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**UN Joint Nutrition Project Phase III**

**MPTF OFfice GENERIC ANNUAL programme[[1]](#footnote-2) NARRATIVE progress report**

**REPORTING PERIOD: 1 january – 31 December 2022**

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| --- | --- | --- | --- | --- |
| Programme Title & Project Number | |  | Country, Locality(s), Priority Area(s) / Strategic Results[[2]](#footnote-3) | |
| * Programme Title: **Effectively Fighting Stunting in Rwanda** * Programme Number *(if applicable)* * MPTF Office Project Reference Number:[[3]](#footnote-4) | | *(if applicable)*  *Country/Region:* **Rwanda** | |
| *Priority area/ strategic results:*   1. Strengthened Government capacity in effective and equity-focused policy formulation, strategic planning, coordination, M&E and domestic funds mobilization across different sectors, including WASH, ECD, health, social protection, education, and agriculture, along with an increased participation of private sector and civil society actors for sustained nutrition gains. 2. Well-equipped service providers working in health, agriculture, social protection, ECD and education provide quality nutrition-related services to communities contributing to the reduction of malnutrition including stunting in children. 3. Empowered communities in targeted districts improve their nutrition situation through creating better access to and consumption of a variety of nutrient-dense foods, early identification, and prevention of cases of malnutrition, decreased risk of infectious and diarrhoeal diseases through improved hygiene and health practices and increased resilience against shocks. | |
| Participating Organization(s) | |  | Implementing Partners | |
| * Organizations that have received direct funding from the MPTF Office under this programme   **FAO, UNICEF, WFP and WHO** | | * National counterparts (government, private, NGOs & others) and other International Organizations   NCDA, Social Cluster Ministries (MIGEPROF, MINAGRI, MINALOC, MINEDUC, MoH), affiliated agencies, and Ngororero and Rutsiro districts | |
| Programme/Project Cost (US$) | |  | Programme Duration | |
| Total approved budget as per project document: 7,073,547  MPTF /JP Contribution[[4]](#footnote-5):   * *by Agency (if applicable)* |  |  | Overall Duration *(months):* |  |
| Agency Contribution:  FAO : 330,000  UNICEF : 706,242  WFP: 504,522  WHO : 215,920  Total :1,756,684   * *by Agency (if applicable)* |  |  | Start Date[[5]](#footnote-6) *(dd.mm.yyyy) : ): 01 July 2021* |  |
| Government Contribution  *(if applicable)* |  |  | Original End Date*[[6]](#footnote-7)* *(dd.mm.yyyy) :* | 30 June 2025 |
| Other Contributions (donors): 5,316,863  *(if applicable)* |  |  | Current End date[[7]](#footnote-8)*(dd.mm.yyyy)*: 30 June 2025 |  |
| TOTAL: 7,073,547 |  |  |  |  |
| Programme Assessment/Review/Mid-Term Eval. | |  | Report Submitted By | |
| Assessment/Review - if applicable *please attach*  X Yes No Date: 13 July 2022  Mid-Term Evaluation Report *– if applicable please attach*  Yes X No Date: *dd.mm.yyyy* | | * Name: Ahmareen Karim * Title: Country Director a.i. * Participating Organization (Lead): WFP * Email address: [ahmareen.karim@wfp.org](mailto:ahmareen.karim@wfp.org) | |

**List of Acronyms**

|  |  |
| --- | --- |
| CFSVA | Comprehensive Food Security and Vulnerability Analysis |
| CSB | Corn Soy Blend |
| DDP | District Development Plan |
| DHS | Demographic and Health Survey |
| DPEM | District Plan to Eliminate Malnutrition |
| ECD | Early Childhood Development |
| FAO | Food and Agriculture Organization of the United Nations |
| FBF | Fortified Blended Food |
| FDA | Food and Drugs Authority |
| FFRP | Rwanda Women Parliamentary Forum |
| HCPs | Health Care Providers |
| HMIS | Health Monitoring Information System |
| IEC | Information Education and Communication |
| IMCI | Integrated Management of Childhood Illnesses |
| LBW | Low Birth Weight |
| LODA | Local Administrative Entities Development Agency |
| MAD | Minimum Acceptable Diet |
| MDD | Minimum Dietary Diversity |
| M&E | Monitoring and Evaluation |
| MIGEPROF | Ministry of Gender and Family Promotion |
| MINAGRI | Ministry of Agriculture and Animal Resources |
| MINALOC | Ministry of Local Government |
| MINEDUC | Ministry of Education |
| MIYCN | Maternal Infant and Young Child Nutrition |
| MOH | Ministry of Health |
| MPTF | Multi-Partner Trust Fund |
| NCDA | National Child Development Agency |
| NCDs | Non-Communicable Diseases |
| PUNOs | Participating UN Organizations |
| RBC | Rwanda Biomedical Center |
| RBM | Results Based Management |
| RUTF | Ready to Use Therapeutic Food |
| SBCC | Social Behaviour Change Communication |
| SBN | SUN Business Network |
| SDC | Swiss Agency for Development and Cooperation |
| SUN | Scaling Up Nutrition |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| VSLAs | Voluntary Savings and Lending Associations |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |
| WHO | World Health Organization |

# NARRATIVE REPORT FORMAT

# EXECUTIVE SUMMARY

This report documents achievements in the implementation of the UN Joint Nutrition Project Phase III “Effectively Fighting Stunting in Rwanda” during the year 2022 (January-December 2022) against the agreed targets.

Overall, the project was able to make some progress, despite delays in the project’s approval process. The standard administrative arrangement between the Swiss Agency for Development and Cooperation (SDC) and the UNDP Multi-Partner Trust Fund (MPTF) Office for the project was signed on 8 December 2021; and the government approved the project document in June 2022. Following the project approval, the first Steering Committee meeting was conducted in July 2022, which gave orientation on the project implementation and coordination processes.

The key achievements during the reporting period include signing the agreement with the target districts, conducting the project baseline survey, continued support to the National Child Development Agency (NCDA) to deliver on its mandate of coordinating nutrition activities including Scaling Up Nutrition (SUN) commitments, establishment of the SUN Business Network, and strengthening the capacity of health care providers on health and nutrition; as well as social cluster ministries such as Ministry of Health/Rwanda Biomedical Center and Ministry of Education.

Results from the project baseline survey showed that in general, the nutrition, WASH, and food security situation in the two target districts for this project was not good. The stunting prevalence was very high at 50.5% in Ngororero and 44.4% in Rutsiro, according the 2019/2020 Demographic and Health Survey (DHS). Minimum Acceptable Diet (MAD) is met by only 24% of children 6-23 months in Ngororero district, and a much lower rate (19.2%) was observed in Rutsiro. The women Minimum Dietary Diversity (MDD) was also found to be low at 21% in Ngororero and 13.6% in Rutsiro. About half of households (53% in Ngororero and 52.5% in Rutsiro) had access to potable water. According to the 2021 Comprehensive Food Security and Vulnerability Analysis (CFSVA), 52.5 % households in Ngororero and 48.9% households in Rutsiro are food insecure.

Priorities going forward include the acceleration of implementation of the remaining project activities including the continued engagement with the target districts, NCDA and other government counterparts in collective efforts to effectively reduce stunting.

# Purpose

The project aims to support the Government of Rwanda's efforts to reduce malnutrition in Rwanda with a focus on infants, children under-five, school-aged children and adolescents, and women and with emphasis on reducing stunting in children. The project’s expected outcomes include:

1. Strengthened Government capacity in effective and equity-focused policy formulation, strategic planning, coordination, M&E and domestic funds mobilization across different sectors, including WASH, ECD, health and nutrition, social protection, education, and agriculture, along with an increased participation of private sector and civil society actors for sustained nutrition gains.
2. Well-equipped service providers working in health and nutrition, agriculture, social protection, ECD and education provide quality nutrition-related services to communities contributing to the reduction of malnutrition including stunting in children.
3. Empowered communities in targeted districts to improve their nutrition situation through creating better access to and consumption of a variety of nutrient-dense foods, early identification, and prevention of cases of malnutrition, decreased risk of infectious and diarrhoeal diseases through improved hygiene and health practices and increased resilience against shocks.

# Results

1. **Narrative reporting on results:**

**Outcome 1**: Strengthened Government capacity in effective and equity-focused policy formulation, strategic planning, coordination, M&E and domestic funds mobilization across different sectors, including WASH, ECD, health, social protection, education, and agriculture, along with an increased participation of private sector and civil society actors for sustained nutrition gains.

**Output 1.1**.: Multi-sectoral food and nutrition coordination mechanisms, systems and plans are well functioning for the implementation of effective evidence-based interventions

During the reporting period, though there were some delays in implementation; Participating UN Organizations (PUNOs) managed to pre-finance some interventions to support in strengthening the multi-sectoral nutrition coordination, both at the UN level and with Government, strengthening the project M&E by conducting surveys, and increasing the participation of the private sector. Additionally, collaboration with the parliament is ongoing and this will support in promoting the increased government commitment and fund mobilization for nutrition. While there has been commendable progress in mobilizing external resources for nutrition, at an increase of 71.6% in 2021/2022, there is a need to mobilize more domestic resources allocated to stunting reduction to strengthen the sustainability of interventions and mitigate the phasing out of external financing. This will increase access to multisectoral nutrition interventions and therefore contribute to the reduction of malnutrition in children under five in the target districts.

In addition, technical support was provided to NCDA on improved planning, budgeting, implementation, and reporting of effective nutrition interventions. This led to the development of a comprehensive nutrition resource tracking tool which will orient effective allocation of available resources towards high impact nutrition interventions. In the same line, capacity building was provided for 30 districts to enhance their DPEM planning, budgeting and reporting using revised guidelines on nutrition budget tagging. This brought the districts to make better prioritization during their DPEM planning including improved targeting approach to tackle the most vulnerable and hard to reach children for an effective reduction of malnutrition using existing resources.

Collaboration with the Rwanda Women Parliamentary Forum (FFRP) was strengthened through technical support in developing their strategic plan, which will guide them in overseeing the implementation of multisectoral nutrition programmes and conducting budgets analysis for improved impact. A capacity building workshop on nutrition budget analysis for parliamentarians is planned for 2023.

**Output 1.2**: Evidence and M&E systems for nutrition are improved to inform evidence-based advocacy and programming

During the reporting period, UN conducted the project baseline survey, to have a reference point for tracking the project’s progress. The nutrition situation in both target districts was found to be critical. The 2019/2020 Demographic and Health Survey (DHS) indicated that stunting prevalence was very high at 50.5% in Ngororero and 44.4% in Rutsiro. The Minimum Acceptable Diet (MAD) is met by only 24% children 6-23 months in Ngororero district, and a much lower rate (19.2%) was observed in Rutsiro. The women Minimum Dietary Diversity (MDD) was also found to be low at 21% in Ngororero and 13.6% in Rutsiro. The WASH situation in both districts also needs to be improved. About half of households (53% in Ngororero and 52.5% in Rutsiro) had access to potable water. Drinking water was treated in 63.6% of households in Ngororero district and 53.5% in Rutsiro district. Among the surveyed households, 63% and 62% in Ngororero and Rutsiro districts respectively have clean latrines and 63.2% of households in Ngororero district versus 45.5% in Rutsiro district had improved latrines. Considering the food security situation, both districts have been found to be food insecure. According to the 2021 Comprehensive Food Security and Vulnerability Analysis (CFSVA), 52.5 % households in Ngororero and 48.9% households in Rutsiro are food insecure.

Moreover, a survey assessing the quality of nutrition services provided at health center level was conducted across all services at health Centers including IMCI, Immunization, prevention of NCDs, antenatal and postnatal care, nutrition services since these services have a key role to play in the detection, prevention, and management of malnutrition. The survey of nutrition services revealed the following issues in both in Ngororero and Rutsiro districts : (i) Limited nutrition knowledge in the majority of services such as Integrated Management of Childhood Illness (IMCI), Immunization, (ii) Shortage of staff and especially qualified staff in nutrition (55% of health centers had qualified nutritionists while in 41% of health centers, nutrition services were provided by social workers, and in 4% of surveyed health centers, nutrition services were provided by secondary school graduates.)**,** (iii) Limited availability of guidelines and tools for the identification, prevention and management of malnutrition ( for example the IMCI chart booklet was available on 78% of health centers, the National protocol of management of acute malnutrition in 70% of health centers ,and the national protocol of neonatal care in 19% of health centers.The survey highlighted other challenges related to stock out for some nutrition commoditiessuch as ready-to-use therapeutic food (RUTF), corn-soya blend (CSB), fortified blended food**,** (FBF), as reported by 70.4% of the health centers. Another challenge was related to lack or unfunctional materials and equipment e.g., weighing, and taring scales) as indicated by 55.6% of the surveyed health centers. Strategies to address the identified issues include the planned capacity strengthening of health care providers on health and nutrition, disseminating available guidelines as well as advocacy for increased qualified staff and functional equipment in the health facilities.

**Outcome 2**: Well-equipped service providers working in health, agriculture, social protection, ECD and education that provide quality nutrition-related services to communities contributing to the reduction of malnutrition including stunting in children**.**

During the reporting period, the capacity of health care providers (HCPs) working in health and education in target districts (more specifically primary and secondary school teachers and community health workers in target districts) was strengthened, to provide quality nutrition-related services. The provision of quality nutrition services by health care providers at all levels, will contribute to the reduction of malnutrition including stunting in children under five in the target districts.

**Output 2.1**: The inter-sectoral capacity on promotion of One Health is strengthened to contribute to optimal health and nutrition outcomes: Planned to start in 2023

**Output 2.2**: The capacity of schools, stakeholders is strengthened to educate school aged children and adolescents on health and nutrition and to contribute to healthy school food environment

During the reporting period, PUNOs supported in strengthening the capacity of primary and secondary school teachers in target districts (Ngororero and Rutsiro) on health and nutrition. Teachers of all primary and secondary schools in Ngororero and Rutsiro districts (2 teachers per school) received a five days’ training as well as a manual and a comic book which will support them to sensitize children on health and nutrition through the existing curriculum (biology, natural sciences). The training enhanced the capacity of 289 teachers of primary and secondary schools to address the issues in the following eight key areas: Diseases prevention and control, HIV/AIDS, STIs, Sexual and reproduction and right, WASH, Neglected Tropical Diseases (NTDS), Nutrition over the lifecycle, Gender and Mental Health including the concept of mental health, stigma and discrimination, mental and behaviors disorder in children and adolescents, substance abuse prevention and strategies to be use in schools to address mental disorders and related needs, physical education, etc. Those teachers with enhanced capacity are now able to integrate nutrition and health in the existing school curricula, and this will lead to the students, teachers, and surrounding communities’ awareness about good health and nutrition practices; thereby contributing to the reduction of malnutrition.

**Output 2.3**: The capacity of health care providers is strengthened to improve maternal infants and young children surveillance, prevention and management of undernutrition and nutrition related NCDs

During the reporting period, UN conducted the training of trainers, to support capacity strengthening of health care providers maternal infant and young child nutrition (MIYCN) surveillance, as well as prevention and management of undernutrition and nutrition-related non-communicable diseases (NCDs). The trained team will support in training the health care providers in the target districts on the above-mentioned topics. This will improve the prevention, identification and management of all forms of malnutrition as well as nutrition related NCDs.

**Output 2.4**: The capacity of food business operators, inspectors and analysts strengthened to provide safe foods: Planned to start in 2023

**Outcome 3**: Empowered communities in targeted districts improve their nutrition situation through creating better access to and consumption of a variety of nutrient-dense foods, early identification, and prevention of cases of malnutrition, decreased risk of infectious and diarrhoeal diseases through improved hygiene and health practices and increased resilience against shocks.

**Output 3.1**: Community members and leaders are empowered to produce and consume safe and nutrient-dense foods including basic processing and preservation techniques of fruits/ vegetables and monitor nutrition situation of children using the scorecard and village board for timely detection of stunting and decision making: Planned to start in 2023

**Output 3.2**. The improved model of community-based savings and lending groups is integrated and scaled up through Government systems

During the reporting period, PUNOs supported the scale up of the improved nutrition sensitive community-based savings and lending groups (VSLAs) model through capacity building of over 500 para social workers on VSLAs & Smart Spending. Trained para social workers will support the expansion of VSLAs in 2023 which will result in increased income for beneficiaries to be able to purchase nutritious foods for their children and therefore prevent malnutrition.

**Output 3.3:** Knowledge of school children including adolescents on nutrition strengthened and their skills enhanced to set up school gardens: Planned to start in 2023

**Output 3.4**: Household members have increased knowledge for adoption of good nutrition and hygiene practices and prevention of nutrition related NCDs: Planned to start in 2023

**Delays in implementation, challenges, lessons learned & best practices**

The project was originally planned to start in July 2021, following the previous management set-up for phases I and II of the project. With changes in the phase III project management set-up, there were delays in the approval process of the project document by the government, and it took almost one year. This led to delays in the project implementation. Formal involvement of the government from the project design stage could have prevented those delays.

**Qualitative assessment**

Prior to project approval, some interventions were pre-financed. After approval, the Participating United Nations Organizations (PUNOs) expedited the implementation process by consulting with the target districts, signing Memorandums of Understanding (MoUs) with them, conducting baseline surveys (the report for which is currently available), and enhancing the capacity of healthcare providers in the target districts in the areas of health and nutrition.

**ii) Indicator Based Performance Assessment:**

Using the **Programme Results Framework from the Project Document** **/ AWP** - provide an update on the achievement of indicators at both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

|  |  |  |  |
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| **Outcome 1**: Strengthened Government capacity in effective and equity-focused policy formulation, strategic planning, coordination, M&E and domestic funds mobilization across different sectors, including WASH, ECD, health, social protection, education, and agriculture, along with an increased participation of private sector and civil society actors for sustained nutrition gains. | | | |
| **Output 1.1.** Multi-sectoral food and nutrition coordination mechanisms, systems and plans are well functioning for the implementation of effective evidence-based interventions | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 1.1.1** TOR for the food, nutrition and WASH coordination meetings are revised and adopted to ensure a well- functioning coordination platform  **Baseline:** No  **Planned Target:** Yes | No | Planned to be done in 2023 | Meeting reports, revised ToR |
| **Indicator 1.1.2.**  Number of SUN country team meetings organised  **Baseline:** Once a year  **Planned Target:** Twice a year | 1 | Only 1 meeting was held due to competing priorities and availability of SUN focal point | 2021 self-assessment report |
| **Indicator 1.1.3.**  Number of SUN Business Network member convenings (meetings/events)  **Baseline**: 0  **Planned target:** 2 | SUN Business Network was launched mid-December 2022 | Following stages for formally establishment of SBN will conducted in 2023 | SBN official launching meeting report |
| **Indicator 1.1.4.**  Number of tools/guidance documents/best practices disseminated to businesses  **Baseline:** 0  **Planned target:** 1 | 0 | Meetings and workshops are planned for 2023 | Final versions of the tools/guidance documents |
| **Indicator 1.1.5.**  District Plans to Eliminate Malnutrition (DPEM) in the two priority districts are clearly linked with other relevant plans (such as the district development plan (DDP) and are developed using RBM and PFM tools  **Baseline:** No  **Planned target:** Yes | No | Planned to start in 2023 | Training reports |
| **Indicator 1.1.6.**  NCDA has capacity to guide central and district nutrition actors on the use of RBM and PFM for improved planning for nutrition  **Baseline:** No  **Planned target:** Yes | No | Planned to start in 2023 |  |
| **Indicator 1.1.7.**  The SUN Parliament Network carries out annual budget reviews for nutrition to assess and address gaps  **Baseline:** No  **Planned target:** Yes | No | Workshop with parliamentarians planned in 2023 | Nutrition budget analysis report |
| **Output 1.2.:** Evidence and M&E systems for nutrition are improved to inform evidence-based advocacy and programming | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 1.2.1.** Assessment of nutrition services within IMCI and immunization services conducted at baseline and endline; cohort study of stunting in babies born with Low Birth Weight conducted at mid-term and endline  **Baseline:** Baseline assessment conducted  **Planned target:** Mid-term and end-line surveys conducted | Partially achieved | IMCI assessment conducted | Report of assessment of nutrition services at health center level in Ngororeo and Rutsiro districts |
| **Indicator 1.2.2.** Gap analysis of the food safety system among key line ministries conducted  **Baseline:** No  **Planned target:** Yes | No | Planned to be done in June-July 2023. | Gap analysis report |
| **Indicator 1.2.3.** % Of children under two years reached with the child scorecard  **Baseline:** 49.6% in Ngororero and 29.3% in Rutsiro  **Planned target:** 80% children under two in target districts | No | Planned to start in 2023 | Monthly nutrition situation reports for village, cell, sector, and district levels |
| **Indicator 1.2.4.** Regular reports are produced on the community-based savings groups and peer-to-peer support through government routine systems to allow for programme monitoring and adjustments  **Baseline:** No  **Planned target:** Yes | No |  | LODA monitoring reports |
| **Indicator 1.2.5.** Number of studies to inform the community-based savings and lending group peer-to-peer support groups programming are carried out  **Baseline:** 0  **Planned target:** 2 | 0 |  | Study reports |
| **Indicator 1.2.6.** Baseline and endline surveys carried out timely with good quality data  **Baseline:** 0  **Planned target:** Baseline survey carried out at year 1  Endline survey carried out at year 4 | Project baseline survey conducted | N/A | Baseline survey report |
| **Indicator 1.2.7.** Joint communication materials timely produced and disseminated  **Baseline:** 0  **Planned target:** 2 human interest stories, at least 5 social media posts, at least 50 high quality photos every year | 0 |  | Communication materials produced and disseminated |
| **Outcome 2:** Well-equipped service providers working in health, agriculture, social protection, ECD and education that provide quality nutrition-related services to communities contributing to the reduction of malnutrition including stunting in children | | | |
| **Output 2.1.:** The inter-sectoral capacity on promotion of One Health is strengthened to contribute to optimal health and nutrition outcomes | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 2.1.1.** The One Health Secretariat established and operational  **Baseline:** No  **Planned target:** Yes | No | Planned to be done in August 2023. | Meeting reports |
| **Indicator 2.1.2.** Up-to-date regulatory standards and guidelines on food safety using One Health approach are available  **Baseline:** No  **Planned target:** Yes | No | Planned to be done in September-October 2023 | Standards and reports |
| **Output 2.2.:** The capacity of schools is strengthened to educate school aged children and adolescents on health and nutrition and to contribute to healthy school food environment | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 2.2.1.:** Average number of training sessions targeting primary and secondary schools’ students on health and nutrition  **Baseline:** 0  **Planned target:** Once per class | - TOT followed by cascade trainings on health and nutrition conducted for 289 primary and secondary schools’ teachers from Ngororero and Ngororero (all schools, 2 teachers per school)  - Teachers equipped with knowledge and tools (manual and comic book) to be able to sensitize children on health and nutrition through the existing curriculum. |  | Reports on training sessions available and shared with the MOH and MINEDUC |
| **Indicator 2.2.2.:** Number of training sessions for headteachers, teachers, cooks, storekeepers, and parents’ committees on nutrition and food safety  **Baseline:** 0  **Planned target:** One per year | Activity not yet started. Emphases were put on the legal document (MoU) which was signed end of December | The main partner of this activity is schools and the time the agreement with districts was signed, schools were in holydays. It is now planned for 2023 | Training reports |
| **Indicator 2.2.3.:** % of schools with improved food safety, handling, and storage practices  **Baseline:** 0%  **Planned target:** 80% | Activity not yet started. Emphases were put on the legal document (MoU) which was signed end of December | The main partner of this activity is schools and the time the agreement with districts was signed, schools were in holydays. It is now planned for 2023 | Monitoring reports |
| **Output 2.3:** The capacity of health care providers is strengthened to improve maternal infants and young children surveillance, prevention and management of undernutrition and nutrition related NCDs | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 2.3.1.:** % of children under five with severe acute malnutrition who received outpatient treatment  **Baseline:** 35% in Ngororero and 46% in Rutsiro  **Planned target:** 80% | No |  | Baseline results |
| **Indicator 2.3.2.:** % of children under five with severe acute malnutrition and medical complications identified at health centre level and referred for inpatient care  **Baseline:** 5% in Ngororero and 1% in Rutsiro  **Planned target:** 60% | No |  | Assessment of nutrition services through IMCI and immunization services at health center level. |
| **Indicator 2.3.3**.: % of caretakers attending either IMCI or immunization services who received counselling for feeding  **Baseline:** 8,4% in Ngororero and 13% in Rutsiro  **Planned target:** Twice the % from baseline | No |  | Assessment of nutrition services through IMCI and immunization services at health center level |
| **Indicator 2.3.4.:** % of Low-Birth-Weight babies being stunted at 2 years of age  **Baseline:** Mid-term survey in two districts  **Planned target:** Twice less from baseline | No | Planned to be done in 2023 | Cohort study of LBW babies at mid-term and end term |
| **Indicator 2.3.5.:** % of health centres in the two districts with good quality of nutrition data reported to HMIS and NCDA Monitoring Information System (MIS)  **Baseline:** TBC  **Planned target:** 70% | No | Agreement with Districts was signed in end December 2022. The activity is planned for 2023. | NCDA MIS and HMIS reports and RBC (MCCH) nutrition reports |
| **Indicator 2.3.6.:** Number of counselling sessions to patients on nutrition provided by Health care providers working in Non-Communicable Diseases (NCDs) services  **Baseline:** Baseline assessment  **Planned target:** Twice more than the baseline | No |  | Assessment of nutrition services with NCD services at health center level |
| **Output 2.4**: The capacity of food business operators, inspectors and analysts strengthened to provide safe foods. | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 2.4.1.:** % of food suppliers compliant with Rwanda FDA guidelines on registration and licensing of food premises  **Baseline:** 0%  **Planned target:** 100% | 0% | This activity is planned to happen in December 2023, once the consultant is on board. | Reports of trainings; Rwanda FDA progress reports |
| **Indicator 2.4.2.:** Inter-sectoral roles and responsibilities on national food control systems are in place and mainstreamed across sectors strategies  **Baseline:** No  **Planned target:** Yes | 30 national experts being trained on food safety control processes from 20-24 March 2023 |  | Progress reports. The report will be submitted once the training ends |
| **Indicator 2.4.3.:** Number of media professionals trained on communicating Food safety related issues  **Baseline: 0**  **Planned target:** 100 | 0 | The activity has delayed due to internal FAO rules and regulations for fund release (Funding agreement to end 30 June 2023 has delayed the approval of the project) | Training reports |
| **Outcome 3:** Empowered communities in targeted districts improve their nutrition situation through creating better access to and consumption of a variety of nutrient-dense foods, early identification, and prevention of cases of malnutrition, decreased risk of infectious and diarrhoeal diseases through improved hygiene and health practices and increased resilience against shocks**.** | | | |
| **Output 3.1**: Community members and leaders are empowered to produce and consume safe and nutrient-dense foods including basic processing and preservation techniques of fruits/ vegetables and monitor nutrition situation of children using the scorecard and village board for timely detection of stunting and decision making | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 3.1.1.:** % of targeted vulnerable households with access to nutrient dense foods  (Vegetables, animal-sourced foods and biofortified foods)  **Baseline:** 19.1%  **Planned target:** 100% | No | The delays were due to internal rules and regulations of FAO in relation to the Funding agreement going not beyond 30 June 2023 | Baseline survey report, Progress reports |
| **Indicator 3.1.2.:** % of targeted households trained on basic techniques on vegetable and fruit processing and preservation  **Baseline:** 24.6 % in Ngororero and 14.1% in Rutsiro  **Planned target:** 100% | No | The delays were due to internal rules and regulations of FAO in relation to the Funding agreement going not beyond 30 June 2023 | Baseline survey report , progress reports |
| **Indicator 3.1.3.:** % of community health workers and village leaders in Rutsiro and Ngororero districts trained on the child scorecard  **Baseline:** Baseline assessment  **Planned target:** 90% | Consultations with NCDA were conducted to include our funds in the national budget revision | We partner with NCDA on this activity and the process of funds transfer waited the budget revision period (December 2022). The activity is planned for 2023 | Training reports |
| **Indicator 3.1.4.:** Number of community health workers and village leader meetings to discuss the nutrition situation in target districts to inform decision making  **Baseline:** No meetings to discuss the nutrition situation  **Planned target:** Once a quarter | Consultations with NCDA were conducted to include our funds in the national budget revision | We partner with NCDA on this activity and the process of funds transfer waited the budget revision period (December 2022). The activity is planned for 2023 | Quarterly monitoring reports |
| **Output 3.2.:** The improved model of community-based savings and lending groups is integrated and scaled up through Government systems | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 3.2.1.:** The nutrition-sensitive community-based savings and lending groups model is scaled up nationally through existing government systems  **Baseline:** No  **Planned target:** Yes | No |  | LODA monitoring reports |
| **Indicator 3.2.2.:** % of villages in the two target districts with active nutrition-sensitive community-based savings and lending groups  **Baseline:** 0%  **Planned target:** 80% | 0% |  | LODA monitoring reports |
| **Output 3.3:** Knowledge of school children including adolescents on nutrition strengthened and their skills enhanced to set up school gardens | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 3.3.1.:** % of targeted primary schools with school gardens set-up and maintained  **Baseline:** only one school (5%) in Ngororero  **Planned target:** 100% of target schools | The activity is not yet started as of the action plan. | The main partner of this activity is schools and the time the agreement with districts was signed, schools were in holydays. It is now planned for 2023 | Monitoring reports |
| **Indicator 3.3.2.:** % of school children in targeted primary schools in target districts who can recall hearing or seeing at least 60% of the promotedmessages **Baseline:** 40 %  **Planned target:** 80% | The activity is not yet started as of the action plan. | The main partner of this activity is schools and the time the agreement with districts was signed, schools were in holydays. It is now planned for 2023 | Monitoring reports |
| **Indicator 3.3.3**.: % of parents' committees, district, sector, cell, and village leaders trained on nutrition in target districts  **Baseline:** baseline assessment  **Planned target:** 50% | The activity is not yet started as of the action plan. | Agreement with Districts was signed in end December 2022. The activity is planned for 2023. | Monitoring reports |
| **Output 3.4:** Household members have increased knowledge for adoption of good nutrition and hygiene practices and prevention of nutrition-related NCDs | | | |
|  | **Progress against targets as of December 31st 2022** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 3.4.1.:** % of households in targeted districts reached by interpersonal SBCC approaches  **Baseline**: 0%  **Planned target:** 30% households with children under 5 | The activity is not yet started as of the action plan. | Agreement with Districts was signed in end December 2022. The activity is planned for 2023. | Monitoring reports |
| **Indicator 3.4.2.:** % of households in targeted districts exposed to SBCC approaches using media (mid-sized, traditional media, mobile technology)  **Baseline:** 0%  **Planned target:** 50% of households with children under 5 | The activity is not yet started as of the action plan. | Agreement with Districts was signed in end December 2022. The activity is planned for 2023. | Monitoring reports |
| **Indicator 3.4.3.:** SBCC strategy informed by findings of formative research in target districtsavailable  **Baseline:** No  **Planned target:** Yes | The activity is not yet started as of the action plan. | Agreement with Districts was signed in end December 2022. The activity is planned for 2023. | Formative research report |
| **Indicator 3.4.4:** Peer-to-peer support modelled scaled up country-wide through existing government systems  **Baseline:** No  **Planned target:** Yes | No |  | Monitoring reports |
| **Indicator 3.4.5.:** % of villages in the two target districts with active peer-to-peer support groups **Baseline:** 0%  **Planned target:** 80% | 0% |  | Monitoring reports |
| **Indicator 3.4.6.:** % of villages who received IEC materials or radio messages on healthy diet for prevention of nutrition related NCDs disseminated  **Baseline:**0%  **Planned target:** 30% | No |  | Reports of supervision from RBC communication division |

1. The term “programme” is used for programmes, joint programmes, and projects. [↑](#footnote-ref-2)
2. Strategic Results, as formulated in the Strategic UN Planning Framework (e.g., UNDAF) or project document. [↑](#footnote-ref-3)
3. The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-4)
4. The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](http://mdtf.undp.org) [↑](#footnote-ref-5)
5. The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](http://mdtf.undp.org/) [↑](#footnote-ref-6)
6. As per approval of the original project document by the relevant decision-making body/Steering Committee. [↑](#footnote-ref-7)
7. If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. [↑](#footnote-ref-8)