

The Learning Route in Rwanda

Leveraging the Scaling up Nutrition Civil Society Network: building regional platforms to promote learning on how to address malnutrition



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Background Report

About this report

This background report was produced in preparation for the 2016 Learning Route in Rwanda. It is primarily intended as a briefing for those participating in the learning exchange, though it will also be of value to those interested in civil society efforts to end malnutrition in Rwanda.

This background report provides basic information on poverty and malnutrition in Rwanda and the process of scaling-up nutrition. It also features five case studies that exemplify the work done by civil society in the following thematic areas:

- advocacy, social campaigning and mobilisation
- multi-stakeholder coordination
- communication for behavioural change
- integrated approaches to fight malnutrition

The report was developed following a participatory mapping process involving civil society organisations in Rwanda and a survey of 11 Anglophone Africa. This process identified the priority thematic areas and the best practice examples that are most likely to stimulate country-country learning.

Each case study briefly describes the experience, main outcomes and lessons learned by the civil society organisation leading the initiative. The case studies were developed with the participation of the organisations involved and reflect their experience. They are intended to provide 'food for thought' for the field visits which will take place during the Learning Route.

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About the Learning Route programme

In 2016, the Scaling Up Nutrition Civil Society Network (SUN CSN) launched a two-year learning exchange programme to strengthen SUN Civil Society Alliances (CSAs) and regional platforms and to promote learning across countries on how to address malnutrition. At the centre of this programme are two peer-to-peer learning exchanges, called 'Learning Routes', that aim to meet specific the knowledge needs and learning priorities of CSAs. The Learning Route in Rwanda is the first of these learning exchanges. The second Learning Route will involve a learning exchange in Asia in early 2017.

In preparation for the first learning exchange, SUN CSN surveyed SUN CSAs from African Anglophone countries in April 2016 to gather their knowledge and successful experiences in scaling-up nutrition. The survey helped identifying CSAs' core areas of intervention and their best practices in the fight against malnutrition, as well as recognising learning needs and priority issues for their member organisations. Shared with SUN CSAs from 14 African countries, 11 replied to the survey. As result, five thematic areas were identified as a priority by CSAs: advocacy, social campaigning and mobilisation, multi-stakeholder coordination, communication for behavioural change and integrated approaches to fight malnutrition. Based on these outcomes, and following further discussions with SUN CSAs, Rwanda was appointed to host the Learning Route during the second half of 2016.

About the Learning Route in Rwanda

Rwanda offered an appropriate context for this learning exchange: a proactive Civil Society engaged in successful initiatives that spanned the thematic areas prioritised by SUN CSAs, as well as great enthusiasm to host delegations from other countries.

To organise the Learning Route, SUN CSN partnered with PROCASUR Corporation, an international organisation specialising in the design and implementation of knowledge management tools and methodologies. PROCASUR developed the Learning Route methodology and experience of supporting learning exchanges. At a workshop in July 2016, representatives of SUN CSN, PROCASUR, SUN Alliance and other Civil Society Organisations (CSOs) an national and international organizations came together to identify key experiences which they felt could provide useful lessons for other SUN Civil Society Alliances (CSAs). They also identified the conditions which enabled SUN Alliance to flourish as well as challenges that they had faced. The outcome of this process is described in this document.

In Rwanda, the establishment of SUN Alliance has been the direct result of a history of strong coordination among CSOs. Over time, and thanks to other key enabling factors – a high-level of political commitment to poverty reduction, increased social mobilisation and funding around food security and nutrition – CSOs have been able to strengthen their collaboration, increase the power of their collective voice and influence decision-making processes to reduce malnutrition. Although SUN Alliance was built on strong, existing foundations, CSOs have found SUN Alliance a useful platform to further their aims.

A Learning Route is a capacity-building tool built up as planned journey with specific learning objectives. It is an on-going peer-to-peer training process, which makes room for discussion, analysis and reflection. It encourages an active and mutual knowledge exchange between participants and their hosts. The final aim is to develop the ability of the Learning Route participants to identify potentially useful innovations that can be adapted and then applied in their own community, institution and country.

This Learning Route programme's main objective is to build stronger, aligned civil society alliances that work for improved nutrition at all levels of society.

PROCASUR Corporation is an international organisation specialised in identifying, documenting and scaling-up local innovations and successful practices to improve rural livelihoods. Its mission is to foster the sharing of local knowledge to fight rural poverty through learning platforms based on different knowledge management tools and methodologies, tailored to different contexts and costumers. PROCASUR fosters the sharing of innovations bringing global institutions and local people together. Since 2006, PROCASUR has promoted learning opportunities in over 35 countries in Africa, Asia, and Latin America and the Caribbean, affecting the lives and livelihoods of thousands of rural people across the globe.

The Learning Route is an opportunity to learn from selected Rwandan experiences promoted by SUN Alliance's member organisations' efforts to scale up nutrition at community, provincial and national level.

The **Learning Route's specific objectives** in Rwanda are to:

- Understand the process and the factors that lead to the success of the selected case study examples and analyse the potential for scaling up/out;
- Recognise modalities through which civil society enhances national and local policies and strategies to effectively address nutrition problems with a special focus on ensuring the inclusion of vulnerable and disadvantaged populations;
- Identify effective social mobilisation and communication strategies to raise awareness on nutrition-sensitive issues and to promote behavioral changes;
- Identify the catalytic role played by the civil society in bringing together multi-sectoral partners. For example, engaging with the public and the private sector, fostering sustainable and appropriate partnerships that are pro-poor and enable visibility and benefits for smallholders.

The Global nutrition context and SUN Movement

Progress continues to be made in the fight against hunger; yet, a large number of people still lack of food and are not adequately nourished. It is estimated that 795 million people in the world were undernourished (2014-2016 estimates), meaning they had insufficient calories in their diet to meet their needs. Two billion people (out of a global population of 7 billion) suffer from micronutrient deficiencies¹. Additionally, 159 million children under five are too short for the age and 50 million children are too light for their height². The majority of the hungry live in developing countries. 2015 marked the end of the monitoring period for the World Food Summit (WFS) and the Millennium Development Goals (MDG) hunger targets. Developing regions have almost reached the MDG 1c hunger target of halving (between 1990 and 2015) the proportion of people who suffer from hunger. However, East Africa has the biggest hunger problem in absolute terms, being home of 124 million undernourished people (FAO, 2015). In this context, Rwanda is an exception for being one of the few eastern African countries that achieved the MDG target.



1 Global Nutrition Report [2016], From Promise to Impact

2 Ibid

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About SUN. Founded in 2010, the [Scaling Up Nutrition \[SUN\]](#) Movement unites governments of developing countries, civil society, businesses, researchers, donors and international organisations around a common goal: to improve nutrition. SUN's key focus is to improve the nutritional status of women and children, and by concentrating on a child's 'first 1,000 days' of life, from conception to age two. Today, SUN has more than 100 partners, and 57 governments are committed to creating multi-sectoral, multi-stakeholder platforms to fight malnutrition in their countries. The International Conference for Nutrition 2, the sustainable development goals, world health assembly targets and those committed under Nutrition for Growth and other international fora demonstrate a commitment to ending hunger for good. SDG goal 2 is to end all forms of malnutrition by 2030. The Global Nutrition report estimates that 12 of the 17 SDGs indicators relate to nutrition³.

SUN Countries are called upon to establish a legal and policy framework for nutrition and incorporate good practice in their national policies. They are advised to align actions in the different sectors involved and set common targets and measurable outcomes to attain. They should also focus on mobilising national resources and monitor activities. SUN countries are encouraged to focus on several sectoral areas which contribute to improved nutritional status, such as: nutrition, agriculture, drinking water and sanitation,

public health, and social protection. Women should be at the centre of the process because of the role they play in children's development, particularly during the first years of life. Country results are measured by impact indicators such as: access to affordable, nutritious food; access to drinking water, sanitation, healthcare and social protection; the adoption of good feeding practices; the prevalence of stunting and wasting among children; and the prevalence of micronutrient deficiencies. Several SUN countries, including Rwanda, have already achieved encouraging results in reducing stunting among children.

About SUN CSN. [SUN Civil Society Network \[SUN CSN\]](#) is composed of national and international organisations working in various nutrition-related fields, including women's empowerment, health care, nutrition intervention, rural development, humanitarian-aid among others. As of October 2015, SUN CSN's membership included 2000 civil society organisations. All are engaged through national Civil Society Alliances [CSAs] which have been established in 39 SUN Countries. CSAs at country level have engaged in numerous advocacy and coordination initiatives in support of the implementation of national nutrition plans, such as targeting key audiences and decision makers in national ministries and international institutions as well as working with communities at a local scale. SUN CSN has been actively supporting CSAs as they become established.

³ Global Nutrition Report [2016], From Promise to Impact, Page 3, table 1.1.

Country profile: Rwanda

Rwanda is a small landlocked country in East Africa. It is bordered by the Democratic Republic of Congo (DRC) to the west, Tanzania to the east, Uganda to the north and Burundi to the south. The three official languages are Kinyarwanda, English and French. Based on the 2016 population projections of the National Institute of Statistics of Rwanda (NISR), the size of the resident population is an estimated 11.5 million people, of which approximately 85% live in rural areas.

The growing population has resulted in an increased population density, from 321 per square Km in 2002 to 416 per square Km in 2012, the highest in the East African Region (NISR, 2012). A growing population and high population density are key development challenges Rwanda is currently facing, as well as internal migration from rural to urban areas. Rwanda's economy is dominated by agriculture and the service sector. Over the past decade, economic growth has been accompanied by a reduction in poverty as well as increased gender empowerment, which suggests that growth has positively benefit the population. However, there are areas where more effort is needed, such as the reduction in under 5 and infant mortality rates and in stunting. In terms of malnutrition, Rwanda has achieved the target for underweight and wasting; stunting, however, remains a concern as it stands at 37.9% (NISR, 2016) compared to the MDG target of 24.5% by the year 2015.

Accountable governance and decentralisation. 'Vision 2020' is Rwanda's national development strategy for Rwanda. It presents a framework and key priorities for Rwanda's development. It seeks to transform the country from a low-income agriculture-based economy to a knowledge-based, service-oriented economy leading to middle-income country status by 2020. The first pillar of Vision 2020 is good governance and a capable state. Over the past decade, promoting good governance has been central to Rwanda's development strategies; this has been done by facilitating citizens' participation and empowerment, enabling local communities to participate meaningfully in making decisions on issues that affect them most, and thereby helping ensure that development is sustainable and poverty is reduced. With this aim, a decentralisation process began in 2000, resulting in the creation of 30 districts. Development

and delivery of a wide range of services has been transferred to these districts.

National Strategic Plan for poverty reduction. The Poverty Reduction Strategy (PRS), 2002-2006, was the first systematic assessment of the actions needed to reduce poverty and generate economic growth undertaken by the Rwandan government prior to Vision 2020. Created in a post-conflict environment, this strategy focused particularly on managing the transition from emergency relief to rehabilitation and reconstruction. A subsequent national framework for poverty reduction and economic development (EDPRS1, 2008-2012), marked a distinct change in the approach to development, including further decentralisation of government functions to take development decision-making closer to the people. In this context, significant gains were also recorded in declining of child mortality, which dropped from 86 to 50 infants deaths per 1,000 live births, and maternal mortality, which declined from 750 to 476 per 1,000 births between 2006 and 2011 (EDPRS2, 2013).

Within the second phase (2013-2018) of the national Economic Development and Poverty Reduction Strategy (EDPRS2), food security and nutrition remain important issues for the overall development of the country and are highlighted as "long-term foundational issues", i.e. strategic and long-term priorities. One of the main goals of the EDPRS2 is reduction of the rates of chronic child malnutrition. The strategy outlines that this along with the broader issues of food insecurity and malnutrition will be tackled through community-based nutrition programmes and campaigns across the country.

Food security. The country has made great strides in improving food security and reducing hunger. From 1990 to 2015, prevalence of undernourishment fell by nearly half, from 56% to 32%—a sign of strong progress. The total number of undernourished people in Rwanda has remained at around 4 million since 2002 (COMPACT2025, 2016). The 2015 'Comprehensive Food Security and Vulnerability Analysis (CFSVA)', conducted by the World Food Programme (WFP) and the Ministry of Agriculture and Animal Resources of Rwanda (MINAGRI), found that 80% of all households are food secure, based on their current food consumption and their ability to cope with future difficulties (WFP, 2016). Levels of food insecurity are particularly high in the western and northern provinces

4 The Rwandan genocide occurred in 1994 when over 1 million Tutsi were killed during a 100 day-period, from April to July.

5 Chronic malnutrition, or stunting, is a form of growth failures. Children who suffer from chronic malnutrition fail to grow to their full genetic potential, both mentally and physically. The main symptom of this measured is stunting - shortness in height compared to others of the same age group - and takes a relatively long time to develop (Save the Children UK).

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of the country, while Kigali, the capital, is the most food secure province with only 3% of households being moderately food insecure (WFP, 2016).

Nutrition. Compared with the data reported by the CSVA in 2012, the nutritional status of children under five years has improved, with fewer children found to be wasted, stunted and underweight. Stunting, which is one of the main nutritional issue in Rwanda, has decreased from 43% in 2012 to 37% in 2015 (WFP, 2016). According to the NISR, the prevalence of child stunting varies by demography and region. Stunting is more prevalent in rural areas (41%), than urban areas (24%) and across region is more prevalent in the western region (45%) (NISR in: COMPACT2025, 2016).

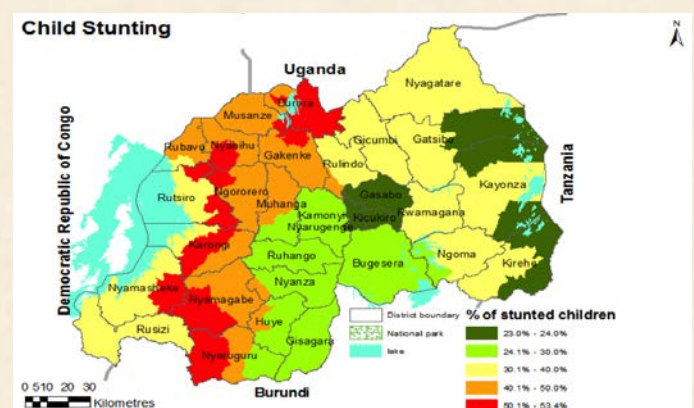
The results of the 2015 CSVA show that factors related to mothers are important in explaining stunting in children (WFP, 2016). Both the nutritional status of the mother and her level of education are key determinants; in Rwanda, 47% of children from families whose mothers had no formal education were stunted in 2015, whereas only 19% of children from families whose mothers had at least secondary education were stunted (WFP, 2016). From 2009 to 2013, female secondary education enrollment increased from 25% to 34%. Women's empowerment has also been shown to improve nutrition: by several measures, Rwanda has done well in promoting gender equality, and in 2015 the country ranked sixth out of 145 countries in the World Economic Forum Global Gender Gap Index (COMPACT2025, 2016).

In line with the 2015 CSVA, a study conducted by the COMPACT2025 initiative in 2016 indicates that the prevalence of underweight and wasted children has been also reduced from 18% and 5% to 9 % and 2% respectively, correlating with 87% of children less than 6 months who are exclusively breastfed. The livelihood zones with the highest rate of stunting overlap with the most food insecure livelihood zones. Furthermore, Rwanda has also done well in other indicators of undernutrition: only 17% of women of reproductive age are affected by anemia – well below Africa-wide prevalence of 37.6%. However, 40% of districts in Rwanda

still report child anemia level above 40%. Additionally, 38% of Rwandan children under 5 are iron deficient (COMPACT2025, 2016).

Rwanda's leadership has demonstrated high-level political commitment towards ending malnutrition. Implementation of the development of the National Food and Nutrition Strategic Plan (NFNSP), 2013-2018, is considered vital to achieving sustainable, long-term food and nutrition security in the country. In order to efficiently implement the strategic plan at the district level, District Plans to Eliminate Malnutrition (DPEM) have been integrated into District Development Plans. The first phase of the DPEM programme began in 2011 with selected districts and was extended to all districts of Rwanda in 2012. In 2014, an assessment of the plans found that DPEM-related activities were being implemented in all districts.

In June 2016, a National Nutrition and Food Programme Coordination Secretariat to Eradicate Malnutrition was established under the Ministry of Local Government (MINALOC) to coordinate all activities and actors in nutrition; decentralisation and strengthening of a multi-sectoral approach, in fact, have proven to be successful strategies to address malnutrition. The Secretariat will serve as a technical support to the Social Cluster in Central Government, with districts, development partners and CSOs working together in implementing nutrition programmes.



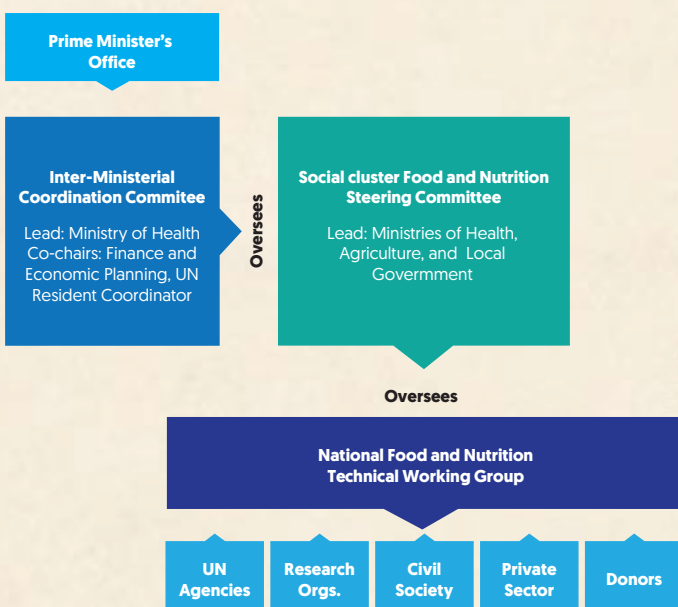
Multi-stakeholder platforms

In recent years, several multi-stakeholder platforms have been set up at central and local level to scale up nutrition:

The **Inter-Ministerial Coordination Committee (IMCC)** – the highest body, reporting to the Prime Minister’s Office and lead by the Ministry of Health, brings government and development partners together to address hunger and undernutrition.

The **Social Cluster Food and Nutrition Steering Committee (SCF&NSC)** – a cross government body to coordinate and implement the National Food and Nutrition Policy (NFNP) and the National Food and Nutrition Strategic Plan (NFNSP).

The **National Food and Nutrition Technical Working Group** – a multi-sectoral nutrition coordination platform, which includes representation from the SCF&NSC, donors, UN agencies, civil society, academia and the private sector. It provides technical advice and assists in coordinating and organising national activities, and also provides technical assistance for decentralised activities.



Policy framework

The National Food and Nutrition Policy (NFNP), developed in 2013, is a revision of the previous National Nutrition Policy of 2007. It is aligned with Vision 2020, closely linked with the MDGs and in line with the EDP2. The policy emphasises the importance of food and nutrition during pregnancy and the first two years of a child’s life in order to better assure normal growth both during the gestational period and as the young child rapidly develops [NFNSP 2013-2018]. It also recognises the close link of adequate nutrition with adequate household food security.

The Policy includes both nutrition specific and sensitive approaches to address under-nutrition. Nutrition sensitive policies are in place in key sectors that have an impact on nutritional outcomes, such as agriculture, poverty reduction and sustainable development, health, education and social protection [SUN Movement, 2015]. Furthermore, NFNP broadens emphasis on multi-sectoral participation and responsibilities: nutrition programmes are in fact decentralised through District Plans to Eliminate Malnutrition [DPEMs] and Joint Action Development Forum District Levels [JADF].



Source: COMPACT2025

At the local level, multi-sectoral nutrition committees are composed of mayors, district directors of health, nutritionists, women and youth' district representatives, agronomists and social protection, veterinary, and hygiene and sanitation officers (SUN, 2015). The district-level committee oversees the implementation of DPEMs. International and national nongovernmental organisations (NGOs) intervene at the district level through Joint Action Development Forum structures. At the local level, Community Health Workers (CHWs) as well as farmer promoters play an important role in implementing community-based food security and nutrition programmes.

In this framework, the National Food and Nutrition Strategic Plan (NFNSP) orients Policy's implementation over a five year period, focusing particularly on the prevention of child stunting. The NFNSP also takes into account the complex causal relationships that link nutrition, infection, household food security, and social protection. The importance of addressing each of these factors and their linkages explains the need for NFNP and NFNSP to have multi-sectoral ownership and joint implementation responsibilities.

SUN Movement in Rwanda

On 22 December 2011, the Republic of Rwanda joined the SUN Movement with a letter of commitment from the MOH. At the time, the President of Rwanda had launched an initiative to address malnutrition, followed by the first National Nutrition Summit in November 2009 and multi-sectoral nutrition committees had been established at central and local levels. In addition, the MOH was assigned to coordinate the implementation of a National Multi-Sectoral Strategy to Eliminate Malnutrition (2010-2013) and a comprehensive Joint Action Plan to fight malnutrition.

Currently, the multi-sectoral/stakeholder platform, which coordinates efforts of the SUN Movement at the national and district levels, includes the high-level coordination committees of the Social Cluster Ministries and the Inter-ministerial Coordination Committee, hosted within the Prime Minister's office, with participation from key Ministries. UN agencies likewise conduct regular meetings to join efforts in supporting the Rwandan government to eliminate malnutrition. So far, only the private sector and donor groups have not established a formal coordination mechanism for their involvement in the fight against malnutrition.

SUN Alliance in Rwanda

In 2014, thanks to a start-up grant from the SUN Global Multi-Partner Trust Fund (MPTF), SUN Alliance was created, bringing together many of the CSOs working on nutrition in the country. A launch event brought together 150 participants to introduce them to the concept of working as a coordinated Alliance of CSOs, presented draft Terms of Reference and request their participation. After the launch, SUN Alliance General Assembly elected its Executive Committee. This worked to develop an Action Plan and register SUN Alliance as an umbrella organisation. Furthermore, committee advisors for six nutrition-sensitive sectors (Agriculture, Health, Women empowerment, Education, Social protection and Poverty reduction) were elected. To date, SUN Alliance includes 79 civil society members from both local and international CSOs and academia, all actively engaged in scaling up nutrition at country level, whether through programmes directly focusing on nutrition (known as 'nutrition-specific' programmes) or programmes that revolve around other sectors but that integrate nutrition aspects (known as 'nutrition-sensitive' programmes).

The aim of SUN Alliance is to amplify the voices of communities affected by malnutrition and to focus on the need for greater accountability on their behalf.

Governance

SUN Alliance's General Assembly is a body, which consists of representatives of all organisations involved in the Alliance. The Assembly was first convened in March 2015, and then again in October 2015, and it has, through these meetings, officially adopted organisational statutes and elected the members of the Executive Committee, as well as the Audit and Dispute Resolution Committees. The assembly meets approximately twice per year to discuss overall progress and look at how the Alliance is functioning. The General Assembly meeting also provides a forum for the discussion of high-level issues concerning all members of the Alliance. A communication strategy was developed to provide consistent communication between the Executive Committee, CSOs and their partners. In this framework, the district committees play a key role in bringing local community demands to the national platform.

SUN Alliance strategic objectives

1. Actively contribute to the design, implementation and monitoring of effective accountable national multi-stakeholder /multi-sectoral policies and plans for scaling up nutrition at national and sub-national levels.
2. Encourage and facilitate coordination among all civil society actors, including academia, international, national and local CSOs and ensure alignment of their strategies, programmes and resources with national nutrition priorities.

The specific objectives of SUN Alliance are to:

- Mobilise resources for enhanced coordination, partnership and synergies among SUN Alliance members and other stakeholders for sustainable and equitable reduction of malnutrition;
- Strengthen CSOs' capacities for improved nutrition programming, planning, monitoring and performance;
- Strengthen dialogue and accountability at all levels to implement National policies and regulations addressing nutrition;
- Empower its members to put in place effective systems that contribute to increased investments in the area of nutrition;
- Defend members' professional interests and strengthen relations between SUN Alliance and other organisations with similar objectives at the global level;
- Conduct research to inform policy design and implementation and to improve on quality of information in the nutrition sector.

Main Achievements of SUN Alliance

- Direct community mobilisation activities: Awareness campaign on nutrition (from 2014 to date)
- Information gathering for advocacy: Stakeholder & Action mapping exercise (January 2015 – October 2015)
- Organisational establishment and sustainability: structures and legal status (March 2015- May 2015)
- Training, awareness raising and establishment of SUN district committees (May 2015)
- Advocating for the establishment of the National Nutrition and Food Programme Coordination Secretariat (May 2015-June 2016)
- Nutrition advocacy campaigns at national and district decision makers with our committees for increased coordination and investments. (February 2016 to date)
- Developing work plans and advocacy and communication strategies (March 2016 –April 2016)
- Learning Route Programme (May 2016-March 2017)
- Financial mobilisation: Securing a grant under New Venture Fund through SFH Rwanda (July 2016)
- Financial mobilisation: Securing an agreement between SNV and SUN Alliance (grant on strengthening Evidence Based Advocacy) (July 2016)
- Participation in national nutrition events and in the SUN Movement's events (Regularly)

Interview with Mr Butera John R. Mugabe, SUN Alliance Chairman



Q: Please explain how SUN Alliance was established and what have been its main initiatives so far?

The establishment of SUN Alliance emanates from the MPFT's Request for Proposals (RFP) to establish SUN Alliance for Civil Society in Rwanda. This was in late 2013. Two organisations (the Society for Family Health Rwanda – SFH - and the Catholic Relief Service - CRS) responded to the RFP; based on that, the Civil Society Alliance was established, as joint venue of the two organisations, each of them playing a distinct role. For example, SFH Rwanda had a mandate to socially mobilise CSOs while CRS took on a coordinating role. Thanks to the MPTF fund and the support of the Rwandan government, SUN Civil Society Alliance was officially established in 2014. Today, its name has changed into 'SUN Alliance'. In this process we have called all nutrition actors belonging to civil society in Rwanda to join the Alliance, as well academic research partners, such as the Catholic University of Rwanda.

Q: What have been the main initiatives of SUN Alliance so far?

Our first initiative was officially registering the Alliance itself; we then mobilised resources for nutrition-oriented actions and we developed a number of Memorandum of Understanding with different stakeholders. We managed to bring on board different stakeholders, policy makers and politicians in a single room to increase budget for nutrition interventions, which has been a great achievement. We are now tracking resources and we have participated in the Stakeholder & Action Mapping process that has been very key to know 'who's who' and what they are doing in a particular area, and what investment and resources they have on a particular issue. This helped us to understand the complex nature of nutrition and to clearly target common goals we want to achieve.

However, there are still some challenges. One of them is the lack of staff; indeed, we have limited staff considering how big the platform is now. Limited resources is another challenge, which also affects our ability to strengthen the capacities of our members.

Sustainable experiences in scaling-up nutrition: case studies for the Learning Route

In Rwanda, SUN Alliance has been able to draw on the long-term experience of its Civil Society member organisations in the fight against malnutrition. SUN Alliance's members are engaged in multiple nutrition-oriented initiatives, at local, national and international level.

For the purpose of the Learning Route, five successful initiative were selected by SUN Alliance. These experiences fall under one, or more, of the thematic areas identified in the survey of African CSAs. The themes are:

- Advocacy, social campaign and mobilisation
- Multi-stakeholder coordination
- Communication for behavioural change
- Integrated approaches to fight malnutrition

Points to consider for Learning Route participants

Each case study describes a successful strategy or initiative carried out by CSOs with the aim of accelerating efforts to reduce malnutrition. Please read the case studies and reflect on the following:

Q1: Are there aspects of the example of practice that you have already tried? Were there any key differences between your approach and the approach taken by CSOs in Rwanda?

Q2: Are there any aspects of the practice that you haven't tried and could be applied in your context? Can you identify the steps you would need to take or the elements that would need to be put in place for the effort to succeed?

Q3: What do you think the key success factors were that contributed to the impact of the initiative? What can you do to promote these success factors in your own efforts?

Q4: Is there any specific additional information about the practice that you need to know? Are there any questions you would like to ask the CSOs involved?

Please make a note of your answers and refer to them during the Learning Route in Rwanda.

Case study 1: Rwanda Stakeholder and Action Mapping for Nutrition

LEARNING AREAS

Coordination strengthening to improve nutrition

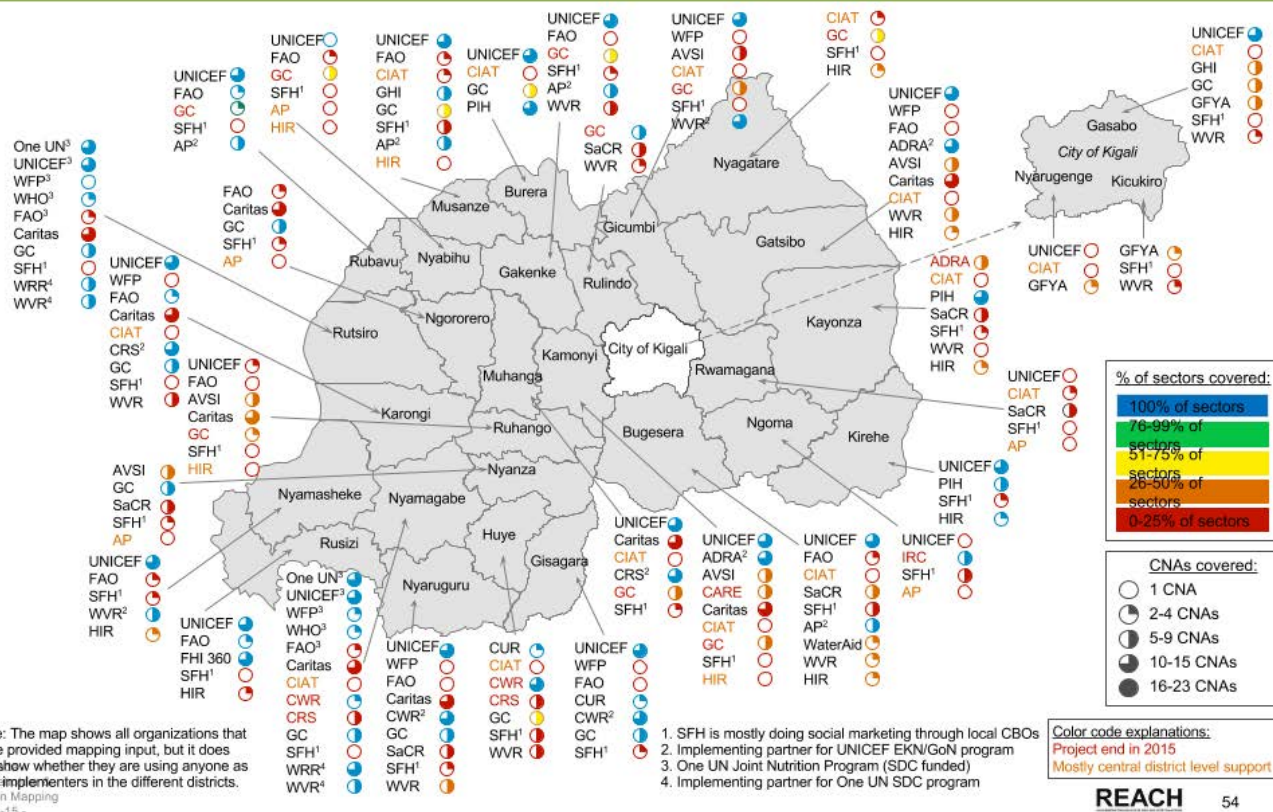
There are a growing number of stakeholders in Rwanda working to eradicate malnutrition; thus, understanding their position and priorities is essential to design a coordinated strategy to improve nutrition in the country. In 2015, the Office of the Prime Minister, in collaboration with ONE UNREACH, organised a multi-sectoral Stakeholder and Action Mapping process that brought together different actors working on both nutrition specific and nutrition sensitive actions. These included UN agencies (FAO, WHO, UNICEF, and WFP), government institutions (MINAGRI, MOH, MIGEPROF, MINEDUC and MINALOC), CSOs, which are also members of SUN Alliance, as well as bilateral and multilateral donors, private sector, and other development partners.

The Stakeholder and Action Mapping project was implemented through various subsequent meetings – alternating between smaller groups to plan the actions and test them, and larger group to validate and share plans and results. The project mobilised representatives from diverse group of stakeholders. (The mapping exercise built on a previous effort, which was carried out in 2012/2013 on a voluntary basis). The 2015 mapping aimed to improve coordination among stakeholders, by providing a clear understanding of “who is doing what and where” in nutrition, identifying potential gaps in the actions taken and estimating progress toward achieving defined Core Nutrition Actions (CNAs), with the final objective of improving planning and scaling-up interventions in nutrition in the country.

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?



Source: Stakeholder and Action Mapping 2015

SUN Alliance played a crucial role in bringing together CSOs working on nutrition. This enabled them to engage government and donors with one strong, common voice. SUN Alliance also played a great role in highlighting member organisations working on nutrition, identifying their key actions and programmes, geographical coverage of their operations and their target beneficiaries, as well as on their mechanisms of delivery.

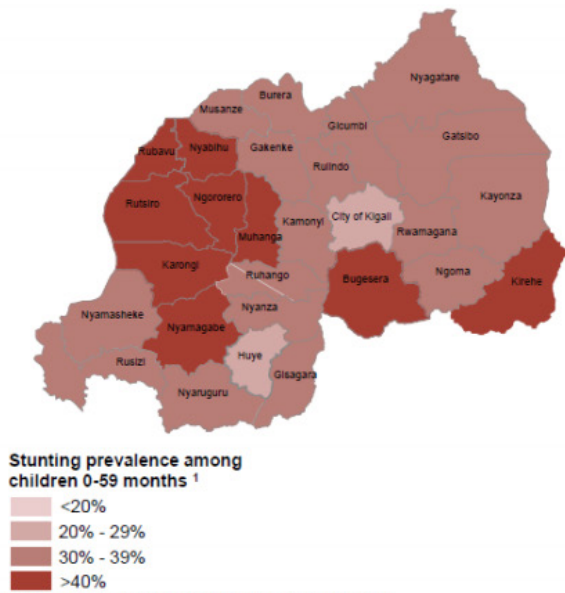
The Stakeholder and Action Mapping revealed that current food security and nutrition initiatives cover

the main undernutrition components, such as: household food security, maternal infant and young child nutrition, dietary diversity, hygiene promotion, school nutrition, supplementary feeding, micronutrient deficiency, and behaviour change. However, there were implementation gaps with regard to targeting and service delivery. As shown in Figures 7a and 7b, districts where most core nutrition interventions [for example, nutrition education, vitamin A supplementation, bio fortification] are being implemented are not always the districts with the highest rates of child stunting [REACH 2015].

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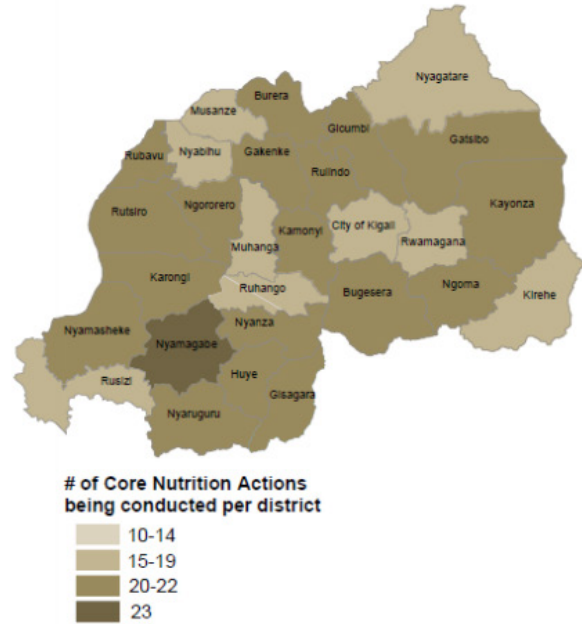
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Figure 7a: Prevalence of child stunting by district



1. NBI Confidence intervals are rather large on a district level
Source: Rwanda National Nutrition Screening 2014, Rwanda Stakeholder & Action Mapping 2014/15

Figure 7b: Core Nutrition Action implementation by district



Source: Stakeholder and Action Mapping 2015

The Stakeholder and Action Mapping process was used as a tool to mobilise resources towards specific interventions, and as powerful evidence for advocating for nutrition-related issues and for the development of new programmes and projects.

Overall, the Stakeholder and Action Mapping indicated that stunting is still one of the major problems in Rwanda and that further efforts are needed to reach the targets set by the government. There are gaps both in the geographic coverage and beneficiaries of existing projects. Changing this situation requires more of the interventions to reach a higher proportion of target groups. At the same time, there is a need to ensure the quality of coverage – and that the interventions are efficient and sustainable over time. Success in reducing stunting will require developing the capacity of local people (community health workers, community leaders) to lead nutrition actions in their communities.

The mapping exercise demonstrated that there is a great need for coordination among different sectors and players to scale-up nutrition. Most of the actors working on nutrition in Rwanda are now using the mapping information as a decision-making tool to decide where and how to intervene and to prepare the framework of their projects. In these frameworks, different stakeholders have different responsibilities: ministries take a lead role on defined CNAs and are responsible for specific actions in their areas of intervention such as maternal, neonatal

and child health, disease prevention, micronutrient supplementation (MOH), food and agriculture (MINAGRI), nutrition education (MINEDUC), WASH (MOH, MINEDUC and Ministry of Infrastructure), and social protection (MINALOC, MINAGRI and MINEDUC). Catalyst players, such as UN agencies and International NGOs, give support and have an overview of the organisations carrying out the CNAs. They can also act as technical leads for several other organisations. Field implementers, instead, are responsible for the development of the specific CNAs at district level: several international and national NGOs are field implementers, often operating through public infrastructure and resources such health facilities, community health workers and schools. Finally, donors provide financial support to allow CNAs to be carried out. Key donors include multilateral and bilateral organisations, trusts and foundations (Stakeholder and Action Mapping for Rwanda 2014/2015).

A third mapping exercise is expected to take place in 2017, covering the full year of 2016. In fact, the Stakeholder and Action Mapping should be constantly updated to be effective and to plan nutrition-interventions in the country. SUN Alliance will play a key role in engaging CSOs before the mapping starts, to get full understanding and active participation by its members.

What can I learn from this case study during the Rwanda Learning Route? By looking at the development of the Stakeholders and Action Mapping in its different phases,

we will learn how to plan and implement mapping activities efficiently and effectively. The example of practice demonstrates how mapping can be a powerful tool to prioritise actions and strengthen coordination towards common goals.

Case study 2: Strengthening Pro-poor Public Private Partnerships to fight malnutrition, the experience of DUHAMIC-ADRI and SOSOMA

LEARNING AREAS

Social mobilisation towards nutrition, pro-poor PPP, social marketing, integrated approaches to fight malnutrition

Founded in 1979, DUHAMIC-ADRI (acronym of Duharanira Amajyambere y'Icyaro or 'Action for Integrated Rural Development') is a Rwandan not-for-profit organisation that works to support rural development through integrated initiatives. Based in Kigali, DUHAMIC-ADRI is an active member of SUN Alliance at national and district level, intervening in the whole country though with a specific focus on its southern region. The organisation adopts an integrated approach to enhance rural livelihoods, spanning agriculture, WASH, nutrition, social protection and rural finance. It uses different channels to address malnutrition, including training on different topics (agro ecological practices, health and nutrition etc.), campaigns, cooking competitions and radio programmes, among others. The organisation also works to strengthen producers' associations and cooperatives in agricultural production, providing them with agricultural inputs and equipment, and linking cooperatives to markets. In its work, DUHAMIC-ADRI maintains close relationships with different stakeholders, from government to international organisations and local CSOs.

In 1986, DUHAMIC-ADRI started a food-processing unit, named 'SOSOMA'. This name is an acronym for the three main ingredients used by the unit: soya, sorghum and maize. In 2008, SOSOMA separated from DUHAMIC-ADRI becoming a private company with strong corporate responsibility with the aim of reducing acute malnutrition through its high nutrient content products [Source: SOSOMA Industries]. The company began independent operations producing the same kind of flours that were previously produced by the DUHAMIC-ADRI unit. These products, extremely rich in vitamins and micronutrients, include: SOSOMA1, SOSOMA2, SOSOMA2 Fortified, Corn Soya Blend Fortified,

Super Maize Meal, Roasted Soya Flour, Red and White Sorghum Flours as well as other fortified flours to cope with micronutrient deficiency. The flour produced is mainly for porridge and is made from grains of soya, sorghum, maize and wheat. Today, 73% of products are certified by the Rwanda Standards Board.

Some 50% of the products from the processing unit are sold at subsidised prices to the government and humanitarian organisations, while the other 50% is sold directly to supermarket at prices the local population can afford. Organisations that can buy at subsidised price includes CSOs, such as Caritas Rwanda, Partners in Health and One Vision, all of which are also part of SUN Alliance. In the case of the government, the MOH is entitled to buy SOSOMA products at subsidised prices. The products are then distributed to hospitals and health centres and given to malnourished children, expecting mothers and people affected by HIV/AIDS. The dividends distributed annually to DUHAMIC-ADRI and the main shareholders are reinvested in rural development programmes to support local farmers (that are responsible for the supply of the agricultural production). SOSOMA has been extremely successful as a private company. The share price has increased by 104%, from USD 211 in 2009 to USD 429 in 2013; and projections made for the following five years (2014-2018) forecast an increase in the turnover of 20% per year, from USD 1.5 million to USD 3.5 million.

In its effort to reduce malnutrition and ensure high quality standards, SOSOMA is working closely with government bodies (MOH, MINEDUC), United Nations' agencies (WFP, UNHCR), international organisations (World Vision, Catholic Relief Services, Partners in Health, USAID), the Rwanda Bureau of Standards and SUN Alliance. The products are distributed in the whole country and are exported to neighbouring countries (Uganda, Burundi).

Despite the great progress made and the high market demand, so high that it is sometimes difficult to satisfy, some challenges still exist; when not purchased using government subsidies, SOSOMA's products are still too expensive for local health centres and hospitals. Cereals are one of the main commodities imported by Rwanda from neighbouring countries and this affects the price of the SOSOMA products, which are mostly based on cereals. Therefore, government subsidies or support from NGOs is essential for those distributing SOSOMA. Even if the quality of SOSOMA products is widely seen as the best of their kind, most of the distributing organisations and local health centres depend on external funds from

donors or international NGOs to buy them. When it comes to individuals, such as poor farmers and their families, the purchase of these products is even more difficult; therefore, excellent products made especially for malnourished people are not reaching those that need them most.

In this framework, SUN Alliance is playing a key role by strengthening pro-poor partnerships between the private sector and civil society and its CSOs members over distribution and sale of SOSOMA products. Currently, SUN Alliance engages in various social marketing initiatives to fight malnutrition, advocate and sensitise government and international organisations towards effective and appropriate partnership between the public and the private sector, ensuring that the voice of consumers and smallholders are kept in consideration at the various stages of the value chain.

What can I learn from this case study during the Rwanda Learning Route? The case of DUHAMIC-SOSOMA will provide useful insights into successful strategies used by civil society to promote appropriate pro-poor partnerships between the public and the private sectors to reduce malnutrition, while ensuring visibility and benefits to smallholders in the value chain.

Case study 3: Communication strategies for behavioral change towards improved nutrition: the Land O'Lakes and Urunana experience

LEARNING AREAS

Communication for behavioral change, multi-stakeholder coordination

First established in the United States in the 80s, [Land O'Lakes International Development](#) is an international organisation that began as a farm and dairy cooperative. It works to support smallholders farming in developing countries to access markets and improve the quantity and quality of their yields. Land O'Lakes has worked in Rwanda since 2007, focusing in particular on the dairy sector. The organisation is a member of SUN Alliance Board of Directors (or Steering Committee), and is the designated focal organisation for the Women's Empowerment component (one of the six nutrition sensitive sectors identified within SUN Alliance intervention strategy). The organisation works to build up the dairy sector at both the national and district levels, improving smallholder production, while at the same time increasing consumer demand and regulatory support for safe, high quality products. In this context, Land O'Lakes also uses

communication for behavioural change, analysing the reasons why people do not consume a diverse diet, and developing and implementing social and behaviour change communication approaches and messages that enhance consumption of higher quality diets.

Within this work, Land O'Lakes promotes a different range of projects and initiatives aimed at improving both the production of high quality milk and dairy products, as well as promoting milk consumption among the rural population, in line with governmental programmes to reduce child malnutrition, such as Girinka Munyarwanda (One Cow per Poor Family) and the One Cup of Milk per Child programme. At the same time, the organisation works to promote nutrition-oriented campaigns for behavioural change towards improved diets.

Alice Bamusime, the Nutrition and Gender Focal Person at Land O'Lakes, is a very active member of SUN Alliance board. Her work is to ensure that all messages related to nutrition are properly channeled in the projects supported by the organisation. She directly works with farmers and processors to ensure that high quality milk is produced and distributed; the organisation also works with Milk Collection Centres (MCC) to promote diversification of dairy products (such as fermented or flavoured milk) and their packaging, to facilitate the direct purchasing by local people in their canteens or at 'Milk Bars'. Among the communications campaign's main achievement is the change of mindset in the decision making around milk consumption at household level. Initially, it was the man in the household who decided on the quantity of milk to be consumed at home, and often the family's whole production was sold to the MCC before children could have any of it. Thanks to gender and nutrition campaigns, wife and husband are now taking joint decisions on how much milk should be kept at home before being sold to the MCC, with families now selling only the surplus.

Land O'Lakes used different communication channels to spread nutrition-sensitive messages: in training modules for farmers, depicted in storyboard illustrations, via health centres, schools and households, and through radio programming. Land O'Lakes partnered with Urunana to channel nutrition messages through their most popular radio soap opera.

[Urunana Development Communication \(DC\)](#) is a Rwandan national NGO, started in 1998. Since that time, it has been the first radio to promote a new soap opera format in Rwanda that breaks with the classic linear, single story approach previously used. The new format featured



Sylvia Muteteli is the Urunana DC Coordinator

“At the beginning we could not believe that the milk consumption could be a problem and that farmers were producing milk but not consuming it. We had many orientation meetings and we also went to the field to observe and learn from the communities. Now we understand the causes and the magnitude of the problem and the effects that it creates, and we are able to advocate and explain to others why to choose milk. We are able to change the mindset of people using the evidence coming from our work around the country, coming from our population. We have collected many testimonials and conducted many evaluations, we know that our programme is having a powerful positive effect on the behavior of individuals and families in accepting and introducing more balanced, diversified diets”.

a wide range of life stories, reflecting the lives and common problems experienced by the soap opera audience, who are mostly rural people. At the same time, the content was developed to contain social messages about sensitive issues, such as reproductive and sexual health, gender, family conflict and reconciliation, family planning, HIV/AIDS among others. This strategy helped to reach a very diverse audience and to slowly change the audience’s perception on sensitive issues.

The new soap opera format has been a tremendous success, with thousands of people listening every day. In 2014, Urunana DC and Land O’Lakes began a collaboration to promote positive nutrition messages, specifically related to milk consumption, in the soap opera. They developed a set of new characters in the soap opera based on the real life situations and behaviour of the kind of people they want to reach. This communication strategy was extremely successful in promoting better nutrition among the rural population and in reducing malnutrition, as demonstrated by evidence of increased dairy consumption and a range of success stories.

What can I learn from this case study during the Rwanda Learning Route? The development of effective communication strategies to raise awareness on nutrition-sensitive issues, aimed at promoting behavioural change among the population, is the core learning of this work. One aspect in particular with

high potential to be scaled-up will be explored – how the strengthening of collaboration between CSOs led to successful implementation of communication strategies and positive nutrition messages reaching targeted groups.

Case Study 4: “Milk Way” to enhance nutrition, from the producer to the consumer: the experience of Nyanza district

LEARNING AREAS

Integrated approaches to fight malnutrition, advocacy, multi-stakeholder coordination.

Milk is a key product for nutrition policy in Rwanda. The focus on milk has driven the dairy sector through several transformations in recent years that have resulted in increased production of milk, processed milk products and trade in milk. It is estimated that 96% of milk produced in Rwanda is sold in informal markets [East Africa Dairy Development, 2009], which brings challenges in terms of guaranteeing the quality and hygiene of milk and its products. However, the price of milk sold in informal markets is three times less than the same volume of processed milk, so demand remains high.

With the aim of increasing milk consumption, the Rwandan government initiated several programmes and campaigns such as Girinka Munyarwanda [‘One

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Cow per Poor Family’), launched in 2006, and ‘One Cup of Milk per Child’ programme, started by the Rwanda Agriculture Board in 2010. Despite efforts to improve dairy farming in Rwanda, the sector was facing many challenges, including insufficient feed resources, poor management and cattle diseases. At the same time, malnutrition was still one of the main problems contributing to child mortality. Therefore, the need to address the issue of food intake in terms of quantity and quality became a priority. Since the two programmes were launched there have been some improvements; milk consumption passed from 40 litres per capita (before 2009) to 59 litres per capita after 2010, an important development but still below the 2020 FAO target of 70 litres per capita (FAO, 2015).

Furthermore, even if milk production and consumption had increased, the quality of the milk still remained very low. To respond to this challenge, civil society and the public sector worked to improve the quality of the milk, to certify products (higher standards) and to raise awareness of the importance of consuming quality milk and dairy products. In this context, [Land o’ Lake International Development](#) and the Rwanda’s Consumers’ Rights Protection Organisation ([ADECOR](#)), both members of SUN Alliance, provided evidence-based advocacy material to partners including FAO, MINAGRI among others, in order to create a conducive environment to promote safe dairy products. ADECOR was able to partner with MINAGRI and with the Rwanda Standards Board to improve milk and dairy products’

standards, introducing a quality seal for milk. In addition, awareness raising efforts focused on the importance of consuming quality milk and farmers were trained to increase the quality of their dairy products. Actions were also taken to create the conditions for the development of a favourable environment for the distribution and availability of safe milk and dairy products.

Another key development was the establishment in 2015 of the Rwanda National Dairy Platform (RNDP). RNDP is a private association for dairy industry business professionals, operating in various value chain segments in Rwanda. Serving as a voice for the dairy private sector across the country, RNDP represents farmers, processors, input service providers, milk sellers and consumers. Together with ADECOR and other SUN CSOs, they have been training farmers in breeding techniques, animal health management and recordkeeping that has resulted in increases in production and higher quality milk, as well as increased milk consumption at household level. At the same time, various CSOs jointly supported national plans to enhance the ‘model village’ approach, with the aim of improving livestock management in the communities. Farmers were trained to act as ‘model farmers’ to their neighbors, accelerating the spreading of good practice in livestock management techniques and high quality milk production.

The district of Nyanza offers a good example of the success of this kind of coordinated multi-stakeholder



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action. The district is in the Southern province of Rwanda. In Nyanza, farmers were trained to improve livestock management and increase the production of high quality milk. In Nyagisozi Sector, the Giramata Mworozzi Dairy is one of the cooperatives that joined this initiative. Before the cooperative was established, farmers used to sell their milk individually into informal markets; however, milk production was often less than 3 litres per day, a quantity that – the farmers say – couldn't even satisfy a household's daily needs. In 2005, with the support of the government project called 'Projet d'Appui au Développement de l'Élevage Bovin Laitier' farmers were encouraged to form cooperatives in order to receive collective training and benefit from convenient distribution of agricultural inputs. In this framework, CSOs supported farmers for various years as they set up cooperatives, training them in organisational management and marketing. Farmers were also trained in different farming practices including animal feeding, animal health, cow shed construction, breeding management including heat detection, and selection of best breeds for dairy production. Farmers organised in cooperatives received training in production of quality and safe milk, hygienic milk handling and milk storage. The CSOs also provided capacity building on balanced diets (for adults and children), health, sanitation and in-house and group decision-making practices. Thanks to the training received, farmers of Giramata Mworozzi Dairy Cooperative are now able to produce up to 24 litres per day. Model farmers also trained other farmers, offering guidance on building modern cowsheds and on appropriate animal feeding practices.



Théogène Munyensanga is a model farmer from Giramata Mworozzi Dairy Cooperative. The training he received helped Théogène to change his “way of thinking” about farming. “Before the cooperative started, we used to farm in a traditional way, producing little milk, which was not enough for consumption or selling. This affected our income and was also a cause of malnutrition”. Théogène received training through peer-to-peer exchanges and study tours over 7 years but, he said, “took more than 2 years to train other farmers in order for them to become independent and able to train others. Today they are able to pay school fees for their children and insurance for their cattle”. The experience of Théogène has motivated other farmers to follow his path and to encourage others to improve their milk production.

SUN Alliance members were a key link between the cooperatives, the Milk Collection Centres (MCC) and with the private sector, opening up opportunities for them to sell their products to external markets. In the case of Giramata Mworozzi Dairy Cooperative, a collaboration was established with the Ziramamwa Meza Nyanza Dairy, a private enterprise that buys milk from MCC. The farmers who received the trainings are now trainers of other farmers and new local cooperatives.

The capacity building provided by the NGOs was also important to break gender barriers; now, women are more involved in selling milk and aware of the nutritional value of milk and milk products for their children. SUN Alliance also ensures and oversees the quality standards of dairy nutritional products. The experience of Nyanza shows how this integrated approach has been mainstreamed by many organisations and institutions that set the enabling environment for the local farmers and cooperatives to flourish. Today, 80% of processors involved in production of milk and milk products are in the process of complying with standards and certification set by the Rwanda Standards Board.

What can I learn from this case study during Rwanda Learning Route? This case study provides a practical example on how an integrated approach to nutrition, when managed effectively and with the active participation of multiple stakeholders, can make substantial changes in improving poor rural livelihoods as well as enhancing nutrition. The visit to Nyanza district will provide the opportunity to learn directly from the farmers from the Giramata Mworozu Dairy Cooperative as well as the other key actors involved.

Case study 5: Decentralisation and operationalization of nutrition interventions: the case of Gisagara district

LEARNING AREAS

Social mobilization, advocacy, communication for behavioral change, multi-stakeholders coordination

Gisagara is a district in the Southern province of Rwanda. Among rural areas, Gisagara district had one of the highest chronic malnutrition (stunting) rates among under-5 years aged children; this led public authorities to coordinate with a wide range of stakeholders in order to fight against child malnutrition. Today, Gisagara district offers a good example of multi-sectoral coordination, how decentralisation of SUN Alliance supports the implementation of nutrition policies at local level.

In this district, SUN Alliance's district committee is working within the District Plan to Eliminate Malnutrition (DPEM) and the Joint Action Development Forum (JADF) to carry out nutrition interventions and strategies to eradicate malnutrition. Focusing on child malnutrition, SUN Alliance promoted a coordinated strategy involving key stakeholders: the first action was to 'understand the causes of malnutrition', by conducting in-depth research at community level. The research, led by the Catholic University of Rwanda, revealed the strong linkage between malnutrition and 'bad' habits or behaviours of the population.

Lack of family planning, low income, poor hygiene and sanitation, illiteracy, the high price of nutritious food, gender-based violence and family conflicts were also identified among the main factors affecting child malnutrition in the district. The research recommended the following measures to fight malnutrition:

- Raise the population's awareness of importance of clean drinking water, proper hygiene and sanitation to avoid food-based diseases like cholera that prevent absorption of nutrients by the body;
- Raise the population's awareness of available public health programmes and health insurance that can help families to improve their livelihood and reduce malnutrition;
- Mobilise families to set up kitchen gardens at their homes as an alternative source of a balanced diet



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- Carry out social mobilisation through food preparation competitions, singing and dancing competitions, talk shows on local radio stations and also use of family planning methods to avoid unwanted pregnancies;
- Carry out advocacy through DPEM to increase its coordination and funding towards reduction of malnutrition rates through mobilisation of CSOs working on nutrition.

Based on these recommendations, SUN Alliance members worked with Gisagara district officials on a communication campaign for behavioural change targeted at the local population; as part of the DPEM, communities were mobilised to promote correct approaches towards nutrition, including change in habits or behaviours that can negatively affect child nutrition. Cooking competitions were conducted; communities also competed in composing poems, songs and dramas with nutrition messages. These events were carried out within the same communities and high levels of participation were recorded. At the same time, CSOs used advocacy, lobbying of policy makers and social mobilisation to promote nutrition initiatives at district level.

Awareness raising among the rural population was done through Community Health Workers (CHW), in partnership with local CSOs (members of SUN Alliance). They monitored the nutritional status of the children, focusing in particular on the first 1,000 days (from conception to second year of a child's life), carrying out activities such as tracking the growth of children under five and training mothers on good nutrition. They were also responsible for organising kitchen gardens and the competitions. Information

gathered on a monthly basis was reported to local health centres, which used the data to plan actions that responded to people's needs. The evidence of people's need was passed on to district authorities for integration into the DPEM.

One of the main achievements, thanks in part to SUN Alliance advocacy, was the recruitment of a DPEM coordinator responsible for coordinating all nutrition activities at district level. This led to better coordination of activities under the DPEM and improved implementation – resulting better dietary habits in communities. Before the introduction of the DPEM in 2012, each CSO used to operate independently. After it was set up, and the DPEM coordinator was recruited, all nutrition-related activities started to be integrated into the District plan. CSOs activities also became aligned around common goals, under the guidance of the JADF. This greatly increased the efficiency of nutrition interventions in the district, contributing to a reduction in chronic malnutrition (stunting) rate among under-5s from 48% in 2010 (Rwanda DHS 2010) to 37.5% in 2015 (Rwanda DHS 2015).

What can I learn from this case study during the Rwanda Learning Route? The case study of work in the Gisagara district will allow participants to identify modalities through which civil society can enhance national and local policies and strategies to effectively address nutrition problems, with a special focus on vulnerable and disadvantaged communities. At the same time, it will offer an example of effective strategies for mobilising rural communities and promoting correct approaches towards nutrition, through better coordination between the government and the civil society around nutrition interventions.

Conclusions

Overall, in recent years Rwanda has shown very encouraging results in the fight against malnutrition. This progress has been possible thanks to the creation of an enabling environment where nutrition initiatives are coordinated and effectively targeted. The high level of political will and commitment to improving food security and nutrition is one of the main driving factors. It has led to nutrition-oriented policies being developed and implemented, as well as the establishment of programmes at national and district level.

The increasingly effective collaboration among CSOs within SUN Alliance and their active and influential role in multi-stakeholder decision-making platforms is believed to be contributing to poverty reduction and livelihood improvements. The establishment and rapid growth of SUN Alliance is a result of the successful collaboration among CSOs. Furthermore, SUN Alliance's vision and strategic plan shows the capacity of CSOs to agree and coordinate their efforts at various levels, with a multi-sectorial and inclusive approach to scaling up nutrition and enhancing livelihoods.

Decentralisation of nutrition interventions from central to district level, with a very strong emphasis on accountability of the actors responsible for implementing development plans, has led to greater activity at the ground level and an increasing number of households being reached. Furthermore, the political commitment has created an enabling environment for business and investment and for the building of pro-poor public and private partnerships, as demonstrated by the case of DUHAMIC-ADRI and SOSOMA.

The presence of many stakeholders across multiple sectors working to end hunger and malnutrition in Rwanda is also a great opportunity. As the Stakeholder and Action Mapping process shows, coordination mechanisms can open windows for opportunities to bring together all relevant sectors and stakeholders to coordinate efforts to eradicate malnutrition. While improvements in coordination across actors can help to ensure greater geographic coverage, especially for districts with higher rates of malnutrition, attention from global initiatives, development partners, and academia is also a way to accelerate progress; in this context, the case of Gisagara district and the coordination among



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different stakeholders to inform nutrition interventions at local level, has proven to be effective in addressing malnutrition in rural communities. At the same time, multi-stakeholder coordination is also crucial to ensuring high quality standards in the production of key nutrient products, such as milk. As the case of Nyanza district shows, tight cooperation between CSOs, the government and the private sector has been crucial to raising quality standards in milk production, ensuring higher prices for producers and stimulating milk consumption among the rural population to fight malnutrition.

There are also opportunities to strengthen nutrition-sensitive actions using new approaches, innovations and communication mechanisms. For instance, communication tools for behavioural change – as in the case of Land O'Lakes and Urunana-DC – can play a key role in channeling nutrition-sensitive messages to families,

providing nutrition education and engaging women and young people. In this framework, communication and advocacy will be key instruments to raise awareness in the Rwandan population on improved nutrition while at the same time ensuring government bodies and other decision-makers' maintain their commitment to food security and nutrition strategies and programmes.

Despite the progress made, weaknesses still persist. Coordination across different players and sectors still needs to be strengthened, especially at the local level. The Rwandan government has set up institutional mechanisms for multi-sectoral collaboration, but there is room to improve coordination across sectors and between stakeholders. In this context, SUN Alliance has a crucial role to play in strengthening collaboration among different players and accelerating efforts to reduce malnutrition.

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List of acronyms

ADECOR	Rwanda's Consumers' Rights Protection Organisation
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHW	Community Health Worker
CNA	Core Nutrition Actions
CRS	Catholic Relief Service
CSA	Civil Society Alliance
CSN	Civil Society Network
CSO	Civil Society Organisations
DPEM	District Plans to Eliminate Malnutrition
EDPRS	Economic Development and Poverty Reduction Strategy
FAO	Food and Agriculture Organization
GoR	Government of Rwanda
IMCC	Inter-Ministerial Coordination Committee
JADF	Joint Action Development Forum District Levels
MCC	Milk Collection Centres
MDG	Millennium Development Goals
MIDIMAR	Ministry of Disaster Management and Refugees
MIFOTRA	Ministry of Public Service and Labour
MIGEPROF	Ministry of Gender and Family Promotion
MINAGRI	Ministry of Agriculture and Animal Resources of Rwanda
MINALOC	Ministry of Local Government
MINECOFIN	Minister of Finance and Economic Planning
MINEDUC	Ministry of Education
MOH	Ministry of Health
MPTF	Multi-Partner Trust Fund
NFNP	National Food and Nutrition Policy
NFNSP	National Food and Nutrition Strategic Plan
NGO	Non Governmental Organisation
NISR	National Institute of Statistics of Rwanda
PRS	Poverty Reduction Strategy
RNDP	Rwanda National Dairy Platform
SCF&NSC	Social Cluster Food and Nutrition Steering Committee
SFH	Society for Family Health Rwanda
SUN	Scaling Up Nutrition
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WFS	World Food Summit
WHO	World Health Organisation

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