

CATHOLIC UNIVERSITY OF RWANDA



FACULTY OF PUBLIC HEALTH AND HUMAN NUTRITION

DEPARTMENT OF HUMAN NUTRITION

DAY PROGRAM

LEVEL V

ASSIGNMENT OF NUTRITION POLICY AND FOOD REGISTRATION

GROUP MEMBERS:

IRADUKUNDA Job	1CUR18AK05280
BYUKUSENGE Catherine	1CUR18AK05535
NSENGIYUMVA Etienne	1CUR10AK00572
UMUMARARUNGU Marie Ange	1CUR18AK05336

Lecturer: NTAWIGENERA Narcisse

Done at Save 26th August, 2021

Table of Contents

1.INTRODUCTION	3
2.Vision and Mission and Objectives of the National Food and Nutrition Policy	4
2.1NFNP Vision.....	4
2.2NFNP Mission	4
2.3NFNP Objectives and Outcomes	4
3.RELATIONSHIP BETWEEN NFNP AND OTHER POLICIES.	4
3.1Rwanda VISION 20/20.....	4
3.2Economic Development and Poverty Reduction Strategy 2.....	4
3.3Health Sector Strategic Plan III	4
3.4MINAGRI Nutrition Action Plan	5
3.5School Health Policy (2013).....	5
3.6Global and Regional Conventions	5
4.Foodand NutritionSituation Analysis in Rwanda	5
4.1National Nutrition Policy (NNP) 2007	5
4.2Malnutrition and related factors in Rwanda.....	5
4.2.1Causes of malnutrition;.....	5
4.2.2Acute malnutrition	5
4.2.4Chronic malnutrition.....	6
5.Maternal, Infant, Young Child and Nutrition (MIYCN)	6
5.1Micronutrient Deficiencies	6
5.2Food, Nutrition and HIV/AIDS	6
5.3Hygiene, Sanitation and Safe Water	6
5.4Over nutrition and Chronic Disease.....	6
5.5Household Food Security.....	7
5.6Social Protection and Malnutrition	7
5.7Laws addressing basic Issues that affect malnutrition.....	7
6.Food and Nutrition in Schools	7
7.Strategic Directions of the NFNP	7
7.1 Strategic Direction	7

7.2 Strategic Direction	7
7.3Strategic Direction	8
7.4Strategic Direction	8
7.5Strategic Direction	8
7.6Strategic Direction	8
7.7Strategic Direction	8
8.Conclusion	9
9.Reference	9

1.INTRODUCTION

This National Food and Nutrition Policy (NFNP), developed in 2013, is an updated revision of the National Nutrition Policy of 2007. It provides background, describes the current situation and key trends as well as the challenges and opportunities related to nutrition and household food security in Rwanda.

Food and nutrition have become a foundational issue of Rwanda's plans for economic development and poverty reduction. The National Food and Nutrition Policy (NFNP) recommends actions needed to sustain this position and innovative multi-sector and sector-specific strategies that will help assure that in Rwanda food and nutritional improvement becomes and remains everyone's commitment. The policy recognizes and focuses on the national resolve to substantially reduce the prevalence of stunting among children under two (2) years of age, and to improve household food security particularly among the most vulnerable families.

.Stronger operational linkage among the Social Cluster Ministries, particularly MINALOC, MINISANTE, MINAGRI, MINEDUC and MIGEPROF is called in order to have the higher level of collaborative and consultative efforts among sectors needed to strengthen and make more effective implementation of district-based nutrition and household food security plans.

A major source of decentralized input and participation came from a two day workshop with cross sector teams from all 30 Districts led by District Planning Officers. District personnel provided essential information and advice based on achievements and constraints encountered during past and current food and nutrition strategies and programs at district and village levels.

The rationale behind the updated policy is to provide an up to date policy base for nutrition and household food security actions that takes into account national progress and challenges. Like the 2007 National Nutrition Policy, the updated National Food and Nutrition Policy retains close linkage to Rwanda VISION 2020 and the Millennium Development Goals while aligning with the Economic Development and Poverty Reduction Strategy (EDPRS 2), and more recent sector and subsector policies and strategic plans.

The scope of the National Food and Nutrition Policy is necessarily broad and multisector oriented. This updated NFNP recognizes food and nutrition as universal rights essential for the physical, mental and emotional development of children and the quality of life for adults. While covering the full lifecycle and all Rwandans, the updated NFNP emphasizes the importance of food and nutrition during pregnancy and the first two years of a child's life with the objective of better assuring normal growth both during the gestational period and as the young child rapidly develops.

The rationale behind this priority is that chronic malnutrition, as measured by a child's length for age, when it occurs during this period, often has a permanent negative impact that results in less than optimum health, cognitive and social development and productivity throughout the lifespan.

This NFNP also recognizes the linkage between that food and nutrition and the prevention and recovery from infection. Related to HIV/AIDS food and nutrition plays a critical role in prevention, treatment and care of HIV/AIDS and is important for increasing the efficacy of medications including antiretroviral drugs.

2. Vision and Mission and Objectives of the National Food and Nutrition Policy

2.1 NFNP Vision

The vision of the NFNP is to ensure services and practices that bring optimal household food security and nutrition for all Rwandese.

2.2 NFNP Mission

The mission of the NFNP is to provide a legal framework and favorable environment for the effective promotion and implementation of food and nutrition strategies and interventions that guarantee the nutritional well-being of the entire population, giving special attention to pregnant and lactating women and children under two years of age for the sustainable development of Rwanda

2.3 NFNP Objectives and Outcomes

General objective

The general objective of the National Food and Nutrition Policy is to improve the household food security and nutritional status of the Rwandan people, to substantially reduce chronic malnutrition in children under two years of age and to actively identify and manage all cases of acute malnutrition.

3. RELATIONSHIP BETWEEN NFNP AND OTHER POLICIES.

3.1 Rwanda VISION 20/20

The updated NFNP fully corresponds with Rwanda's VISION 2020. The principle objective of reducing acute malnutrition in children

3.2 Economic Development and Poverty Reduction Strategy 2

EDPRS 2 that clearly recognized that despite major economic and poverty reduction progress, improvements in nutrition and household food security remains a "foundational issue." Specifically, regarding chronic malnutrition in children

3.3 Health Sector Strategic Plan III

The HSSP III states that food supplements and food are primary "medicines" used to prevent malnutrition and the importance of linking social protection with food and nutrition to better assure access to key health services and food for the most vulnerable groups.

3.4 MINAGRI Nutrition Action Plan

MINAGRI NAP that aims principally at improving household food security, particularly in districts where food access throughout the years is lowest and for the most vulnerable groups.

3.5 School Health Policy (2013)

The education sector hold a key to sustaining new national efforts to bring the importance of nutrition, particularly during pregnancy and early childhood to a place of high priority for actions and practices in every Rwandan family.

3.6 Global and Regional Conventions

The NFNP incorporates major elements from global and regional conventions and guidelines that deal with direct and underlying principles related to nutrition and household food security.

The international priority for improving nutrition was strengthened in 2008 after research showed that high malnutrition and particularly chronic malnutrition among young children had lifelong negative effects on the child and on national economies.

4. Food and Nutrition Situation Analysis in Rwanda.

4.1 National Nutrition Policy (NNP) 2007

The NFNP has major roots that extend back to the 2007 National Nutrition Policy. At that time the incidence of severe acute malnutrition was high, food production was not progressing, and misdistribution of food was common at each administrative level. Household food insecurity was very high, access to health services was low and the HIV/AIDS pandemic had only begun to come under control. Household purchasing power was poor and ignorance was common around many nutrition practices needed for good health of young children, pregnant women, the elderly, and other vulnerable groups.

4.2 Malnutrition and related factors in Rwanda

4.2.1 Causes of malnutrition;

Immediate

Underlying

Basic

4.2.2 Acute malnutrition

Acute malnutrition, measured in terms of wasting (too thin for height), and underweight (too thin for their age) can result from a situation where food supplies are cut. In other circumstances acute malnutrition often results from incorrect breastfeeding practices, or poor complementary feeding often linked to illness such as diarrhea, acute respiratory infection or malaria

Rwanda have been better managed since dissemination of the National Protocol for Management of Malnutrition during the PIEM in 2009 and more actively identified early since that time.

Capacity building around the national protocol is needed at all levels of the health systems. The supply and logistic issues related to well-planned procurement, distribution and use of therapeutic foods for SAM management and supplementary food to support MAM management can be improved.

4.2.4 Chronic malnutrition

Chronic malnutrition is measured in terms of length for age. Chronic malnutrition or “stunting” that can occur during gestation when a woman does not have adequate food and care during pregnancy. Stunting may also occur during early childhood if a child suffers from serious or frequent acute malnutrition, is frequently ill or has poor infant and young child feeding and care.

5. Maternal, Infant, Young Child and Nutrition (MIYCN)

Despite a major programs to improve maternal, infant and young child nutrition mainly through activities at clinics and by in communities by CHWs, serious problems remained in 2013. While breastfeeding rates are very high throughout the country, complementary feeding in many households was found to be inadequate for many children between 6 and 24 months of age.

5.1 Micronutrient Deficiencies

Micronutrients, vitamins, and minerals play a major role in human health, growth and development. The hidden hunger of micronutrient deficiencies weakens immunity (iron), increases birth defects (folic acid) and causes fatigue and lower productivity (iron), increased morbidity and mortality (Vitamin A) and affects cognitive development (iron, iodine). Rwanda has solved Vitamin A deficiency in children through periodic national distribution and administration of high dose Vitamin A supplements to children under five years of age. Iodine deficiency has been addressed successfully through legislation that requires iodization of all imported salt which makes up the country’s complete supply.

5.2 Food, Nutrition and HIV/AIDS

Persons living with HIV/AIDS (PLHIV) have special nutritional needs because they are more vulnerable to illness, malnutrition and death because of their compromised immune system. In addition, those taking antiretroviral drugs have a need for additional protein compared to others.

5.3 Hygiene, Sanitation and Safe Water

Problems of water, hygiene, and sanitation affect the synergy between malnutrition and infection. Improving nutrition in Rwanda will require continued emphasis on promoting total access to hygienic latrines and hand washing and careful preparation of foods for the family and especially young children. Greater emphasis is needed on careful handling of young child feces.

5.4 Over nutrition and Chronic Disease

With Rwanda’s continuing rapid economic growth and urbanization, problems of overnutrition, poor food choices and poor eating habits grown in importance. Overweight in Rwanda is both a

rural and urban issue, but obesity is found mainly in urban areas and towns. This set of problems has already caused increased numbers of cases of nutrition-related chronic diseases.

5.5 Household Food Security

Adequate nutrition intake may require the availability of nutritious foods in the home, knowledgeable selection of what to eat, skilled preparation practices. These all affect the nutrients received. Problems with any of these conditions may contribute to poor household food security.

5.6 Social Protection and Malnutrition.

Although food and nutrition for the extremely vulnerable and poor requires better linkage of the health and agriculture sectors, stronger links to social protection services are also required. These may in be in the form of cash transfers, food supplements, food for work and VUP project services.

5.7 Laws addressing basic Issues that affect malnutrition

Rwandan laws now guarantee women the right to inherit land and other property, and have codified as criminal gender based violence. Women are also legally guaranteed equal access to food production in the family.

6. Food and Nutrition in Schools

The Ministry of Education (MINEDUC) recognizes that many students from preschool through secondary, in both urban and rural areas, come to school and go home hungry with serious negative impact on what they learn.

7. Strategic Directions of the NFNP

7.1 Strategic Direction

1: Food and nutrition advocacy to sustain commitment and mobilize resources for policy implementation

This strategic direction also addresses the national priority of preventing stunting in children by reaching every family about the central importance of the 1st 1000 Days.

7.2 Strategic Direction

2: Prevent stunting in children under two years of age at national scale

The NFNP recommends District Administrations increase multisector participation to include social protection staff and field workers to increase linkage between nutrition and household food security interventions and the most vulnerable.

A District Food and Nutrition Steering Committee (DF&NSC) is needed to support mayors in planning, facilitating and monitoring the strengthened multisector DPEM

7.3 Strategic Direction

3: Promote services and practices that result in improved household food security

The importance of this strategic direction rests in the high potential to raising the nutritional status of agricultural household members by improving food production quantity and diversity and promoting practices that result in more nutritious meals for the family. Home gardening can improve access to vitamin and mineral rich vegetables and livestock holding can increase household availability of vitamin and mineral rich products.

The NFNP recommends that continued expand the following important MINAGRI interventions that link directly and indirectly with household food security including the following:

- GIRINKA, the One-Cow-per-Poor-Family Program.
- One Cup of Milk per child
- Establishment of school gardens with assistance for scale up and better linkage to learning objectives in nutrition and household food security.

7.4 Strategic Direction

4: Prevention and management of all forms of malnutrition

Strategic Direction 4 includes the key food and nutrition interventions that are primarily the responsibility of the MINISANTE. These address acute malnutrition, promoting and addressing weaknesses in maternal Infant and young child nutrition (MICYN), micronutrient deficiencies, nutrition and HIV/AIDS, hygiene and sanitation and the prevention and control of nutrition-related non-communicable diseases. Many of these factors are direct or indirect causes of stunting.

7.5 Strategic Direction

5: Improving food and nutrition in schools

Strengthen nutrition education in schools and higher learning institutions through curricular and extracurricular activities.

7.6 Strategic Direction

6: Assuring food and nutrition in emergencies

Strengthen emergency preparedness and response in areas for nutrition and food security of families and individuals.

7.7 Strategic Direction

7: Supporting programs and services

Improve governance systems and accountability (planning, budget allocation, implementation and monitoring and evaluation) for nutrition and food security.

8. Conclusion

National food and nutrition policy is important for Rwandan population because it improve households food security and nutrition status through increase productivity and technology in industries.

9. Reference

Strategic Plan 2010-2015. Kigali: Ministry of Education MINEDUC, Republic of Rwanda (July 2010)

Food security: definition and measurement, Per Pinstrup-Andersen, Springer Science + Business Media B.V. & International Society for Plant Pathology (2009)

<http://argus.iica.ac.cr/Esp/organizacion/LTGC/Documentacion/BibliotecaVenezuela/Boletines/2009/n4/foodsecurity-Springer-art%C3%ADculo2.pdf>

Springer Science + Business Media B.V. & International Society for Plant Pathology 2009 Home-Grown School Feeding Programme, White Paper, and Kigali: Ministry of Education MINEDUC, Republic of Rwanda, (2013).

JAPEM Assessment Report. Kigali: Ministry of Health MINISANTE, Republic of Rwanda (September 2012) draf