

Addressing the double burden of malnutrition in Rwanda's secondary cities

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Background

The Double Burden of Malnutrition:

Coexistence of undernutrition, overweight/obesity, and diet-related non-communicable diseases in the same population, household or individual

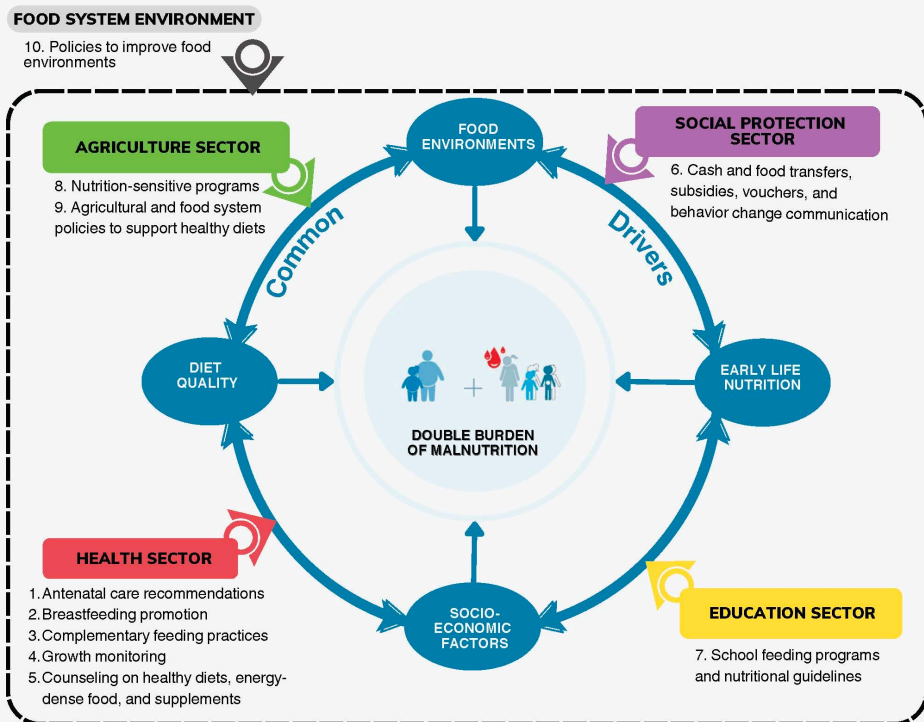
In Rwanda:

- 33% of children under 5 are stunted
- 26.3% of women are overweight or obese



Double-Duty Actions (DDAs):

Interventions or policies that aim to address all forms of undernutrition and overnutrition simultaneously by targeting their common drivers



Objective

Assess Rwanda's potential for combatting the **double burden of malnutrition** through **double-duty actions (DDAs)** and evaluate their implementation in two rapidly urbanizing districts, Rubavu and Rusizi.



Method

- Desk review of Rwanda's nutrition-related policies to identify interventions with DDA potential
- In-person interviews with 37 key stakeholders in Rubavu and Rusizi to assess the implementation of these interventions
- NVIVO thematic analysis followed by Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis to design strategies to improve each intervention
- Focus group discussions with local stakeholders and external experts to validate recommendations



	S Strengths	W Weaknesses
O Opportunities	S-O Strategy	W-O Strategy
T Threats	S-T Strategy	W-T Strategy

Results

Twelve national and district-level programs active in Rubavu and Rusizi were identified with the greatest double-duty potential:

1. Antenatal care visits
2. Awareness campaigns/Community mobilization sessions
3. Early Childhood Development Centres (ECDs)
4. Exclusive breastfeeding encouragement
5. Farmer Field Schools (FFS)
6. Fruit trees
7. Kitchen gardens
8. Non-communicable diseases (NCDs) prevention programs
9. Nutrition Sensitive Direct Support (NSDS) And Shisha Kibondo
10. **School feeding program***
11. Small stock distribution
12. Trainings (teachers, CHWs, caregivers)

The strategies to improve them recommended targeting:

- (a) physical capacity and materials
- (b) community knowledge and beliefs
- (c) skills training
- (d) community involvement and autonomy
- (e) **monitoring and follow-up***



Example: School Feeding Program*

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Supplementary parent contributions (small fish, peanuts, sweet potatoes) 2. Parent meetings and mobilizations 	<ol style="list-style-type: none"> 1. Lack of animal products, vegetables or fruits in the meals (only maize, beans, rice, potatoes) 2. Low parent contribution
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. Non-monetary contributions (e.g. wood, charcoal, seeds, manure) 2. Close follow-up in person and mobilization with parents who do not contribute 	<ol style="list-style-type: none"> 1. Parents unwilling to contribute 2. Families with many children can't afford contribution (~100 RWF/child) 3. Mindset that school feeding is government's responsibility 5. Animal products and vegetables are too expensive on the market

"We tried to ask parents their contribution but it didn't sound very well into their ears and they claimed that they are poor, they can't afford that amount of money to contribute"

"Their contribution is still low because they are – they say it's the government who introduced a program and then the government has to support it for its success."

STRATEGY RECOMMENDATION: Scale up **home visits** and **close follow-up** with parents to encourage monetary and non-monetary contributions.

Conclusion

- There is strong potential already in Rwanda's policies and programs for DDA interventions
- We recommend increased investment in: (1) physical capacity (2) community knowledge (3) skills training (4) community involvement and (5) close follow-up
- We encourage merging different DDA interventions where there are synergies (e.g. Farmer Field Schools and ECDs) and taking efforts across all nutrition programs to increase the involvement of men
- Our recommended strategies have potential to be relevant for similar interventions in other rapidly urbanizing LMICs