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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 2023**

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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) | | *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 diarrheal 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 (NCDA, RAB, LODA, RBC), and Ngororero and Rutsiro districts where the project is implemented. | |
| Programme/Project Cost (US$) | |  | Programme Duration | |
| Total approved budget as per project document: 7,073,547  MPTF /JP Contribution[[4]](#footnote-5): 2,613,188.82   * *by Agency (if applicable)* |  |  | Overall Duration *(months):* ***48*** |  |
| Agency Contribution:1,756,684   * *by Agency (if applicable)*   FAO: 330,000  UNICEF: 706,242  WFP: 504,522  WHO: 215,920 |  |  | Start Date[[5]](#footnote-6) *:* ***01 July 2021*** |  |
| Government Contribution  *(if applicable)* |  |  | Original End Date*[[6]](#footnote-7)*  *:* **30 June 2025** | |
| Other Contributions (donors SDC):  *(if applicable)* |  |  | Current End date*[[7]](#footnote-8)* **: 30 June 2025** |  |
| TOTAL: 4,369,872.82 |  |  |  |  |
| 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: **Andrea Bagnoli** * Title: **Representative and Country Director** * Participating Organization (Lead): **WFP** * Email address: [**andrea.bagnoli@wfp.org**](mailto:andrea.bagnoli@wfp.org) | |

**List of Acronyms**

|  |  |
| --- | --- |
| CBNP | Community Based Nutrition Programme |
| DDP | District Development Plan |
| 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 |
| MCCH | Maternal, Child and Community Health |
| 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 |
| MOH | Ministry of Health |
| MPTF | Multi-Partner Trust Fund |
| NCDA | National Child Development Agency |
| NCDs | Non-Communicable Diseases |
| PFM | Public Financial Management |
| PF4C | Public Finance for Children |
| PUNOs | Participating UN Organizations |
| RBC | Rwanda Biomedical Center |
| RBM | Results Based Management |
| RUTF | Ready to Use Therapeutic Food |
| SAM | Severe Acute malnutrition |
| SBCC | Social and Behaviour Change Communication |
| SBN | SUN Business Network |
| SDC | Swiss Agency for Development and Cooperation |
| SUN | Scaling Up Nutrition |
| TOR | Terms Of Reference |
| 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 2023 (January-December 2023) against the agreed targets.

The key achievements during the reporting period include continued support to the National Child Development Agency (NCDA) to deliver on its mandate of coordinating nutrition activities including Scaling Up Nutrition (SUN) commitments, increased participation of the private sector, enhanced capacity for service delivery at decentralized level, better access to animal source food, strengthened capacity for monitoring and follow-up for malnutrition cases and increased access and control over resources to overcome financial barriers.

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:**

As mentioned above, the main project’s goal is to reduce stunting in the two target districts. The project also aims at improving the Minimum Acceptable Diet (MAD), the Minimum Dietary Diversity for Women of Reproductive age (MDD-W), and the household Food Consumption. The project’s impact on this will be monitored through the 2024 CFSVA and the 2025 DHS. Target districts are expecting improvement of stunting prevalence as all the project’s interventions are aligned with the government’s two-year multisectoral plan to accelerate stunting reduction.

**Outcomes**

**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.**

During the reporting period, Participating UN Organizations (PUNOs) continued to support in strengthening the multi-sectoral nutrition coordination, both at the UN level and with the Government including beneficiary districts. UN also provided emergency nutritional support to the people affected by the floods and landslides in May 2023. The PUNOs continued to support the SUN Business Network operationalization in collaboration with the government and other stakeholders. Additionally, collaboration with the parliament through Rwanda Women Parliamentarian Forum (FFPR) is ongoing and this will support in promoting the increased government commitment and fund mobilization for nutrition.

**Outputs**

**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, PUNOs provided support to the National Child Development Agency (NCDA) to organize the National Food, Nutrition and WASH Technical Working Group meetings, as well as subsequent follow-up actions. After the floods and landslides of May 2023, PUNOs provided emergency nutritional support to the affected population through procurement of egg-laying chicken to 962 affected households, procurement of therapeutic nutritional food commodities known as Ready -to- Use Therapeutic Food (RUTF) to treat 575 severely malnourished children, and procurement 643 of water filters that were distributed to ECD centers. Drinking safe water facilitates the practice of hygiene, which is a key measure to prevent not only diarrhoeal diseases, but acute respiratory infections and numerous neglected tropical diseases.

The second project’s steering committee meeting was organized in July 2023, and it was chaired by NCDA. Beneficiary districts also attended this steering committee, which was not a practice in the past. PUNOs also supported organizing a technical joint field visit with the donor in Rutsiro district in April 2023. In November 2023, another joint field visit was organized in Ngororero district, with the management team from the donor, NCDA, and participating UN agencies. In quarter one of 2023, support was provided the Scaling Up Nutrition (SUN) Government Focal Point and the SUN country team to conduct the 2022 self-assessment and reporting. During the same period, PUNOs also continued supporting the operationalization of the newly established SUN Business Network (SBN), through supporting the recruitment of the consultant to develop their strategy and terms of reference and revising their data collection concept note. This will in turn increase the private sector participation in the reduction of malnutrition in the country.

In addition, technical support was provided to NCDA on improved planning, budgeting, implementation, and reporting of effective nutrition interventions. The District Plans to Eliminate Malnutrition (DPEM) are continuously being supported technically to strengthen the DPEM coordination platform including Early Childhood discussions in an integrated manner. Additionally, two training sessions involving about 60 officials at district level were conducted on Public Financial Management (PFM) while a national level training for multisectoral team of 30 people was held on Public Finance for Children (PF4C) - Nutrition. Strengthening collaboration with the Rwanda Women parliamentarian Forum (FFRP) is ongoing. The FFRP carried out a Nutrition Budget Review, the draft report is under review process and will soon be published. This will support in promoting the increased government commitment and fund mobilization for nutrition.

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

During the reporting period, the child score card was scaled-up in the two districts. 57% and 55.9% children under two in Ngororero and Rutsiro districts respectively were reached with the child score card. The child score card includes 22 interventions targeting a child from its mother’s pregnancy to two years. Individual follow-up on these children under two years at village, cell and sector levels allows local leaders to improve health and nutrition services provision, thereby preventing stunting.

During the same period, the UN supported empowering relevant staff from Local Administrative Entities Development Agency (LODA), NCDA and beneficiary districts; for them to be able to support peer groups with supervision, job mentorship and monitoring within their established M&E frameworks. LODA in collaboration with NCDA and district authorities are currently providing support to the peer groups. Moreover, UN supported conducting a baseline and endline studies in Rutsiro and Ngororero, to inform the community-based savings and lending group peer-to-peer support groups programming.

**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 UN continued to equip health care providers (HCPs) working in health and education sectors in target districts (with emphasis to community health workers and primary and secondary school teachers) with skills and knowledge, to provide and monitor quality nutrition-related services including child growth monitoring and promotion. Additionally, knowledge of major media practitioners on reporting issues affecting food safety was enhanced; to promote community education and prevent food-borne diseases among the general population of Rwanda.

**Outputs:**

**Output 2.1.: The inter-sectoral capacity on promotion of One Health is strengthened to contribute to optimal health and nutrition outcomes:** Not yet done.

**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.**

Capacity strengthening of schoolteachers have been completed in 2022. The training of school stakeholders on nutrition and food safety is yet to be conducted.

**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, the UN conducted supportive supervision on severe acute malnutrition (SAM) management in 3 districts hospitals, 6 health centres and 12 communities located in their catchment areas. Additionally, the capacity of 1,676 community health workers (CHWs) from Ngororero district on the polyvalent model was strengthened. This model aims at increasing access to services to the public by enabling all community health workers to deliver the full community health integrated package. The UN also supported equipping 73 Data Managers and Nutritionists from Ngororero and Rutsiro District Hospitals and Health centers, with skills and knowledge on the use of WHO Anthro and ENA softwares and the use of Nutrition app (FBF Tracking system). These are very important tools for nutritional growth monitoring and promotion, analysis and storing of nutrition data.

Moreover, UN supported the enhancing capacity of the nutritionists and NCDs focal points on nutritional care for prevention and management of non-Communicable Diseases (NCDs). Around 20 national master trainers, 111 NCDs focal points and nutritionists at the health facilities were trained on nutritional care for prevention and management of NCDs. This was followed by cascade training of eight two (82) nutritionists and health care providers from Ngororero and Rutsiro in the management of malnutrition and prevention /management of NCDs. In addition, Maternal child Health (MCH) week campaign was facilitated to raise awareness for health and nutrition related interventions that are conducted at Health centres and community levels. The first round of the MCH campaign was done from 12th -16th June 2023 and the second round the of MCH week was done from 27th November to 1st December 2023.

**Output 2.4.: The capacity of food business operators, inspectors and analysts strengthened to provide safe foods:**

During the reporting period, the UN supported training of food business handlers for them to be compliant with Rwanda FDA guidelines. Additionally, UN supported National Food control system through development of a national food safety and phytosanitary strategy. Moreover, UN supported capacity building of 30 major media practitioners on reporting issues affecting food safety.

**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.**

During the reporting period, UN supported in empowering communities to strengthen household’s nutrition resilience, including supporting increased access to animal-source proteins through distribution of egg-laying chicken to vulnerable families, as well as increased access and control over resources to overcome financial barriers through establishment of the improved model of community-based saving and lending groups known as Village Saving and Lending Associations (VSLAs); and prevention of malnutrition at community by following-up children’s nutrition using the child scorecard model.

**Outputs:**

**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:**

During the reporting period, the UN supported distribution of 14,124 egg-laying chicken to 3,531 households with under two-year old children in Rutsiro and Ngororero districts. UN also supported NCDA to strengthen the capacity of 3,135 community health workers or community nutrition actors from Rutsiro and Ngororero districts on the use of the child score card, for them to be able to regularly follow-up all pregnant women and children under two years in the community, thereby preventing stunting. This also involved strengthening the capacity of these community nutrition actors on the package of the community interventions under the Community based Nutrition Programme (CBNP) implementation guidelines.

**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 establishment of 2026 Village saving and Lending Associations (VSLAs) in Rutsiro and Ngororero districts. This includes distribution of 2026 VSLA kits to these groups (one VSLA kit for each group) as well as informing them on the importance of having these groups on the household’s economic resilience and improvement of the nutritional situation. The established groups represent 50,000 community members. However, we continue to face challenges in acquiring VSLA kits due to insufficient funds.

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

Not yet done.

**Output 3.4.: Household members have increased knowledge for adoption of good nutrition and hygiene practices and prevention of nutrition related NCDs**:

During the reporting period, knowledge of eighty-two (82) nutritionists and health care providers from Ngororero and Rutsiro was enhanced; for prevention and management of malnutrition and nutrition related NCDs. Additionally, UN supported the government in scaling up a peer-to-peer support model for nutrition nationwide. Trained peer supporters shared knowledge on optimal nutrition practices, including incorporating animal source foods like eggs into diets. They also acted as advocates for improved feeding practices and identified malnourished children for support. This initiative, informed by behavioral science, aimed to enhance maternal and infant feeding practices, addressing the low indicator of Minimum Acceptable Diet identified in 2020 Demographic and Health Survey (DHS) data.

An endline assessment revealed substantial peer to peer coverage in two districts to 98% within peer-to-peer self-help groups. The percentage of caregivers providing a diverse diet to children aged 6-23 months increased from 37% to 72%, while consumption of animal source proteins rose from 43% to 61%. Moreover, the proportion of children meeting a Minimum Acceptable Diet increased from 37% to 55%, with households achieving acceptable egg consumption reaching 80%. These results highlight the positive impact of the campaign in enhancing knowledge and practices surrounding the consumption of animal source foods among young children.

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

During the reporting period, there were no delays in implementation. However, the previous years faced many shocks including the COVID-19 pandemic that greatly affected the food security and nutritional status of the Rwandan population. During the reporting period, Western, Northern and Southern Provinces were affected by heavy rains that caused floods and landslides. The damages caused by this disaster included death of more than 135 people, and thousands were displaced as entire villages were engulfed. The damages and losses were reported in different sectors including agriculture, infrastructure, housing and settlement, education, health, water and sanitation, energy, and environment.

Therefore, the Government requested all its partners to support the emergency by providing required assistance to people affected by disasters with focus to vulnerable groups. This led PUNOs to re-programme some funds, to provide emergency nutritional support to the affected people. Moreover, the government designed a two-year multisectoral plan to accelerate stunting reduction (2023-2024). Thereafter, all partners were requested to support implementation of this government’s plan by aligning their plans with it. This led PUNOs to revise the project’ work plan and prepare the project’s annual work plan and implementation plan that are all aligned with government action plan. The interventions under the two-year multi-sectoral plan including the SBCC campaign “Hehe n’igwingira” will continue beyond 2024 and the UN will continue supporting them**.**

**Qualitative assessment**

Overall, the project implementation made a great improvement compared to the previous reporting period. This was due to the good partnership between the PUNOs and the National Child Development Agency (NCDA), as well as with the beneficiary districts.

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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. | | | |
|  | **Achieved indicator/ targets** | **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 | Draft ToR is available, to be finalized in 2024 in collaboration with NCDA | 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 one meeting was held due to competing priorities and availability of the Government SUN focal point | 2022 self-assessment report |
| **Indicator 1.1.3.**  Number of SUN Business Network member convenings (meetings/events)  **Baseline**: 0  **Planned target:** 2 | 2 |  | 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 2024 | 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 | Yes |  | 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 | Yes |  | Training reports |
| **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 | Yes | Draft Nutrition Budget Review report is under review process and will soon be published | Nutrition budget analysis report |
| **Output 1.2.:** Evidence and M&E systems for nutrition are improved to inform evidence-based advocacy and programming. | | | |
|  | **Achieved indicator/ targets** | **Reasons for variance with planned target** | **Source of verification** |
| **Indicator 1.2.1.** Assessment of nutrition services within Integrated management of Childhood Illness (IMCI) and immunization services conducted at baseline and endline; cohort study of stunting in babies born with Low Birth Weight (LBW) conducted at mid-term and endline.  **Baseline:** Baseline assessment conducted  **Planned target:** Mid-term and end-line surveys conducted | Partially achieved | 1. IMCI Health facility Survey was conducted, the recommendations and action plan developed to address the identified gaps. 2. Nutrition services baseline survey conducted, and finding being used to implement the interventions. The nutrition baseline did not collect anthropometric data as it used data from Rwanda Demographic and Health Survey (RDHS) 2019-2020 as baseline values. 3. Cohort study on babies with Low birthweight is planned in 2024 | IMCI Health facility Survey Report on nutrition and Childhood services at health center level in Ngororero and Rutsiro districts  Baseline Survey report with recommendations |
| **Indicator 1.2.2.** Gap analysis of the food safety system among key line ministries conducted.  **Baseline:** No  **Planned target:** Yes | No | The recruitment of the consultant is midway (Applications have been finalized by 18 February 2024 and waiting for the final selection of the consultant by end of March 2024 | 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 | 57% in Ngororero  55.9% in Rutsiro |  | 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 | Yes |  | 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 | 2 | Baseline and endline survey in each district | 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 | The baseline survey on the nutrition services was conducted in Ngororero and Rutsiro districts, and the finding are being used to implement the interventions. The endline survey will be conducted in 2025 | Baseline survey report with recommendations |
| **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 | | | |
|  | **Achieved indicator/ targets** | **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 | The consultant is on board by March 2024 and will work on this activity | 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 | The consultant is on board by March 2024 and will work on this activity | 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. | | | |
|  | **Achieved indicator/ targets** | **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 | In 2022, one TOT followed by cascade trainings on health and nutrition conducted for 289 primary and secondary schools’ teachers from Ngororero and Rutsiro (all schools, 2 teachers per school) |  | 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:** 1 | No | Training is not yet conducted | Training reports |
| **Indicator 2.2.3.:** % of schools with improved food safety, handling, and storage practices  **Baseline:** 0%  **Planned target:** 80% | No | Training is not yet conducted | 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. | | | |
|  | **Achieved indicator/ targets** | **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% | 94% in Ngororero  96% in Rutsiro | Biannual integrated maternal and child health campaigns conducted, whereby by children with undernutrition are identified and appropriate management taken including referral for severe acute malnutrition | Baseline, and endline results  Integrate Maternal and Child Health campaign reports |
| **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% | 6% in Ngororero  4% in Rutsiro |  | 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 not yet done | 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 | Mid-term survey not yet done | 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% | 60% | Good quality data are reported into the NCDA Monitoring Information System. Much is to be done to have coherent nutrition data into HMIS | 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 not yet conducted | 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. | | | |
|  | **Achieved indicator/ targets** | **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% | 70% of food business handlers are trained and compliant with Rwanda FDA guidelines | Food business handlers not compliant because of their logistical aspects | 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 | Yes | The food control system strategy has been developed and is available and the next step is of mainstreaming the strategy across sectors | Progress report |
| **Indicator 2.4.3.:** Number of media professionals trained on communicating Food safety related issues.  **Baseline: 0**  **Planned target:** 100 | 30 | 30 media practitioners have been trained in December 2023 | 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. | | | |
|  | **Achieved indicator/ targets** | **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% | 3250 households | 3250 households have received chicken laying eggs from December to January in both Rutsiro and Ngororero (each household received 4 chicken). A tender on nutrient dense foods is being performed by FAO financial unit and in end of March the Service provider is ready to supply the seeds) | 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% | 90 trainees | A Letter of Agreement to train them is with IPRM Musanze that will train, and it is expected that trainings start in early April 2024. | 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% | 100% | All CHWs in Ngororero and Rutsiro are trained on child scorecard | 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 | 2 |  | Quarterly monitoring reports |
| **Output 3.2.:** The improved model of community-based savings and lending groups is integrated and scaled up through Government systems. | | | |
|  | **Achieved indicator/ targets** | **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 | Yes |  | 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% | 80% |  | LODA monitoring reports |
| **Output 3.3:** Knowledge of school children including adolescents on nutrition strengthened and their skills enhanced to set up school gardens. | | | |
|  | **Achieved indicator/ targets** | **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 | No data yet | Data to be provided by district monitoring reports | 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% | No data yet | Data to be provided by district monitoring reports | 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% | 0% | Training planned in 2024 | Monitoring reports |
| **Output 3.4:** Household members have increased knowledge for adoption of good nutrition and hygiene practices and prevention of nutrition related NCDs. | | | |
|  | **Achieved indicator/ targets** | **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 | 45% |  | 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 | 60% |  | Monitoring reports |
| **Indicator 3.4.3.:** SBCC strategy informed by findings of formative research in target districtsavailable.  **Baseline:** No  **Planned target:** Yes | Yes |  | 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 | Yes |  | 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% | 98% |  | 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 | Activity not yet conducted | 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)