Selection of ~20 key slides

Stakeholder & Action Mapping for Rwanda 2014/15

Using the Scaling Up Nutrition Planning & Monitoring Tool

October 2015

REACH

ACCELERATING THE SCALE-UP OF FOOD AND NUTRITION ACTIONS

WFP World Food Programme wfp.org | Food and Agriculture Organization of the United Nations | unicef | World Health Organization

IMPORTANT TO READ

Disclaimer for the Stakeholder & Action Mapping

It is important to note what the Stakeholder & Action Mapping is, and what it is not.

The Rwanda Stakeholder & Action Mapping intends to help improve nutrition coordination and scale-up discussion by providing an indicative overview of who the key stakeholders in nutrition are, where they are working, and an estimate of how many they are reaching, on a chosen few Core Nutrition Actions.

However, the Stakeholder & Action Mapping is not research or exact science. Both the geographical and beneficiary coverage are estimates based only on the information provided by the organizations who have reported. The coverage is therefore not to be considered as exhaustive or exact. Moreover, it is voluntary to report, and not necessarily all stakeholders have been identified or have chosen to contribute.

Also, the Stakeholder & Action Mapping is only focusing on the chosen Core Nutrition Actions. Other organizations may be working on other nutrition actions that have not been included. Furthermore, the Stakeholder & Action Mapping is not assessing the quality or accuracy of the reported coverage. Rather, it can be used as an indicator of where certain areas or actions should be analyzed further.

The Stakeholder & Action Mapping only represents a snapshot of the situation in Rwanda. Partners, projects, programs and funding change continuously, and thus also the support and coverage will change. The coverage data is provided for 2014, i.e. the last full calendar year.

The Stakeholder & Action Mapping should thus only be interpreted as indicative and directional, and should not be used for other purposes, nor should estimated coverage under any circumstance be used or referred to as publicly approved or validated data.

Objectives of Stakeholder & Action Mapping

Get better overview of who is doing what and where in nutrition in Rwanda

Identify potential gaps in nutrition action coverage of geographies & beneficiaries

Help inform and improve planning and scale up of core nutrition actions in Rwanda

Executive Summary for the Stakeholder & Action Mapping

Chronic malnutrition (stunting) is still a major public health concern in Rwanda

- Despite progress over the last decade, Rwanda is still in the high severity zone as defined by WHO
- Progress in stunting reduction is consistent, but slow compared to targets set by the Government of Rwanda
- On the positive side, the MDG targets for underweight reduction was achieved, and acute malnutrition (wasting) is in low severity zone as defined by WHO

There are gaps both in geographical coverage and beneficiary coverage of the Core Nutrition Actions (CNAs)

- There are many partners supporting the fight against malnutrition in Rwanda, including ministries, donors, catalysts and field implementers. The scale and support varies across the different stakeholders
- The level of support and coverage of the CNAs also varies among different districts both in number of partners supporting the district, the number of CNAs implemented, and the coverage of beneficiaries for these CNAs

Further scale-up is needed to accelerate the reduction of stunting in Rwanda

- Geographic coverage of the CNAs should be increased so that more CNAs are reaching all areas of Rwanda
- Beneficiary coverage of the CNAs should be improved so that more CNAs are reaching a higher proportion of their target groups
- The quality of the coverage needs to be ensured, so that we are not only reaching more beneficiaries, but also ensuring a level of quality that makes the interventions efficient and sustainable

All partners need to cooperate and contribute to further scale-up nutrition interventions in Rwanda

- The findings in the Stakeholder & Action Mapping can help inform such scale-up discussions

Situation Analysis Dashboard (National Level)

What is the nutrition situation stakeholders need to address?

Severity:
- *Low*
- *Medium*
- *High*

Trend:
- *Improvement (blue arrow)*
- *No change (yellow arrow)*
- *Worsening (red arrow)*

		Indicator	Status	Source	Year	Severity	Trend
Nutritional impact	**Stunting**	Stunting prevalence among children 0-59 mo. old	37.9%	DHS	2014/15		44.2% (2010)
	Wasting	GAM prevalence among children 0-59 mo. old	2.2%	DHS	2014/15		2.8% (2010)
		SAM prevalence among children 0-59 mo. old	0.6%	DHS	2014/15		0.8% (2010)
	Underweight	Underweight prevalence among children 0-59 mo. old	9.3%	DHS	2014/15		11.4% (2010)
	Iron deficiency	Anemia among children 6-59 mo. old (any anemia)	36.5%	DHS	2014/15		38.1% (2010)
		Anemia among women 15-49 yrs old (any anemia)	19.2%	DHS	2014/15		17.3% (2010)
	Vit A deficiency	Vitamin A deficiency among children 0-59 mo. old	N/A	N/A	N/A		6.4% (1996)
	Iodine deficiency	Iodine deficiency among children 6-12 years old	N/A	N/A	N/A	na	N/A
Underlying causes	**Food security**	Households with poor & borderline food cons. score Global Hunger Index rating	21.1% 15.6	CFSVA GHI	2012 2014	na 	21.5% (2009) 24.1 (2005)
	Health & Sanitation	Under 5 mortality rate (deaths per 1,000 live births) Low birthweight prevalence (<2,500g) Women 15-49yrs with problems accessing health care Household access to improved water source Household access to improved sanitation facilities	50 X.x% Xx.x% 84.8% 83.4%	DHS DHS DHS EICV EICV	2014/15 2014/15 2014/15 2013/14 2013/14	 na na na	76 (2010) 6.2% (2010) 61.4% (2010) 74.2% (2010/11) 74.5% (2010/11)
	Care	Households with handwashing facility, soap & water	Xx.x%	DHS	2014/15	na	2.1% (2010)
		Infants 0–5 mo. exclusively breastfed Timely initiation of solid or semi-solid foods (6-8 mo)	87.3% 55.8%	DHS DHS	2014/15 2014/15	na na	84.9% (2010) 61.2% (2010)
		Children 6-23 mo. old with min acceptable diet (MAD)	17.8%	DHS	2014/15	na	16.8% (2010)
Basic causes	**Education**	Females that completed primary school or higher Literacy rate 15 years or more - Women	Xx.x% 67.6%	DHS EICV	2014/15 2013/14	na na	30.1% (2010) 64.5% (2010/11)
	Population	Total fertility rate Percentage with unmet need for family planning	4.2 18.9%	DHS DHS	2014/15 2014/15	na na	4.6 (2010) 18.9% (2010)
	Gender	Teenage pregnancy: women 15-19 with a live birth Women who participate in major household decisions Global Gender Gap ranking	5.5% Xx.x% 7 / 142	DHS DHS GGGI	2014/15 2014/15 2014	na na na	4.7% (2010) 58.7% (2010) N/A
	Poverty	Population living under national poverty line Population living in extreme poverty (national line)	39.1% 16.3%	EICV EICV	2013/14 2013/14	na na	44.9% (2010/11) 24.1% (2010/11)

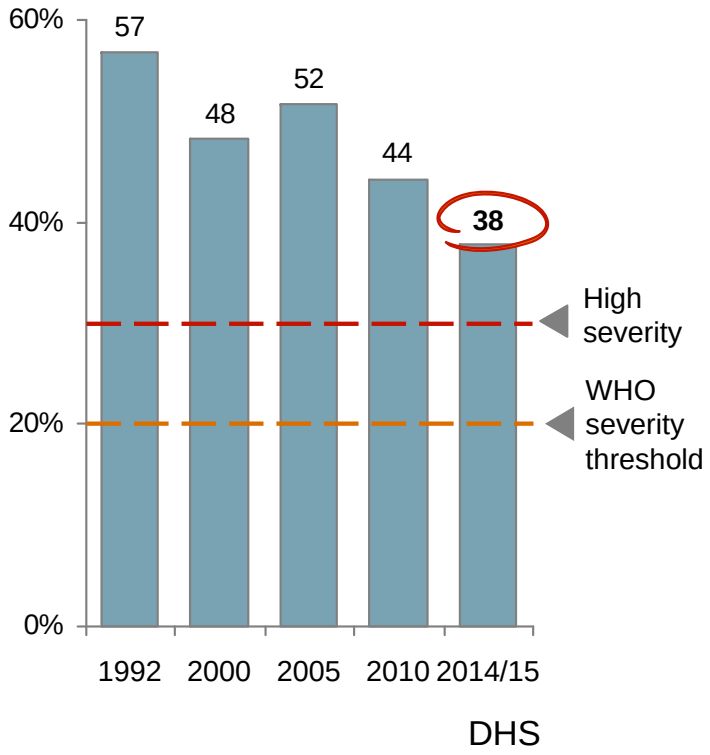
Note: Missing information to be updated as soon as the full Rwanda DHS 2014/15 and CFSVA 2015 are released

Significant reductions in stunting, wasting and underweight

Stunting remains a public health concern, while wasting & underweight are below critical thresholds

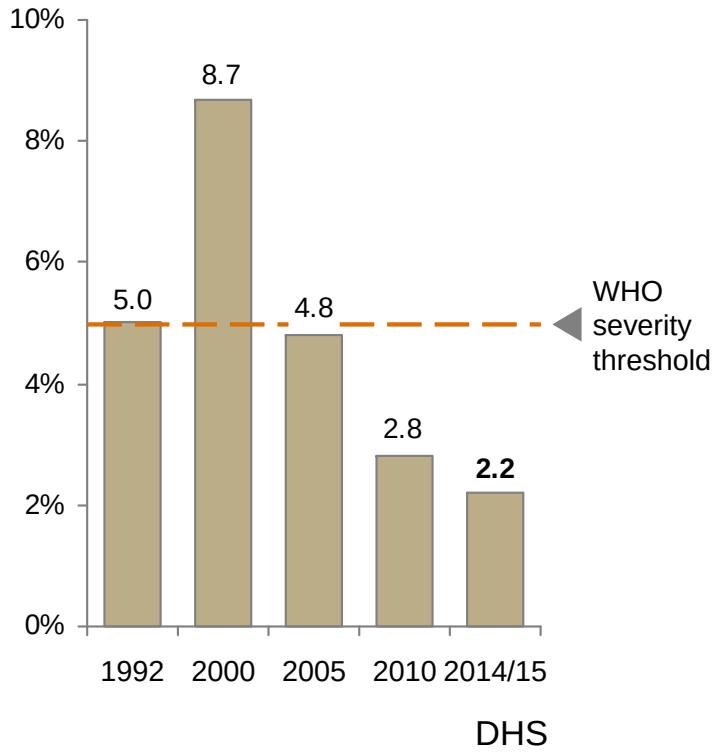
Stunting

Prevalence among children under 5



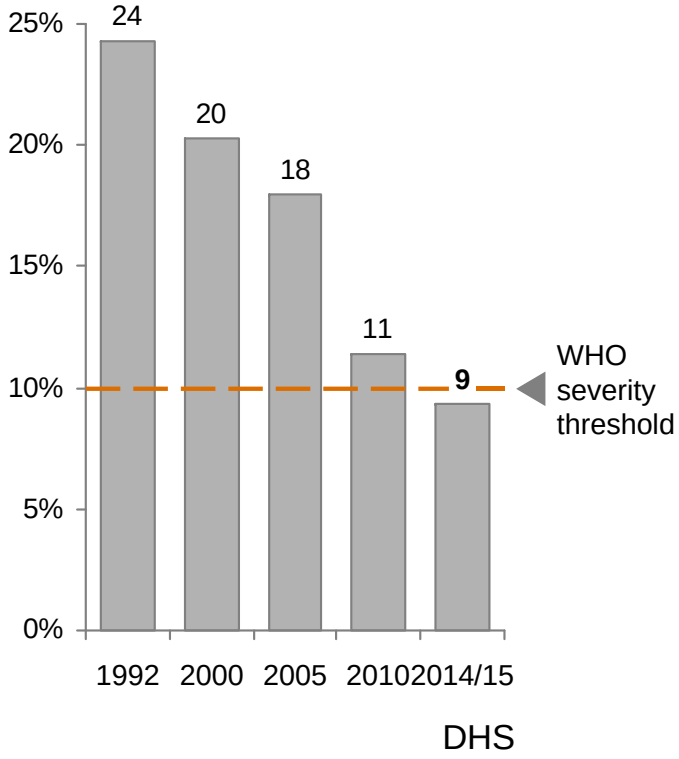
Wasting

Prevalence among children under 5



Underweight

Prevalence among children under 5

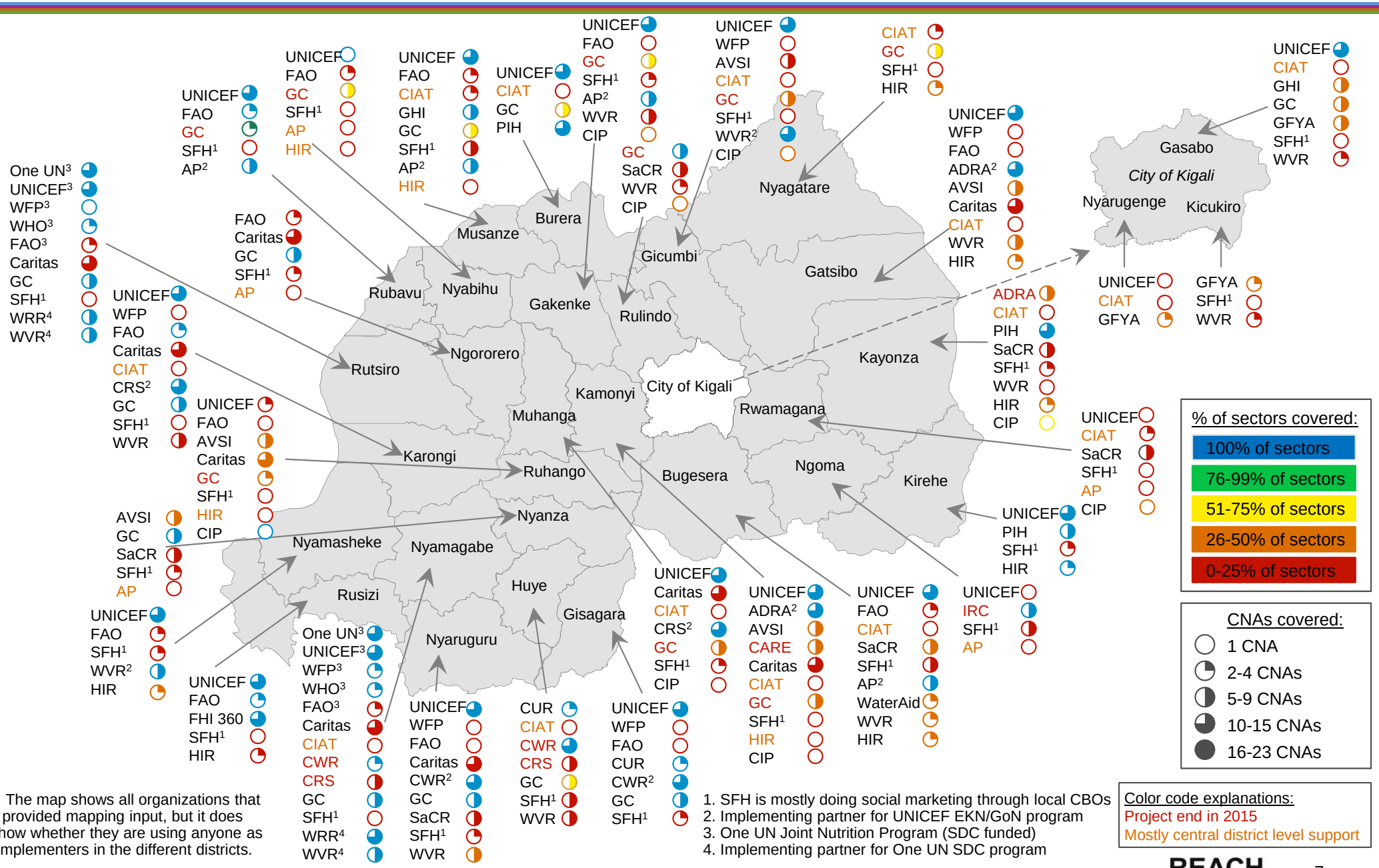


Note: Prevalence for 1992. 2000 and 2005 have been recalculated using 2006 WHO growth standards
Source: Rwanda DHS, WHO classification of malnutrition severity (medium severity above line, low severity below line)

NB! Only shows stakeholders who have reported

What catalysts & implementers are working in which districts?

How many CNAs are they working on, and how many sectors are they covering?



Note: The map shows all organizations that have provided mapping input, but it does not show whether they are using anyone as field implementers in the different districts.

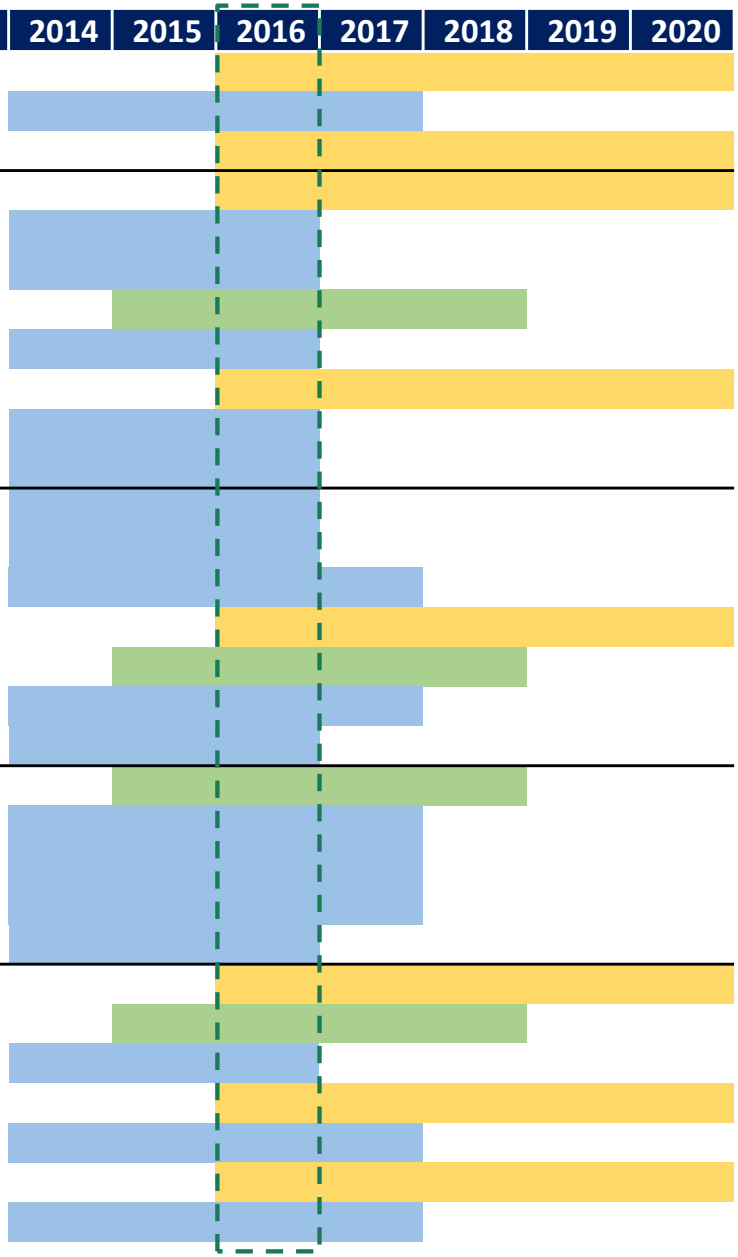
1. SFH is mostly doing social marketing through local CBOs
2. Implementing partner for UNICEF EKN/GoN program
3. One UN Joint Nutrition Program (SDC funded)
4. Implementing partner for One UN SDC program

Color code explanations:
Project end in 2015
Mostly central district level support

Nutrition specific programs will in 2016 cover all districts

But from 2017, many districts will be without funding support unless funding is extended

Province	District	Organization	Donor(s)	Implementing partner
Kigali City	Nyarugenge	USAID	USAID	*TBD (INGO)*
	Gasabo	UNICEF	GoN, USAID, IKEA	WRR (from 2015)
	Kicukiro	USAID	USAID	*TBD (INGO)*
South	Nyanza	USAID	USAID	FXB
	Gisagara	UNICEF	EKN	CWR (ARDI)
	Nyaruguru	UNICEF	EKN	CWR (ARDI)
	Huye	CIFF	CIFF	*MoH & MINAGRI*
	Nyamagabe	UNICEF,WFP,WHO,FAO	EKN, SDC (One UN)	WRR, WVR
	Ruhango	USAID	USAID	Caritas
	Muhanga	UNICEF	EKN	CRS (Caritas Kabgayi)
	Kamonyi	UNICEF	EKN	ADRA
West	Karongi	UNICEF	EKN	CRS (EPR)
	Rutsiro	UNICEF,WFP,WHO,FAO	EKN, SDC (One UN)	WRR, WVR, Caritas
	Rubavu	UNICEF	GoN, USAID	AP
	Nyabihu	USAID	USAID	*TBD (INGO)*
	Ngororero	CIFF	CIFF	*MoH & MINAGRI*
	Rusizi	UNICEF	GoN	WRR (from 2015)
	Nyamasheke	UNICEF	EKN, IKEA	WVR
North	Rulindo	CIFF	CIFF	*MoH & MINAGRI*
	Gakenke	UNICEF	GoN, USAID, IKEA	AP
	Musanze	UNICEF	GoN, USAID	AP
	Burera	UNICEF	GoN	*Dir. district support*
	Gicumbi	UNICEF	EKN, IKEA	WVR
East	Rwamagana	USAID	USAID	AEE
	Nyagatare	CIFF	CIFF	*MoH & MINAGRI*
	Gatsibo	UNICEF	EKN	ADRA
	Kayonza	USAID	USAID	*TBD (INGO)*
	Kirehe	UNICEF	GoN	*Dir. district support*
	Ngoma	USAID	USAID	*TBD (INGO)*
	Bugesera	UNICEF	GoN, USAID	AP



Note: Timeline showing approximate start and end dates with current funding Source: Stakeholder interviews

As reported in SUNPMT tool

What % of the target group is covered nationally and how? (1/2)

	Country relevant actions	# of districts covered	Target groups (TG)	% of TG covered	Key delivery mechanisms
MIYCN	Promote optimal breastfeeding practices	20 / 30	Pregnant & lactating women	◔	CHWs, HFs, Women/Mother groups, Mass campaigns, PD/H
		30 / 30	HHs with children u5 (CBNP)	◕	
	Promote optimal compl. feeding practices	23 / 30	Pregnant & lactating women	◔	CHWs, HFs, Women/Mother groups, Mass campaigns, PD/H
		30 / 30	HHs with children u5 (CBNP)	◕	
	Provide spec. nutritious products for CF	4 / 30	6-23 months in Ubudehe 1&2	◔	CHWs, Health centers, UN agencies, NGOs
		1 / 30	PLW in Ubudehe 1&2	◔	
Micronutrient supplementation	Provide Fe+FA supplements	30 / 30	Pregnant women	●	CHWs, Health centers, Hospitals
	Provide MNP supplements (Ongera)	7 / 30[1]	Children 6-23 months	◔	CHWs, Health centers, UN agencies
	Provide Vitamin A supplements	30 / 30	Children 6-59 months	●	CHWs, Health centers, Mass campaigns
Disease prev./mgmt	Provide deworming tablets	30 / 30	Children 12-59 months	●	CHWs, Health centers, Mass campaigns
			Children 5-15 years	●	
	Provide diarrhoea treatment (w/ ORS/zinc)	30 / 30	Children 0-59 months with severe diarrhoea	◔	CHWs, Health centers, Hospitals
MAM/SAM	Provide treatment of SAM	30 / 30	Children 0-59 months with SAM	◕	Health centers, Hospitals
	Support and provide treatment of MAM	30 / 30	Children 0-59 months with MAM	●	CHWs, Health centers, PD/H, Women/Mother groups
MCH	Conduct child growth monitoring / screening	30 / 30	Children 6-59 months	●	CHWs, Health centers, NGOs
	Promote/Provide ANC visits (4+)	30 / 30	Pregnant women	◑	CHWs, Health centers, Hospitals

1. MNP program (Ongera) is being scaled up, and is in the 2nd half of 2015 in 18 districts

◔ *0-25%* ◑ *26-50%* ◕ *51-75%* ● *76-100%*

As reported in SUNPMT tool

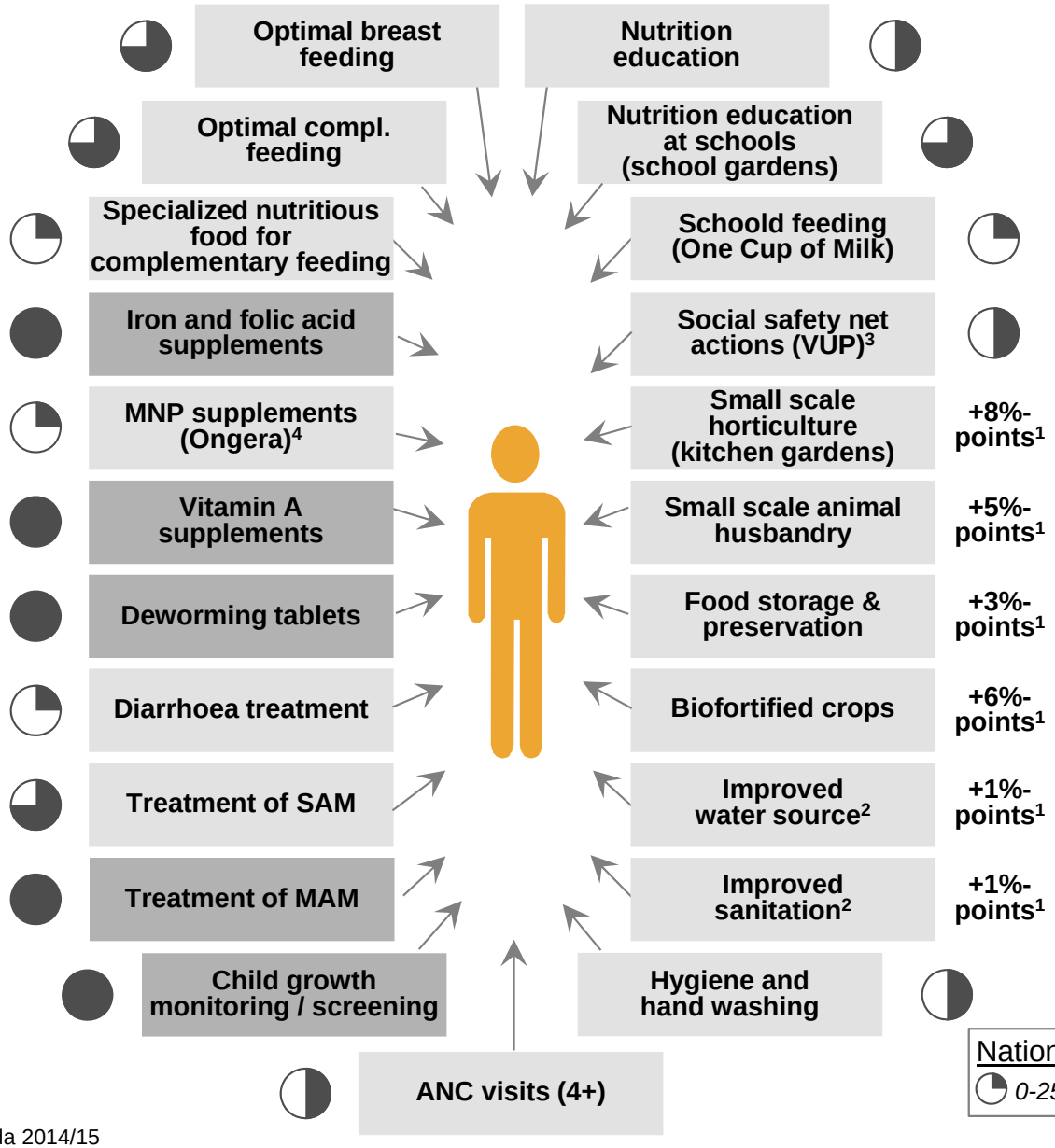
What % of the target group is covered nationally and how? (2/2)

	Core Nutrition Actions	# of districts covered	Target groups (TG)	% of TG covered[1]	Key delivery mechanisms
Food & Agriculture	Provide materials & techn. for small-scale horticulture	30 / 30	Households with children under 5	*+8%*	FFLS, Agriculture village promotors, CHWs, Coops, PD/H, NGOs
	Promote food preservation and storage	27 / 30	Smallholder farming households	*+3%*	FFLS, Agriculture village promotors, Coops, RAB
	Provide animals for small-scale husbandry	28 / 30	Households in Ubudehe 1 & 2	*+5%*	FFLS, Agriculture village promotors, CHWs, Coops, NGOs
	Provide input for production & cons. of biofortified crops	30 / 30	Households with children under 5	*+6%*	FFLS, Agriculture village promotors, CHWs, Coops, NGOs
Nutrition education	Carry out nutr. education (e.g. cooking demos)	29 / 30	Mothers / Caregivers	◑	CHWs, Agriculture village promotors, FFLS, Mass campaigns, PD/H
	Carry out nutr. education at school (e.g. school gardens)	30 / 30	Schools	◕	Pre-schools, Primary schools, Secondary schools
WASH[2]	Provide/Support improved water source	9 / 30	Households	*+1%*	Districts, UN agencies, NGOs, Community leaders
		1 / 30	Schools	*0%*	
	Provide/Support improved sanitation	21 / 30	Households	*+1%*	Districts, UN agencies, NGOs, CHCs, Women/mother groups
		4 / 30	Schools	*+1%*	
	Promote hygiene / hand washing	28 / 30	Pregnant & lactating women	◑	CHWs, CHCs, FFLS, Community meetings, PD/H, Mass campaigns
		5 / 30	Schools	◔	
Social security	Provide conditional social safety net actions (VUP)	30 / 30	Households in Ubudehe 1 & 2[3]	◑	VUP, Social services, FFLS, Community leaders
	Provide school feeding (One Cup of Milk)	15 / 30	Primary school children	◔	Primary schools
			Primary schools	◔	

1. Beneficiary coverage displayed as "+X%" represents the additional %-points of households reached over the last calendar year (2014).
2. Have received limited input from WASH stakeholders (who have separate technical working groups), and actual geographic and beneficiary coverage is probably higher
3. Not all Households in Ubudehe 1 & 2 are targets for the Vision Umurenge 2020 Program (aiming mostly for those without employment), so not necessarily aiming for 100% coverage here

◔ *0-25%* ◑ *26-50%* ◕ *51-75%* ● *76-100%*

Only a few of the core nutrition actions have >75% coverage



National beneficiary coverage:
0-25% 26-50% 51-75% 76-100%

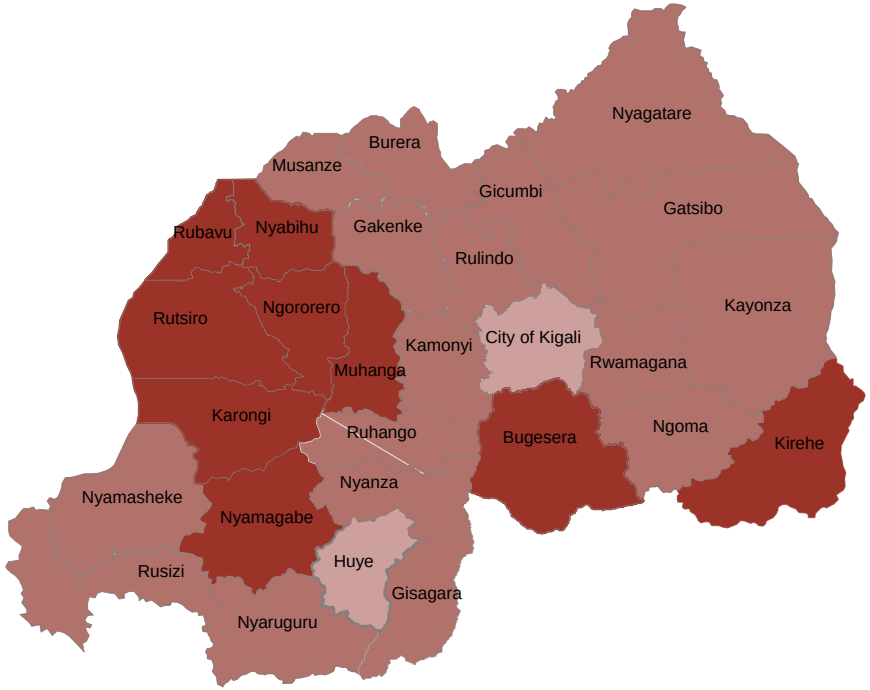
1. Beneficiary coverage displayed as "+X%-points" represents the additional %-points of households reached over the last calendar year (2014)
2. Have received limited input from WASH stakeholders (who have separate technical working groups), and actual coverage is probably higher
3. Not all Households in Ubudehe 1 & 2 are targets for the Vision Umurenge 2020 Program, so not necessarily aiming for 100% coverage here
4. MNP program (Ongera) is being scaled up, and is in the 2nd half of 2015 in 18 districts

Source: Stakeholder & Action Mapping Rwanda 2014/15

Only one district implementing all 23 core nutrition actions

Districts where most CNAs are being implemented are not always the districts with highest stunting

There is high prevalence of stunting in most districts, especially in the West & South-East



Stunting prevalence among children 0-59 months [1]

- <20%
- 20% - 29%
- 30% - 39%
- >40%

All districts are implementing 15 or more CNAs, but only one district implementing all 23 CNAs

# of Core Nutrition Actions being conducted per district

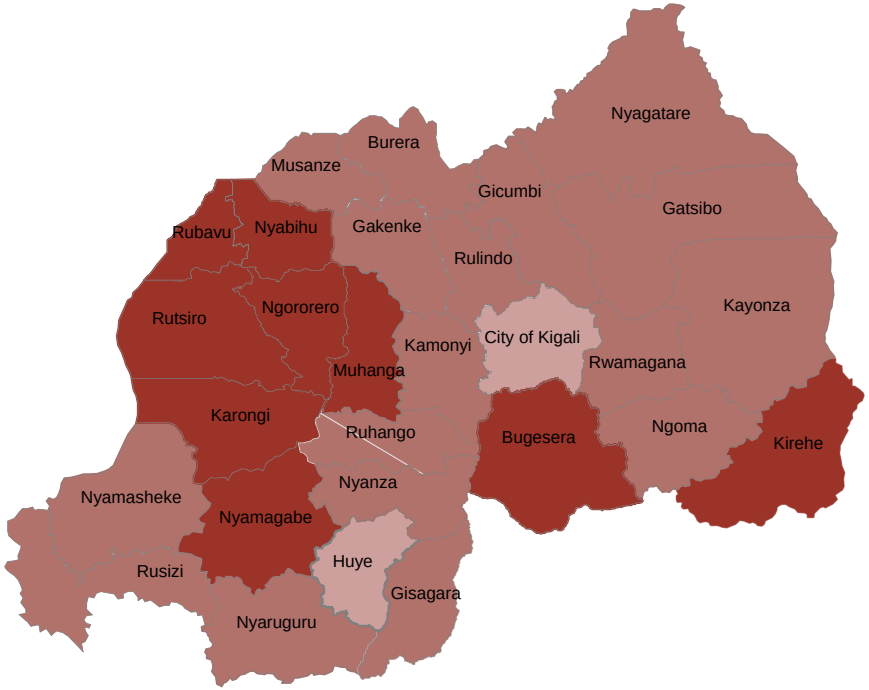
- 10-14
- 15-19
- 20-22
- 23

1. NB! Confidence intervals are rather large on a district level

Source: Rwanda National Nutrition Screening 2014, Rwanda Stakeholder & Action Mapping 2014/15

Most districts districts with very high stunting (>40%) do not have high coverage of CNAs (>75%)

There is high prevalence of stunting in most districts, especially in the West & South-East

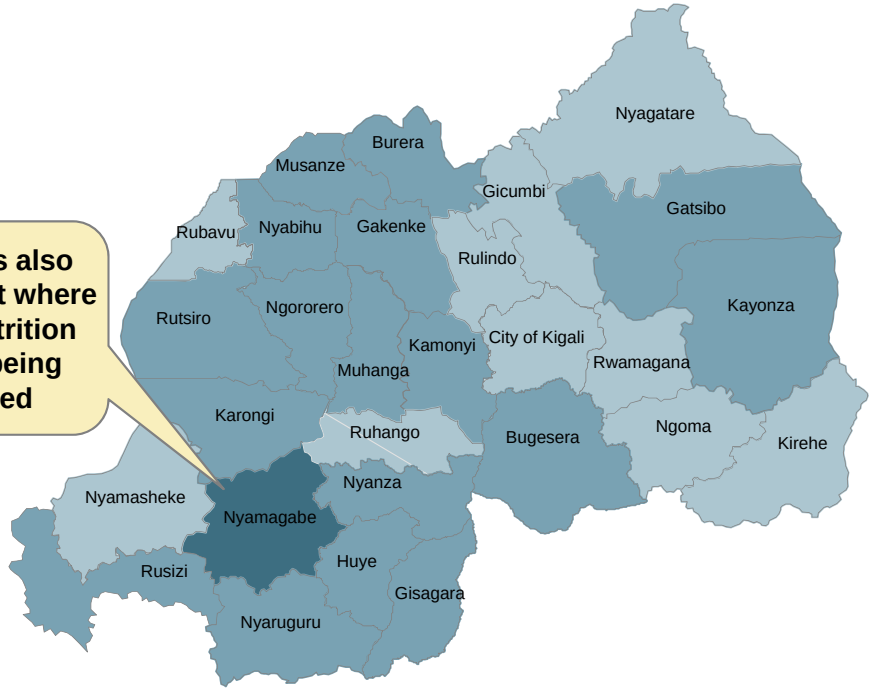


Stunting prevalence among children 0-59 months [1]

- <20%
- 20% - 29%
- 30% - 39%
- >40%

Only one district with more than 75% of actions reaching over 30% of target population

Nyamagabe is also the only district where all 23 core nutrition actions are being implemented

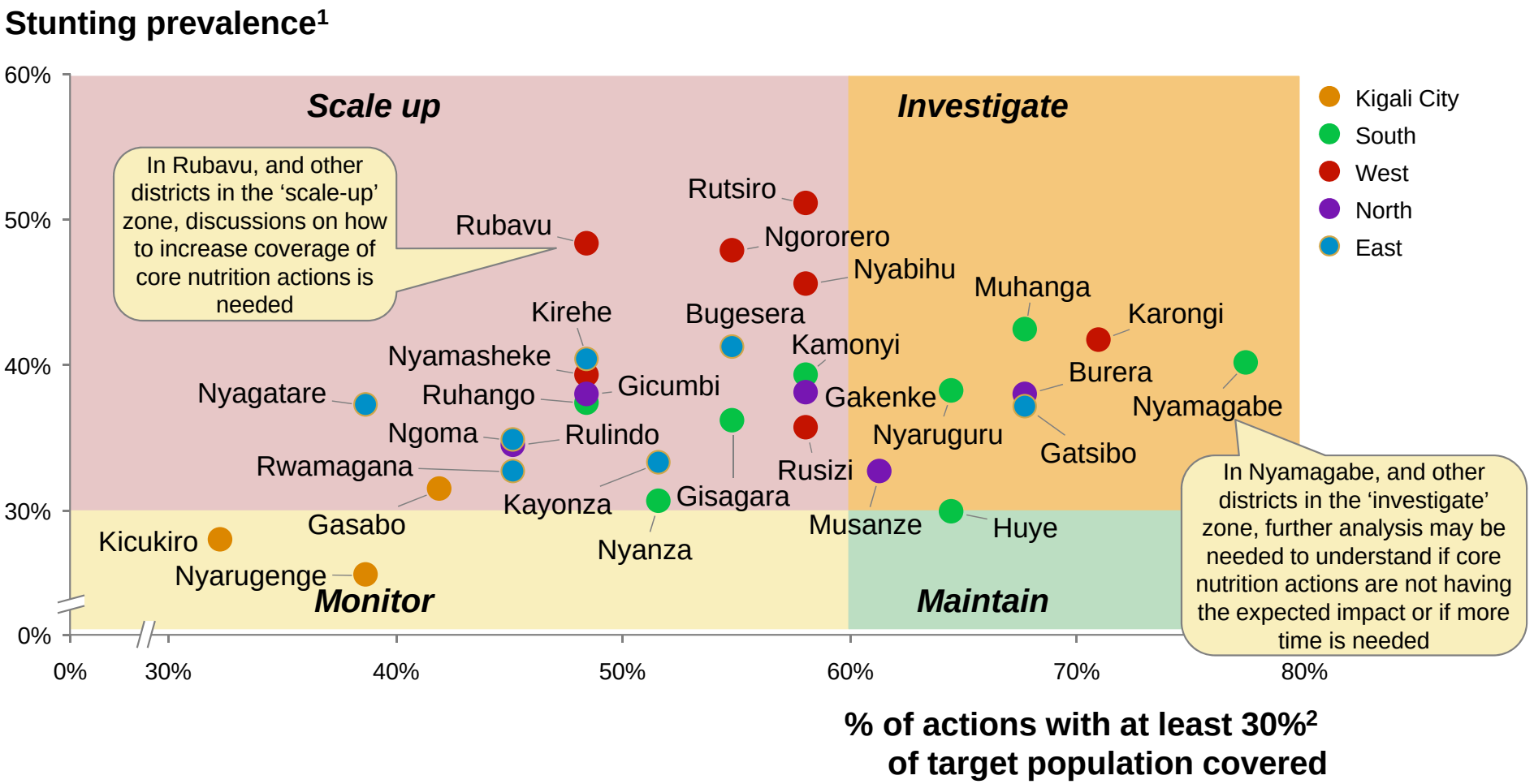


% of actions with at least 30%[2] of target population covered

- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

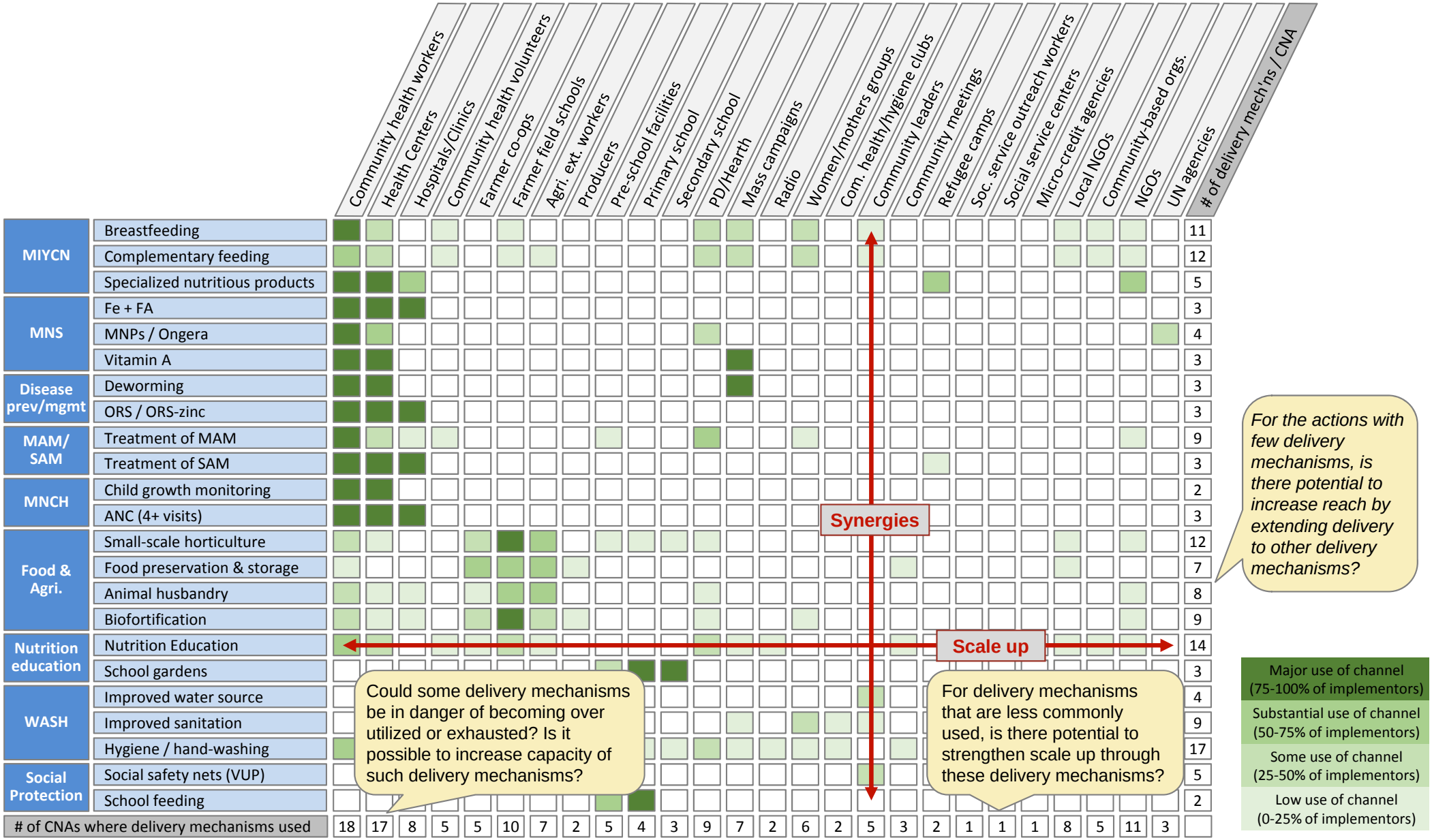
1. NB! Confidence intervals are rather large on a district level 2. 30% of target population covered or more than 1%-points additional beneficiaries covered (for Food & Agriculture and WASH infrastructure)
Source: Rwanda National Nutrition Screening 2014, Rwanda Stakeholder & Action Mapping 2014/15

Many districts are not adequately addressed, and scale-up discussion in these districts may be necessary



1. Among children 0-59 months old. NB! Confidence intervals are rather large on a district level
2. 30% of target population covered or more than 1%-points additional beneficiaries covered (for Food & Agriculture and WASH infrastructure)
Source: Stakeholder & Action Mapping Rwanda 2014/15, Rwanda National Nutrition screening 2014

Leverage mapping findings on delivery mechanisms to identify opportunities for both scale up and synergies of the CNAs



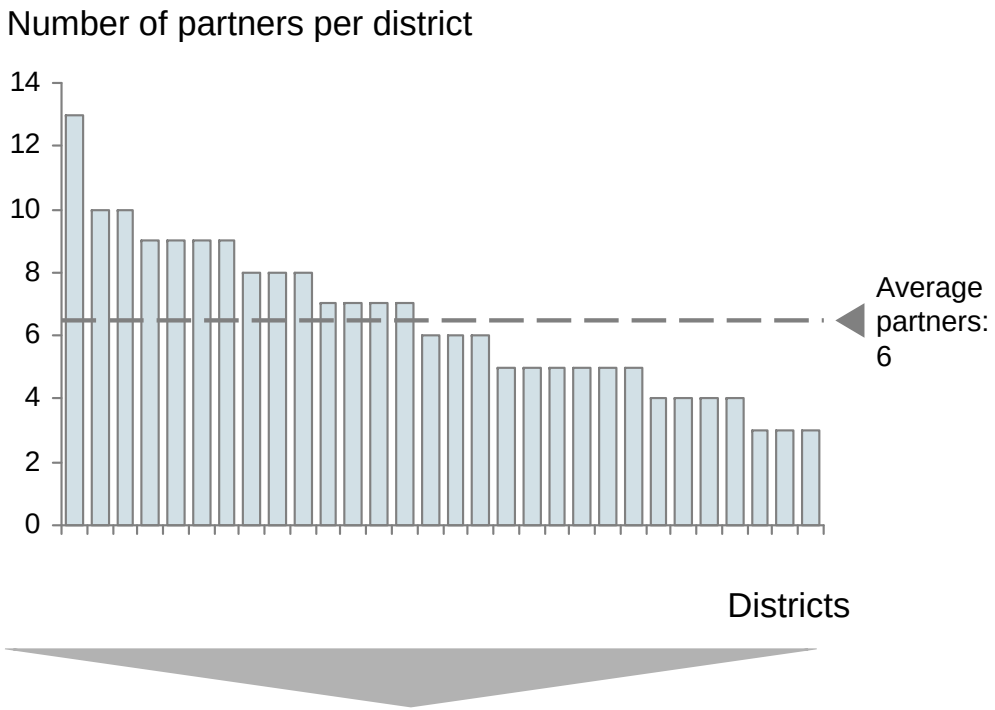
Summary of initial recommendations on planning and scale-up

	Main issues	Initial recommendations
A Increase geographic reach	Some districts have limited support, leaving gaps in geographic coverage	Secure that all districts have dedicated partners in fighting malnutrition
	Some partners seem to be spread thinly (e.g. covering some sectors and villages here and there) instead of focusing their efforts	Encourage partners to focus efforts more geographically (cover all villages & sectors in an area) to simplify coordination & increase efficiency
B Improve action & beneficiary coverage	Several CNAs are not present in all districts, and many are just done in some sectors and villages	Many core nutrition actions should be scaled up to cover more districts, sectors and villages
	Beneficiary coverage is low for many of the CNAs – large parts of the target groups are not reached	When core nutrition action is present in districts, coverage of the target groups needs to be improved
C Focus on stunting and on improving core indicators	Stunting is still high, and rate of reduction is slow compared to target	Continue focus on reducing chronic malnutrition, but accelerate scale-up
	Some key indicators are lagging behind, like Minimum Acceptable Diet, Food Consumption Scores and hygiene & hand washing practices	Complementary feeding practices, food diversity & availability, and hygiene needs to be further improved

Source: Rwanda Stakeholder & Action Mapping 2014/15

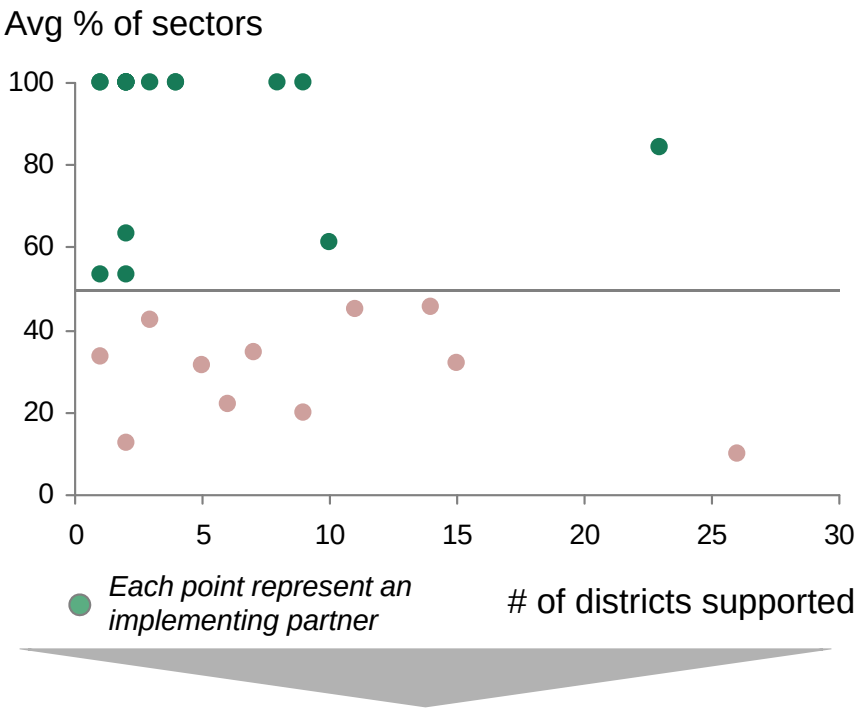
Increase geographic reach, but don't spread resources too thin

Large differences in district support



Secure that all districts have dedicated partners in fighting malnutrition

Even with many partners, some are only covering a few sectors

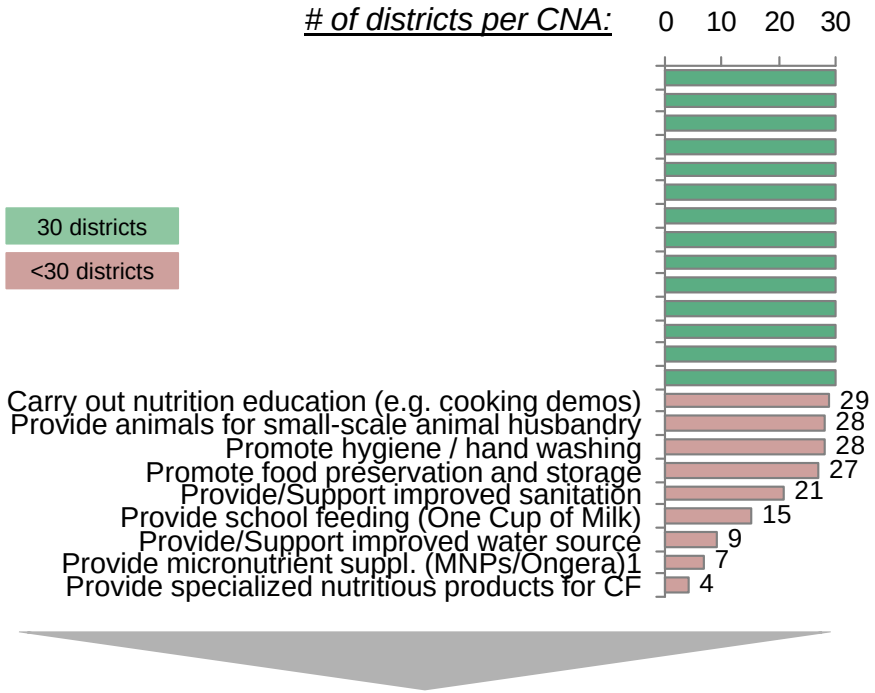


Encourage partners to cover all villages and sectors in a district to simplify coordination and increase efficiency

Source: Rwanda Stakeholder & Action Mapping 2014/15

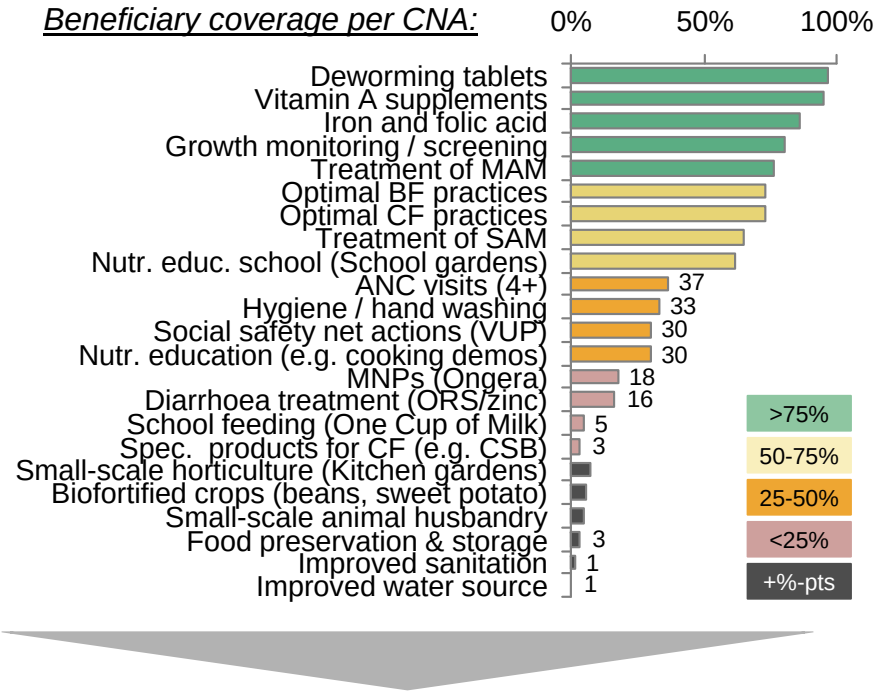
Improve action & beneficiary coverage

Some CNAs are only present in a few districts



Scale up core nutrition actions to cover more districts, sectors and villages (e.g. by piggybacking on other programs)

Beneficiary coverage for many of the CNAs are low

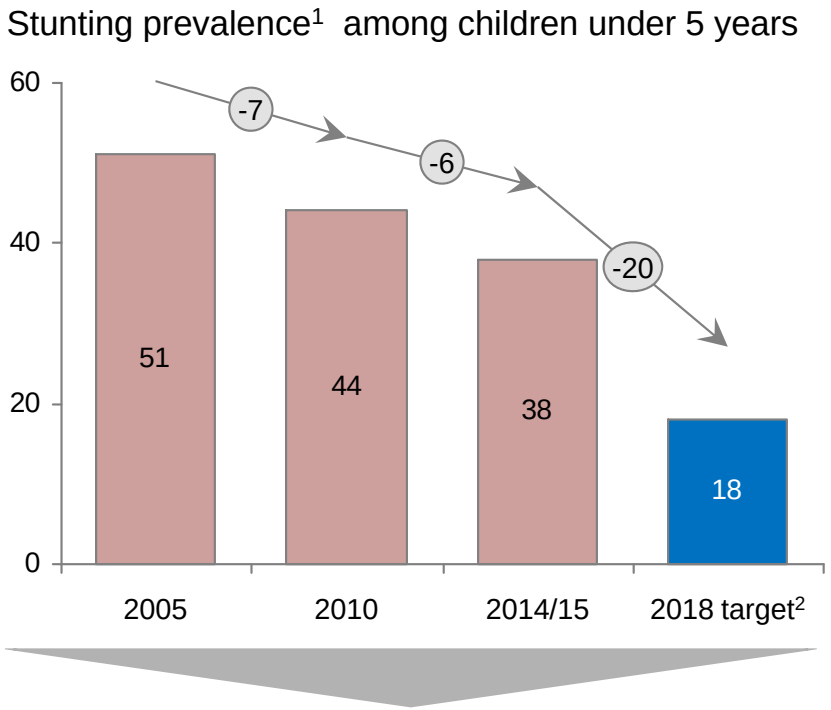


Improve CNA coverage of the target groups, while also focusing on the quality of the action coverage

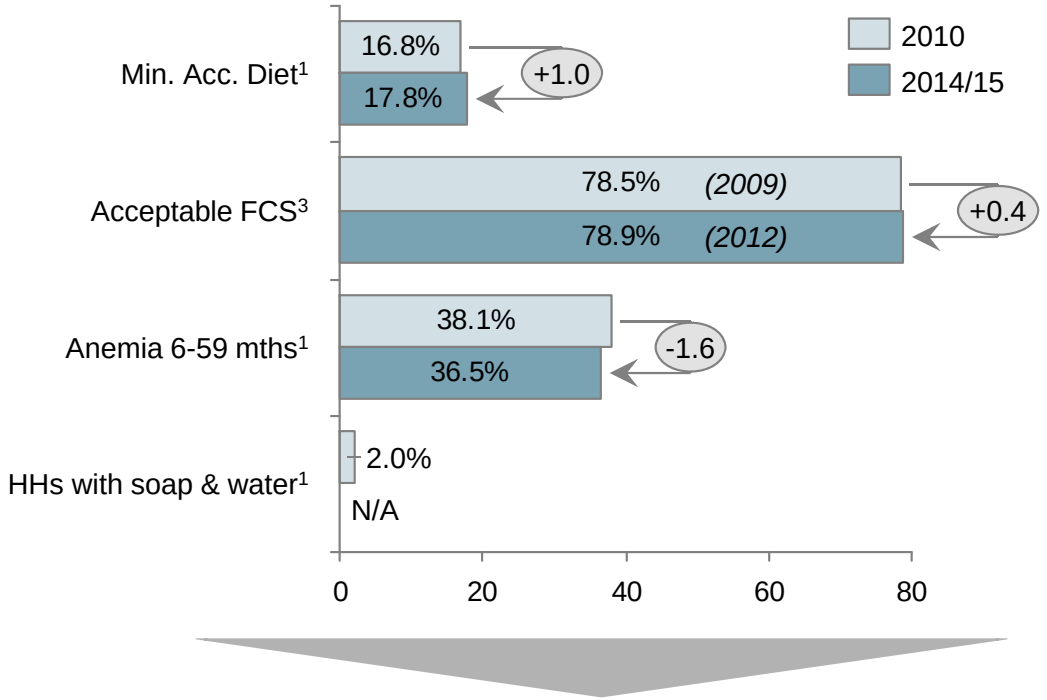
Source: Rwanda Stakeholder & Action Mapping 2014/15

Focus on stunting and main lagging indicators

Stunting progress is still slow compared to target



Key indicators showing limited progress

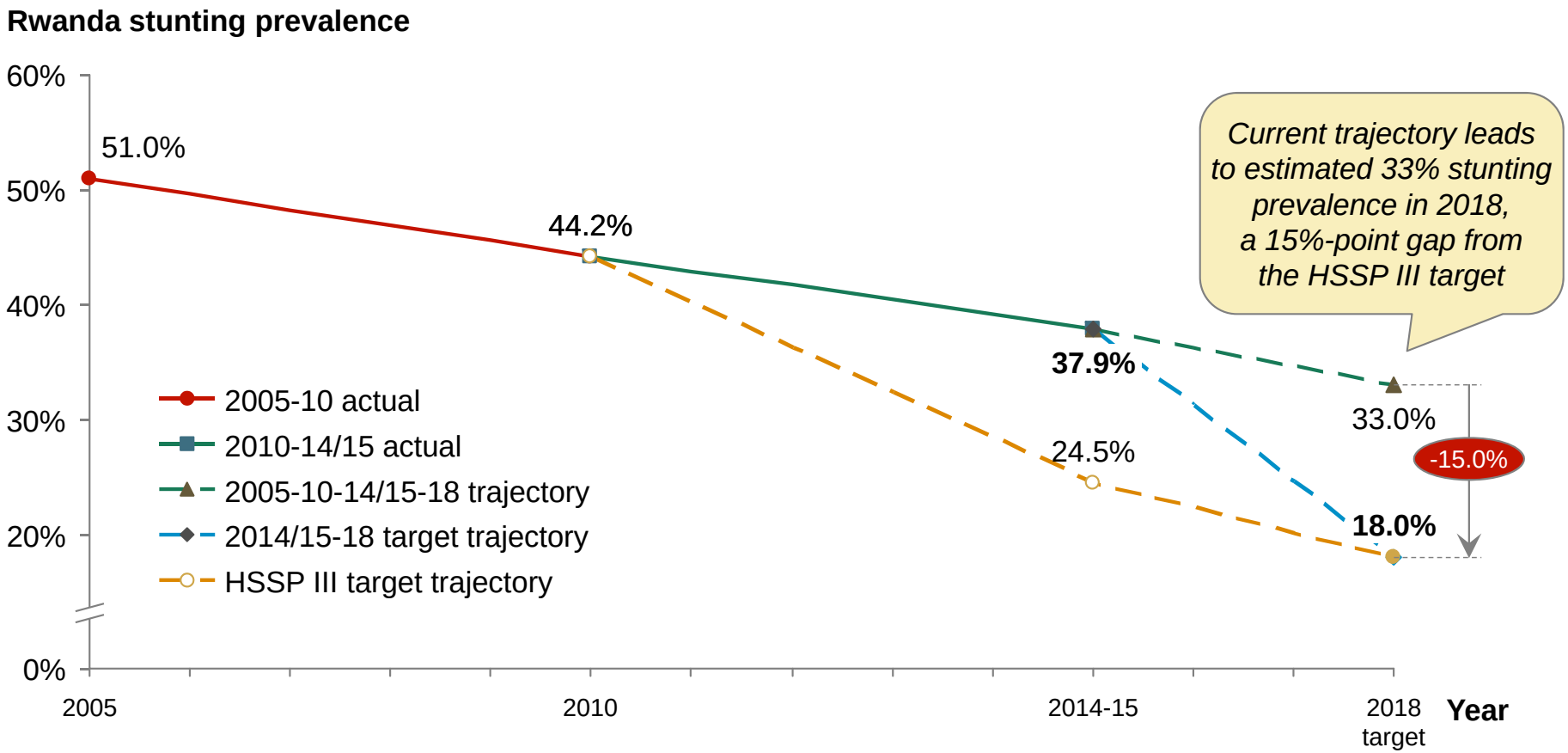


Continue focus on stunting reduction and the 1st 1000 days windows of opportunity, but significant acceleration is needed

Complementary feeding practices, food diversity & availability, and WASH should be further improved

Source: 1. Rwanda DHS 2010 & DHS 2014/15 2. HSSP-3 3. CFSVA/NS 2009 & 2012

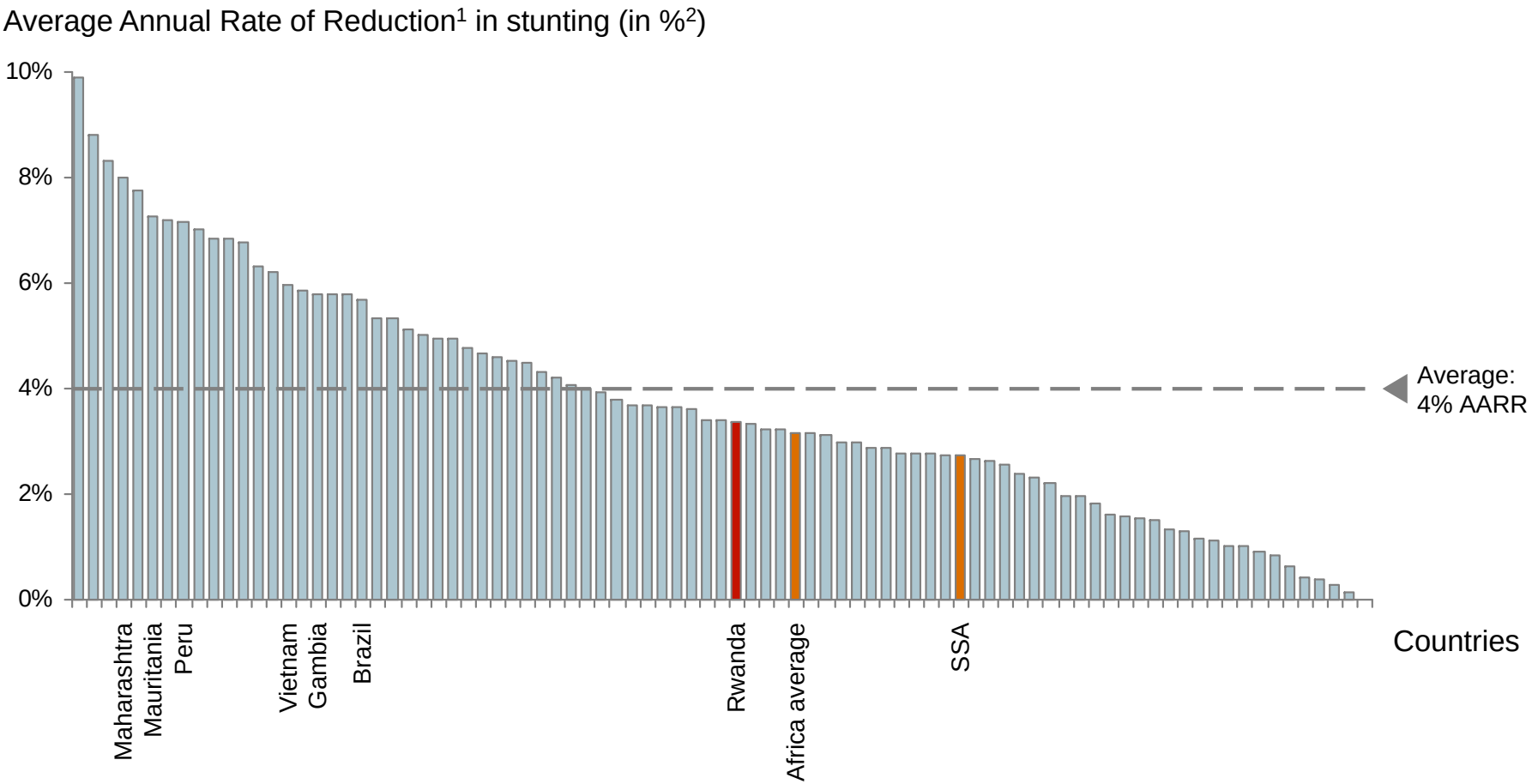
Progress from 2010 to 2014/15 is not sufficient to reach 2018 target



Immediate scale-up of nutrition interventions is needed to accelerate stunting reduction

Source: Rwanda DHS 2010 & DHS 2014/15, HSSP-3

Rwanda is above Africa average, but still behind some of the best practice countries in stunting reduction



Other countries' success show that there is potential to further accelerate stunting reduction in Rwanda

1. Average Annual Rate of Reduction (AARR) is calculated from the 4-6 best consecutive years of reduction for each country from 1995 – 2015. 2. In %, not %-points
Note: Rwanda calculated from DHS 2010 to DHS 2014/15
Source: WHO/UNICEF/World Bank database

President Kagame calls upon Rwandans to fight malnutrition

Kagame calls upon Rwandans to fight malnutrition among children

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President Paul Kagame has challenged Rwandans to continue fighting stunted growth among children even when it is evident that the country has seen tremendous growth and achievement of the millennium development goals.

Kagame made the remarks while addressing launch event of the 4th Household Living Conditions Survey (EICV4) of 2013-14 on the living standards of Rwandans which was conducted by the National Institute of Statistics of Rwanda (NISR).

On the situation of malnutrition-Rwanda has seen a poor performance and according to Dr. Uzziel Ndagijimana, the state minister of finance, Rwanda is on track to achieve its development goals and has achieved the MDGs in all respective indicators except stunting, malnutrition and women on edge of economy.

"We can't afford to see a big part of our population stunted when we have the means to prevent it. This is out of own carelessness and to an extent self-inflicted" Kagame said.

"I tell all leaders that we have to pay attention to this to eradicate it because we have the tools to. No one enjoys to see our children stunted yet we have the ability. I politely warn you that those who have the responsibility to do something- pull up your socks" he added.

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