Introduction

Rwanda has made great progress in terms of poverty reduction and social development since the 1994 genocide, yet there is still much progress to be made. The country faced a high base of global poverty (70% of people live on less than $1.90/day in 2015); today, that number is down to 47%. Food insecurity remains high, with 38% of children under age 5, 70% of children 6-8 months, and 44% of children 6-23 months suffering from acute undernutrition. These trends are further exacerbated by the devastating effects of the COVID-19 pandemic.

The Rwandan diet is dominated by tubers and root crops, bananas, legumes, and maize. Traditional methods of preparation, such as roasting, steaming, and boiling, result in nutrients lost in the form of water, fat, and food. In addition, chronic undernutrition is a common problem, with 38% of children under five, 70% of children 6-8 months, and 44% of children 6-23 months suffering from acute undernutrition. These trends are further exacerbated by the devastating effects of the COVID-19 pandemic.

There is a need for culturally acceptable strategies, designed and tested prior to implementation of MNP programmes if the results from pilot programmes are to be taken to scale. Local contextualization is needed that acknowledges the complex interplay of factors that affect health outcomes, such as poverty, chronic undernutrition, and the COVID-19 pandemic.

Results

Results were integrated and used to design a national scale-up strategy with protocols for: 1) training and capacity building (Figure 2); 2) monitoring and evaluation; and 3) media mobilization and communication in the context of the 1000 Days Initiative and the 100 Days of Emancipation.

National Scale-Up

The MNP programme in Rwanda has been implemented in 19 districts in association with 7 implementing partners (Table 1). Coverage within the 19 implementing districts was 86% with a general upward trend since large-scale implementation began in July 2015. The small-scale survey of caregivers and household heads in all 19 districts revealed high rates of acceptability and knowledge.

Conclusions

To the best of our knowledge, this is the first time in Africa to develop and successfully implement home fortification with MNP at a national scale. The operationalization of the efficiency core of MNP at scale requires well-structured implementation that is adaptable to local cultural contexts, constrained, but able to be supported by well-structured implementation. This paper provides insights into the successful implementation of MNP at scale and highlights the importance of adapting the programme to local contexts.

References: