of stunting since the 1990s, but only a nominal decline in the number of children stunted, due to population growth. The rate of decline in the number of children stunted has accelerated from 0.65% in 2012 to 1.23% in 2019. If this is maintained, then about 710 000 children are expected to be stunted in 2025, 62 000 higher than in 2015, despite the decrease in prevalence of stunting.

### EU FINANCIAL COMMITMENTS TO NUTRITION BETWEEN 2014 AND 2019 – A TOTAL OF EUR 53 MILLION



The EU budget support of EUR 200 million to the agriculture sector strategy enhances food and nutrition security (EUR 50 million is earmarked for nutrition), the sustainable and efficient use of land and water resources, the development of agricultural value chains, and strengthens public finance management in the agriculture sector. As part of the budget support disbursement criteria, pilot studies were conducted on: preventing stunting among children under 2 through a social transfers scheme for vulnerable families in Nyamasheke district, and a national census of children under 2 to assess malnutrition<sup>7</sup>. To mitigate the impact of COVID-19 on livelihoods, food security and nutrition in Rwanda, and as part of a Team Europe global response package, the EU in 2020 supported the government's economic recovery plan to sustain social protection measures for food and nutrition security targeting the most vulnerable population groups (EUR 52 million).

<sup>1</sup> DHS 2014-15

<sup>2</sup> Malaria and other parasitic infections, and not iron deficiency, found to be strong determinants of anaemia (Angel et al. 2017; Nkukiyinka et al. 2015).

<sup>3</sup> Rwanda Nutrition, Markets & Gender Analysis (CIAT 2015).

<sup>4</sup> Only 17% of Rwandan children aged 6-23 months receive a minimum acceptable diet (Comprehensive Food Security & Vulnerability Analysis 2018).

<sup>5</sup> COVID-19 impact on food systems situation (GAIN, ed. 1/3 2020); health services (GFF, 2020); livelihoods, food security and nutrition (UN-Habitat & WFP, 2020).

<sup>6</sup> The Cost of Hunger in Africa: Rwanda 2013.

<sup>7</sup> The Social Cluster meeting (June 2016) approved the linking of nutrition to social transfer schemes and the Ministry of Local Administration and the District of Nyamasheke included social protection safety nets in their respective frameworks. The 2018 national nutrition baseline found a 32% stunting prevalence amongst children aged 6-23 months.

<sup>8</sup> Rwanda Nutrition, Markets & Gender Analysis (CIAT 2015).