



Republic of Rwanda
Ministry of Gender and
Family Promotion



National Family and Nutrition Policy

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FOREWORD

The Government of Rwanda recognizes family and nutrition as the foundation of human capital development leading to prosperous generations. Taking into consideration the need for and importance of promoting resilient and stable families as well as ensuring their improved nutrition, the National Family and Nutrition Policy come at the right time.

The policy development was grounded on the situation analysis. An extensive review and stakeholders' consultations were conducted on the existing policies, laws, national strategic documents, and annual data to identify current achievements and policy priority areas. Furthermore, this policy considers the importance of creating a sustainable and inclusive society with no one left behind, as well as addressing emerging issues in family promotion and nutrition that arise along with recent social and economic development.

To achieve the vision of this policy which is “Stable and prosperous families that attain optimal nutrition, well-being and contribute to the national socio-economic transformation”, this policy sets out the five policy objectives.

The first policy objective defines the thematic areas of family cohesion to promote peaceful, stable, and socio-economic transformed families.

The second policy objective aims to increase knowledge and develop skills among family members and the community, promoting resilience through training and social behavior change communication.

The third policy objective aims to invest in nutritious foods to ensure the consumption and nutritional well-being of family members across the lifespan through a multi-sectoral approach.

The fourth policy objective focuses on strengthening community-based structures, improving coordination, and enforcing laws related to family promotion and nutrition.

The fifth policy objective emphasizes the importance of using evidence, to prioritize interventions and allocate resources equitably.

Overall, the Government of Rwanda reaffirm its commitments in continuing positioning family promotion and nutrition at the center of the national development agenda.



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ABBREVIATIONS

BDF	Business Development Fund
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHWs	Community Health Workers
CPEM	Cell Plans to Eliminate Malnutrition
DPEM	District Plans to Eliminate Malnutrition
ECD	Early Childhood Development
EICV	Integrated Household Living Conditions Survey
FBO	Faith based Organizations
GBV	Gender-based violence
GoR	Government of Rwanda
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IZU	Inshuti Z’Umuryango (Friends of Families)
MAM	Moderate Acute Malnutrition
MIGEPROF	Ministry of Gender and Family Promotion
MNP	Micronutrient Powder
NCD	Non-Communicable Diseases
NCDA	National Child Development Agency
NGO	Non-Governmental Organizations
NST1	National Strategy for Transformation 1
PSTA	Fourth Strategic Plan for the Transformation of Agriculture
RDHS	Rwanda Demographic Health Survey
SAM	Severe Acute Malnutrition
SAP	Single Action Plan
SBCC	Social and Behavior Change Communication
SPEM	Sector Plans to Eliminate Malnutrition
SUN	Scaling Up Nutrition
UN	United Nations
UWI	Umugoroba W’Imiryango (Family Evening Forum)
WASH	Water, Sanitation, and Hygiene

GLOSSARY OF TERMS

Anemia: A condition in which there are not enough healthy red blood cells to carry adequate oxygen to the body's tissues. Having anemia may make a person feel tired and weak. The causes of anemia are complex and inter-related, and include iron and/or other vitamin deficiencies, illness, parasitic infection, inflammation, and genetic factors.

Adultery: The fact of having sex with a person who is married to someone else;¹

Breastmilk substitutes: Formula or milk (e.g., using boiled cow's milk, goat's milk, powdered milk, or evaporated milk mixed with boiled water and/or sugar) given instead of or in addition to breastmilk.

Biofortification: Breeding of crops to increase their nutritional value.

Complementary feeding: The process starting when breastmilk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore, other foods and liquids are needed, along with breastmilk (6 to 24 months of age, even beyond two years).

Concubinage: The fact that two people live permanently as if they were spouses though they are not married while one of them is legally married.

Family: A group of persons related by kinship, law or marriage; it may include parents, children, their descendants and in-laws;²

Fortification: The practice of deliberately increasing the content of an essential micronutrient, i.e. vitamins and minerals (including trace elements) in a food, to improve the nutritional quality of the food supply and provide a public health benefit with minimal health risk.

Gender: Refers to responsibilities, opportunities, rights, respect, and values, a person receives from a society in accordance with his/her sex and which is likely to change in relation to time, culture, and religion, among other criteria.

Gender-based violence: This is any act that results in bodily, psychological, sexual and economic harm to somebody just because they are female or male. Such acts result in the deprivation of freedom and negative consequences. This violence may be exercised within or outside households and is a crime punishable by the law.³

Inshuti z'Umuryango (Friends of the Family): Are community-based child and family protection volunteers (2 Friends of the Family at each village, 1 male and 1 female) that strengthen the child protection system in Rwanda. They have responsibilities to provide active and effective care and protection to children and families and prevent GBV and child abuse and neglect through home visits, sensitization, referrals and improve the quality of the response to victims.

Malnutrition: Refers to deficiencies or excess of one or more in nutrient intake, imbalance of essential nutrients or impaired nutrient utilization.

Marriage: Contract entered between a man and a woman in accordance with the law. The only marriage recognized by the law in Rwanda, is the civil monogamous marriage contracted upon mutual consent before the public administration.⁴

Men engagement: This is an approach to ensure that men and boys are effectively engaged in gender-related interventions across sectors; to change social norms, attitudes, stereotypes, and negative mindsets on gender equality.

1. Law n°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence

2. Law n°32/2016 of 28/08/2016 governing persons and family

3. Law n°59/2008 of 10/09/2008 on prevention and punishment of gender- based violence

4. Law N°32/2016 of 28/08/2016 governing persons and family

Micronutrient deficiencies: A lack of vitamins and minerals that are essential for body functions, such as producing enzymes, hormones, and other substances needed for growth and development.

Nutrition-sensitive: These are interventions or programs that address the underlying causes related to households or communities, whose primary objective is not specifically nutrition, but have potential to improve food and nutrition security of beneficiaries. These interventions or programs are those that integrate agriculture, clean water & sanitation (WASH), education and employment, healthcare and women's empowerment that influences fetal and child / adolescent nutrition and development, livelihood of young adults, old adults, and geron (aged men / women) including social protection of families.

Nutrition-specific: There are interventions or programs that address the immediate causes of fetal and child nutrition and development (adequate food and nutrient intake, feeding and caring practices, and illness/infectious diseases). Pregnant and lactating women and any other deficiency diseases that require nutrition intervention.

Over-nutrition: Refers to the pathological state of overconsumption of nutrients and food over an extended period of time to the point at which health is adversely affected influencing normal activities.

Senior Citizen: Those who are above the age of 60 years.

Stunting: This is defined as low length/height-for-age. It results from chronic or recurrent undernutrition, usually associated with poverty, poor maternal health and nutrition, frequent illness, and/or inappropriate feeding and care in early life. Stunting prevents children from reaching their physical and cognitive potential.

Undernutrition: It is a pathological condition due to the consumption of an inadequate quantity of food over an extended period of time.

Umugoroba w'Imiryango: (home-grown initiative known as Family Evening Forum) Is a forum whereby all family members in the village gather to discuss different topics related to family promotion and child protection, tackling family and parenting issues in the community with the main objective of building safe and resilient families.

Wasting: This is defined as low weight-for-height. It often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly.

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I. INTRODUCTION

1.1. Family promotion and nutrition context

Family promotion and nutrition have been emphasized in the ongoing National Strategy for Transformation 1 (2017-2024) as the implementing instrument of the Vision 2050 aspirations. Family is the basic and foundational unit of any society. It is where societal values are first enacted before they are manifested within the community.

The Rwandan culture is comprised of a series of values, social and economic norms that preside over a whole set of behaviors, attitudes, beliefs, and ways of thinking and acting established within a family. These family norms are also commonly adopted by Rwandans to guide their actions in the pursuit of the objective of living in peace, solidarity, unity, and harmony with others.

Nutrition is a basic human need and a prerequisite for a healthy life for all family members, and a proper diet is essential from a very early age of life for growth, development, and active life for prosperous families. Enhancing nutrition stands as a cornerstone of national development, pivotal for attaining Sustainable Development Goals (SDGs). The imperative for improved nutrition is underscored in SDG 2, which strives to "end hunger, achieve food security, and enhance nutrition, while promoting sustainable agriculture." Addressing hunger, food insecurity, and malnutrition necessitates sustained and targeted multisectoral endeavors in Rwanda. Yet, the scope of enhancing nutrition extends beyond SDG 2 alone; it intertwines with every SDG and holds the potential to catalyze transformative progress in fostering sustainable development.

Better nutrition protects children against stunting and all forms of malnutrition. Also, nutrition is related to improved immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases, and longevity. Nutrition in the first 1,000 days of life, from pregnancy to the child's second birthday, is particularly important as it affects the cognitive development of children, school performance, successful parenting of the next generation and economic productivity in adulthood.

Key achievements

The Government of Rwanda has made efforts to promote the **social transformation** of its citizens by developing and supporting families. This goal was achieved through various initiatives including providing access to education, health, social protection schemes, and water and sanitation programs. These efforts have been made to reduce poverty, promote early child development, and protect child rights. Additionally, the government has implemented specific programs to support people with disabilities and enhance coordination among stakeholders. The GovR also taken steps to prevent and respond to gender-based violence, teenage pregnancy, and human trafficking through community awareness campaigns. The government has also provided tailored financial support and psychosocial support to families and children in need.

Concerning **economic development**, the Government of Rwanda and its partners have implemented various interventions to boost economic development and improve the lives of families. These efforts include employment and savings programs, agricultural and trade activities, and initiatives that increase productivity and prosperity. The Business Development Fund (BDF) and other competent entities provide access to finance and different guaranty funds. Additionally, entrepreneurship promotion and industry development are encouraged to create more job opportunities to benefit families, particularly members of the active age.

From a **governance perspective**, relevant interventions have been taken to promote families and reinforce the Rwandan culture and values as a foundation for peace and unity. These actions aim to ensure the safety and security of citizens, strengthen justice, and increase citizen participation, engagement, and partnerships. Innovative approaches, mechanisms, and community structures have been implemented to engage citizens on the family level, including Umugoroba w'Imiryango (Families Evening Forum), Inshuti z'Umuryango

(Friends of Family), and child protection committees. These initiatives provide moral support to household members and help maintain homes in all aspects.

In terms of nutrition, Rwanda has achieved commendable progress in reducing stunting and other forms of malnutrition in the past decade. The prevalence of stunting and wasting had been reduced by 11% points and 2% points, respectively from 2010 to 2020. Additionally, the prevalence of anemia among children under five and women of reproductive age had slightly decreased by 3% points and 4% points, respectively from 2010 to 2020 (RDHS Reports). However, the current rate of stunting reduction is not sufficient to meet national and global commitments. Therefore, this policy is necessary to accelerate stunting reduction, underweight, deficiency diseases, overnutrition, NCDs, and enhancement of family health. Rwanda's current investments and collaborations demonstrate a strong commitment to ensuring good nutrition for its people not only as a critical determinant of health and well-being but as a contributor to human capital development.

Priority areas

Improving knowledge on positive parenting, reducing child abuse and neglect cases, as well as encouraging parents to devote more time to childcare (breastfeeding, preparation, cooking, and feeding of complementary foods) remain priority areas that require attention. These efforts will aid in strengthening family cohesion as parents, instill Rwandan cultural values and norms in the upbringing of their children. This further leads to preventing child abuse and neglect cases that result in defilement, teenage pregnancies, informal unions, school dropouts, and delinquent behavior. In addition, children with disability and their families should have access to services and support to actively participate in community life.

In addition, investing in adolescent nutrition (of both boys and girls) will contribute to breaking the intergenerational malnutrition cycle. This can be achieved by adopting the multisectoral approach where agriculture will play a key role, especially in the cultivation, supply, and consumption of nutritious foods. Moreover, improving knowledge and understanding of gender equality remains a priority area. It is important to raise awareness on power dynamics within the families, cultural and familial values. This will contribute to reduce GBV and other forms of violence within families and households. Furthermore, it is important to increase the awareness of hotline systems to timely capture the real incidence of reported cases of domestic violence and child abuse.

The increasing use of technology and internet services has become an emerging issue. Despite the government's efforts to establish regulations and laws governing the use of internet services, there is still a lack of awareness among parents regarding parental regulations. This is leading to children being exposed to sexually explicit content and not being protected from cyberbullying.

Stunting and anemia among under-five children remain high⁵, Anemia is also prevalent among adolescent and pregnant women while over-nutrition is on the rise among women, particularly among women residing in urban areas. This triple burden of malnutrition (i.e., undernutrition, micronutrient deficiencies, and overnutrition) poses significant nutritional challenges. These challenges also affect the Government of Rwanda's target for reducing stunting rates set in several documents: 19% by 2024 (HSSP IV); 10% by 2030 (The Commitments of the Tokyo Nutrition for Growth Summit, 2021); 5.5% by 2035 and 3% by 2050 (The Vision 2050). A recent study⁶ revealed that the most significant contributing factor to stunting in Rwanda was intergenerational factors such as maternal nutrition, low birth weight and lower maternal education level. Additionally, frontline workers and caregivers showed limited knowledge on dietary diversity and meal frequency, resulting in sub-optimal minimum acceptable diet rate as observed in the 2019/20 RDHS report.

Therefore, addressing all forms of malnutrition (stunting, wasting, micronutrient deficiencies, overweight) was identified as a priority area to improve maternal dietary intake and nutritional status, food security, animal source food production and consumption, child feeding practices, WASH, enhancing SBCC and community

5. 33% and 37%, respectively

6. Rwanda: Drivers of child malnutrition analysis, DHS 2019-2020 Secondary data analysis, UNICEF/ NCDA, August 2022

based structure development. A better support of partners, responsible leadership and multisector coordination on nutrition will embrace the entire needs of the family.

Moreover, the country needs costed National Multisectoral Nutrition Strategy coordinated at the highest cross-sector nutrition steering committee level, filling a critical governance gap. This is crucial for addressing the complexities of malnutrition which may only be addressed through a multisectoral approach. This could easily be achieved impactfully through establishment of National Nutrition Coordination body with policy level role, responsibility, and clear accountability of results matrix of all sectors involved.

The extension in life expectancy of the population is increasing due to advances in prevention and treatment of multiple diseases that are changing the age distribution of the population in the country. While the prevalence of Non-Communicable Diseases (NCD) is increasing, they are largely preventable through public policies that can tackle unhealthy diets, harmful use of alcohols / tobacco and physical inactivity.

1.2. Rationale for the policy development

This policy aims to promote prosperous and stable families in Rwanda, enhance family members' wellbeing and contribute to a peaceful, capable and inclusive society. Therefore, the establishment and implementation of the National Family and Nutrition Policy is aligned with the national development goals outlined in Vision 2050, the Law governing Persons and Family, the Fourth Health Sector Strategic Plan (HSSP IV, 2018-2024), the Fourth Strategic Plan for the Transformation of Agriculture (PSTA4, 2018-2024), the National ECD Policy (2016), and other national strategic documents, as well as International development framework such as the Sustainable Development Goals, the Agenda 2063 of the African Union, and the Scaling-Up Nutrition Movement.

To build a society where every child has an equal opportunity to grow in a healthy environment, we must acknowledge the family's crucial role not only in childcare and nourishment but also among family members irrespective of age, sex, physiological status and physical activity. The policy promotes human capital development by encouraging responsive parenting, positive masculinity and men engagement. The focus should be on preventing early pregnancies, child abuse, gender-based violence, and providing nutrition interventions for a healthy lifespan while also nurturing family cohesion, positive cultural values and norms.

Reinforcing intergenerational dialogues, enhancing SBCC and community-based structures are key elements to a better coordination and accountability at all levels, ultimately leading to a prosperous future for the next generations.

2. VISION, MISSION, POLICY OBJECTIVES, AND GUIDING PRINCIPLES

2.1. Vision

Stable and prosperous families that attain optimal nutrition, well-being and are able to contribute to the national socio-economic transformation.

2.2. Mission

To promote stable and prosperous families characterized by positive cultural values and mutual understanding, ensuring the nutritional well-being of all family members that equitably benefit and contribute sustainably to the national socio-economic transformation.

2.3 Policy objectives

Policy objective 1:	Strengthen family cohesion to promote peaceful, stable and socio-economically transformed families.
Policy objective 2:	Increase knowledge and develop skills of family members and community through training and social behavior change communication.
Policy objective 3:	Ensure the nutritional well-being of family members across lifecycle through a multisectoral approach.
Policy objective 4:	Reinforce community-based structures and coordination, and enforce laws related to family promotion and nutrition at all levels.
Policy objective 5:	Enhance evidence-driven prioritization of interventions and increase resource allocation.

2.4 Guiding principles

- Both family and nutrition are the foundation of human capital development which lead to a prosperous next generation.
- Apply a lifespan approach (pre-pregnancy, pregnancy and childbirth, neonatal period, infancy, school-age, adolescence, young adult, old adult and senior citizens) and emphasize on the first 1,000 days of life.
- Engage multi-sectoral approach across five systems (food, health, water and sanitation, education, and social protection) with the most significant potential to deliver nutrition results for children, women and family members
- Involve all children and family members, considering gender equality and disability, in creating a sustainable society with no one left behind.
- Encourage self-reliance spirit and other home-grown solutions
- Utilize various data and statistics to conduct evidence-based programing and improve program operation.
- Encourage ownership for sustainability and promote accountability for results.

3. STRATEGIES TO ACHIEVE POLICY OBJECTIVES

3.1. Policy objective 1: Strengthen family cohesion to promote peaceful, stable and socio-economically transformed families

Strategy 1: Educate and empower families on power dynamics and gender relations to prevent and manage conflicts at the family level and reduce divorce rates.

- Devise more teaching, coaching and other support programs (Role model families) on effective intrahousehold communication to prevent and manage conflicts and improve the understanding of power dynamics and gender relations at the family level;
- Enhance and expand awareness of reproductive health and family planning in the context of improved quality health for all;
- Introduce a teaching and coaching program for new and young couples as a pre-requisite for a marriage built on a firm foundation;
- Support community engagement to foster a sense of belonging and strengthen support systems, community sensitization and awareness to promote the participation of all family members in building a peaceful and harmonious Rwandan family;
- Promote the Rwandan positive values through elderly people’s forums and intergenerational dialogues for coaching and mentoring young generations for strong intergenerational relationships;
- Integrate good value systems anchored on Rwandan cultural values, “Umuco gakondo,” encompassing what is acceptable as cultural practices for all categories of people, including couples, parents, children, adolescents, young adults, senior citizens, and all community members.

Strategy 2: Strengthen positive parenting, roles, and responsibilities of both parents with a focus on men’s engagement toward equal parents’ responsiveness and enhance supporting mechanisms

- Educate both parents, focusing on men’s engagement in positive parenting and responsiveness to ensure that children and adolescents grow in a supporting and empowering environment;
- Sensitize parents on their responsibilities to family provision, childcare, nurturing, and legal implications for non-respect or irresponsibility;
- Regular sensitization and awareness campaigns to hold all family members accountable vis-à-vis their roles and responsibilities in promoting the Rwandan family;
- Enhance existing family support mechanisms, referrals to social protection systems, and family and school re-integration mechanisms for needy children;
- Strengthen the preventive (reproductive health education/awareness raising) and responsive (legal, health, and psycho-social services) measures for children, adolescents, and other family members toward a violence-free family;
- Improve digital skills among all family members and manage/control the use of Information Communication Technology (digital devices, internet, social media) through parental controls at the household level in line with relevant policies such as the Child Online Protection Policy and raise awareness among young people on the use of digital devices.

Strategy 3: Reinforce gender equality and positive masculinity towards the elimination of gender-based violence and enhanced supporting mechanisms of victims.

- Improve intra-household communication and the understanding of power dynamics to prevent and manage

- conflicts at the household level;
- Enhance men’s engagement in prevention and response of GBV, as well as in community re-integration of GBV victims;
- Raise awareness about GBV reporting mechanisms, including hotline systems and timely reporting of the incidences of GBV and child abuse;
- Put in place mechanisms for monitoring/tracking and response service delivery in addressing family conflicts, GBV, child pregnancy, delinquency, concubine cases and informal unions.

Strategy 4: Develop support mechanisms for children with disabilities and their families

- Expand services and support to children with disabilities and other special needs as well as their families to be active members of community life;
- Ensure access to nutrition, health, WASH, education and protection services among children with disabilities and special needs;
- Strengthen referral structures to support children with disabilities and their family’s access to designed special interventions;
- Reinforce re-integration and follow-up of children with disabilities and other special needs who returned from institutional care to families and other alternative care.

3.2. Policy objective 2: Increase knowledge and develop skills of family members and community through training and social behavior change communication

Strategy 1: Strengthen interpersonal communication sessions among couples and family members

- Promote inter-generational dialogue among family members;
- Improve the quality of interpersonal education sessions such as peer learning and counseling through training targeting families and communities;
- Identify and train role model families to mentor and support in educating and coaching other couples in areas of socio-economic development, including generating business activities in line with existing sector programs and initiatives;
- Enforce civic education in children through diverse channels, including sports, their rights and responsibilities, emphasizing on family cohesion, parental respect, community service, responsible citizenship, and preservation of positive Rwandan cultural norms.

Strategy 2: Enhance and expand sensitization and awareness-raising sessions targeting parents and community members

- Identify the gaps of knowledge on family promotion and nutrition to be used for communication;
- Regularly update priority issues through community dialogue on family promotion and nutrition;
- Organize awareness-raising campaigns to continuously inform the importance of family promotion and nutrition with thematic messages;
- Strengthen the use of mass media and social media communication to disseminate family promotion and nutrition messages;
- Education and awareness programs to address issues affecting the family, including irresponsible consumption of alcohol and drugs, the culture of silence in reporting all forms of GBV cases, including sexual violence, defilement, and informal unions, among others;
- Reinforce parent engagement and involvement in individual and community sports, entertainment and leisure programs for their physical and mental health.

Strategy 3: Ensure increased human resources and capacity at decentralized and central levels in family promotion and nutrition

- Promote better eating behavior and habits as well as provide better nutritious foods (fruits, eggs, milk) to the family either from the family farm/garden or through purchases.
- Provide regular training/knowledge-sharing seminars at the decentralized level to improve the capacity of district personnel and frontline workers about family promotion and consumption of nutritious foods based on the needs of the family members
- Reinforce pre-service training in education institutions to foster learners to improve their knowledge and skills about family promotion and nutrition.

3.3. Policy objective 3: Ensure the nutritional well-being of family members across lifecycle through a multi-sectoral approach

Strategy 1: Eliminate child stunting and all forms of malnutrition focused on the first 1,000 days of life

- Increase demand for good nutrition among pregnant and lactating women, children under five, school-aged children, and adolescents;
- Reduce food and nutrition insecurity through agriculture interventions;
- Boost the effectiveness of a multi-sectoral approach including food, health, WASH, and education, ECD settings and social protection systems;
- Empower women economically for improve the affordability of nutritious foods;
- Engage husbands in child care and the provision of nutritious foods for their families.

Strategy 2: Increase the interventions that address micronutrient deficiencies among children, adolescent girls, women of reproductive age, young adults, senior citizens, and elderly individuals.

- Promote food-based approaches such as the production and consumption of both plant and animal source foods as well as other micronutrient-rich elements from tree fruit crops;
- Scale-up food fortification initiatives (wheat flour, maize flour, sugar, oil, salt, and serial-based food) and bio-fortified food products such as iron-rich beans and orange-flesh potatoes;
- Standardize labels with nutrition information on fortified and processed foods or commodities to ensure quality.
- Reinforce micronutrient supplementation programs (iron and folic acid for adolescent girls, Multiple Micro-Nutrient Supplementation (MMS) for pregnant women, vitamin A for children 6-59 months, micronutrient powder (MNP) for children 6-23 months);
- Scale-up school feeding programs and enhance the quality of meals through nutritious planning of cyclic menus.

Strategy 3: Enhance the coverage and quality of management of acute malnutrition

- Strengthen screening and referrals of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) cases of children under five at both community and health facility level;
- Strengthen the screening and referrals of MAM and SAM cases among school-aged children and adolescents by trained school teachers and healthcare providers;
- Ensure the availability of nutrition commodities for treatment of MAM and SAM at all levels;
- Develop coordination mechanisms for responding to nutrition shocks due to seasonality, droughts and other disasters/ emergencies;
- Enhance timely nutrition support at refugee camps.

Strategy 4: Prevent overweight, obesity, and diet-related non-communicable diseases

- Increase awareness about healthy foods and proper dietary practices related to the prevention of noncommunicable diseases and their consequences;
- Reinforce screening/ regular health checks on diabetes (including gestational diabetes), high blood pressure, high cholesterol, allergies, cancer;
- Elevate efforts on protection and promotion of diets, practices and services that support optimal nutrition, growth and development for children, adolescents, and women through food systems transformation for children and mothers in Rwanda including nutrition responsive agriculture, legal frameworks and market regulations for safe, nutritious, and affordable food products and services.
- Protect school-aged children and adolescents from marketing of highly processed foods rich in trans-fats and saturated fats, energy-dense, micronutrient-poor foods (e.g cakes, biscuits, samosas, chips, “gorillos” etc.) and sugary soft drinks (sodas and sweetened juices) through strong legislation and reinforcement.
- Engage the food industry in the regulation of food in terms of nutritional quality and safety;
- Promote physical activity and create an enabling environment (facilities, working hours, etc.).

3.4 Policy objective 4: Reinforce community-based structures and coordination, and enforce laws related to family promotion and nutrition at all levels

Strategy 1: Increase the capacity of frontline workers to effectively address family and nutrition issues

- Conduct training sessions to build capacity of frontline workers⁷ on family promotion and nutrition;
- Reinforce reporting and feedback systems among frontline workers;
- Enhance monitoring systems of the service delivery of frontline workers to improve the quality-of-service delivery;
- Develop coordination mechanisms among frontline workers to induce synergy effects toward improved family promotion and nutrition outcomes.

Strategy 2: Utilize local structures to improve family promotion and nutrition situation

- Strengthen the knowledge and capacity of the Rwandan community on the existing platforms, homegrown initiatives, community structures such as UWI, IZUs, para-social workers, NWC, NYC, and CHW, among others in promoting a peaceful, stable, and prosperous/resilient family as well as on nutrition activities;
- Increase the collaboration with frontline workers and local structures for the effective implementation of family promotion and nutrition activities;
- Increase the role of Faith Based Organizations (FBO), Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs) in the socio-economic development of family members;
- Mobilize all categories of people, including leaders, to actively participate in *Umugoroba w’ Imiryango* to improve on mutual and constructive experience sharing in addressing family-related issues, among others;
- Put in place mechanism (s) for monitoring/tracking service delivery in addressing family conflicts, domestic and GBV, early child pregnancy, and delinquency among other issues.

7. Frontline workers include CHWs, friends of family, farmer promoters, youth volunteers, ECD caregivers, para-social workers

Strategy 3: Reinforce the decentralized nutrition plans at all levels to deliver community-based nutrition programs

- Provide capacity-building support, including training and supportive supervision to the districts for effective planning and implementation of DPEM, SPEM, and CPEM down to village level;
- Provide on-job aids and tools for better operation of DPEM, SPEM, and CPEM;
- Reinforce regular meetings at all levels to monitor progress and adjust plans.

Strategy 4: Strengthen existing coordination mechanisms and accountability at the inter-ministerial level, decentralized level, sub-cluster, sector/ technical working groups

- Develop a coordination framework at different levels/ groups to demonstrate the effectiveness and quality of interventions.
- Mobilize funds to support the implementation plans of family promotion and nutrition activities;
- Strengthen the Single Action Plan's planning, implementation and monitoring and evaluation for (i) family promotion and GBV; (ii) nutrition, early learning and child protection among key ministries and stakeholders.

Strategy 5: Enforcement of laws and regulations

- Raise awareness of the existing laws and regulations governing family and persons and nutrition and possible consequences (punishment/ penalties) in case of non-compliance;
- Review/amend laws and regulations meeting the needs of families and persons in relation to improving their nutrition well-being;
- Enable a conducive environment (institutional structure, equipment, capacity) to achieve high compliance of people and entities to laws and regulations and reinforce monitoring;
- Enforce existing legal instruments against child abuse, exploitation, GBV, and misconduct to respond to crimes committed by perpetrators;
- Establish the Code marketing of breastmilk substitutes to promote breastfeeding and complementary feeding.

3.5 Policy objective 5: Enhance evidence-driven prioritization of interventions and increase resource allocation

Strategy 1: Utilize existing national surveys (DHS, CFSVA, EICV) and encourage program-specific studies/ research to prioritize interventions and develop plans, activities, SBCC messages

- Use existing national surveys and studies/research for annual programming, project design and SBCC messages to respond to specific thematic issues;
- Increase data availability by including the indicators related to family promotion, child protection, and gender equality in national surveys.

Strategy 2: Reinforce routine reporting and monitoring systems to track progress

- Establish and maintain a comprehensive information and data gathering system at the national level on conflicts, GBV cases, early pregnancies, informal unions, and other forms of child abuse and exploitation;
- Enhance routine monitoring to review the existing data, analyze, capture the trends, and identify gaps and priority areas that reflect the ongoing activities and the needs of the population;
- Strengthen the reporting mechanisms of GBV and other forms of violence, child abuse, and teenage pregnancy at the community level;

- Enhance, maintain, and strengthen the use of the digital child scorecard at national and subnational levels;
- Enhance an integrated Management Information System (MIS) with a user-tailored dashboard that will provide stakeholders with a timely overview of top-line indicators for the comprehensive nutrition and maternal and child health key indicators.

Strategy 3: Increase domestic, external, and private financial resources to invest in family promotion and nutrition

- Increase domestic, external, and private financial resources for family promotion and both nutrition specific and sensitive interventions;
- Reinforce the nutrition budget tagging process among key ministries to monitor appropriate resource allocations.
- Increase the fiscal space and efficiency of utilization of government spending on stunting reduction (prioritization of high impact low-cost interventions) addressing existing inequalities across segments the various geographic locations.

4. IMPLEMENTATION ARRANGEMENTS

The leading institutions of the Family and Nutrition Policy are the Ministry of Gender and Family Promotion and the National Child Development Agency due to the relevance to the thematic areas covered by this policy. However, inter-sectoral partnerships and collaboration are necessary due to the multi-sectoral nature of family promotion and nutrition themes. In addition, development partners, private sector, and civil society organizations shall play key roles in implementing the policy. Furthermore, the leadership of district and community authorities are essential to the successful implementation of the policy.

4.1. Implementation framework

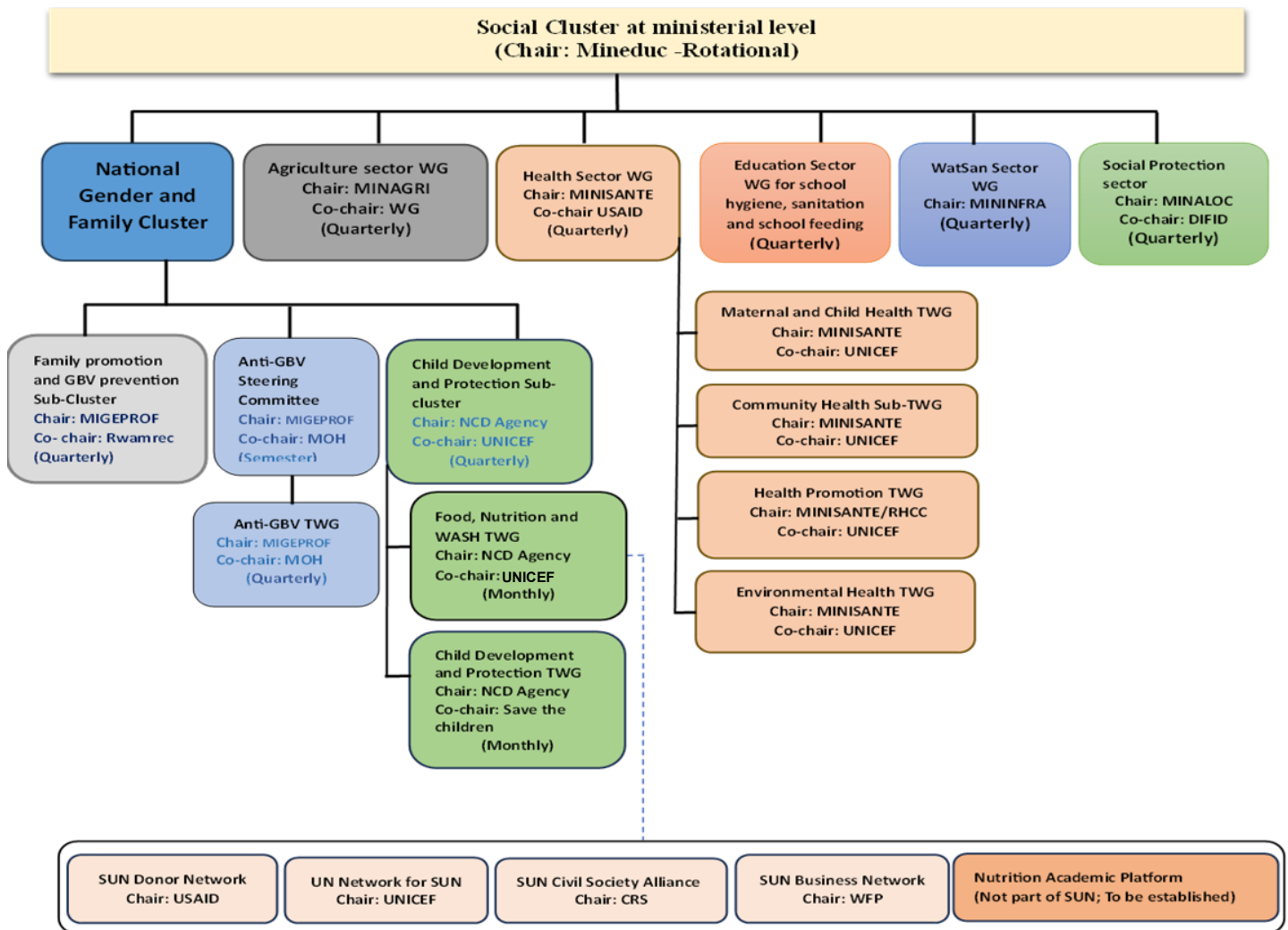
Given the wide range of actors involved, this policy recognizes the importance of inter-sectoral partnerships and collaboration in implementing the proposed strategies and actions.

Planning and coordination framework

At the inter-ministerial level, quarterly coordination meetings of social-cluster ministries and other relevant stakeholders shall be the occasion to discuss emerging priority issues and monitor the progress of implementation of this policy.

The Single Annual Plans (SAP) will be used to identify and plan the annual activities to be implemented in response to the family promotion and nutrition policy's actions. MIGEPROF will coordinate the implementation of SAP on family promotion and GBV, and NCD Agency will coordinate the implementation of SAP on nutrition, early learning, and child protection. To ensure accountability for annual interventions at all levels, SAPs will be formalized in the existing accountability processes, such as Imihigo, both at central and decentralized levels.

Government and development partners' joint coordination platforms for this policy are depicted in the following diagram.



At national level, the ministerial-level social cluster will strengthen coordination since it has respective technical working groups for sub-clusters that oversee Family Promotion, GBV Prevention, Child Development and Protection. Additionally, working groups in the agriculture, health, education, WASH and social protection sectors will support and drive development partners’ efforts to improve the quality of interventions.

Monitoring framework

At the central level, reporting and feedback mechanisms should be strengthened by improving inter-ministerial coordination. MIGEPROF and NCD Agency will coordinate to generate quarterly progress reports of the Single Action Plans, which will be reviewed by concerned institutions and provide feedback. Similarly, at the decentralized level, reporting and feedback mechanisms should be strengthened by improving the functionality of the District Imihigo and District Plans to Eliminate Malnutrition (DPEM) Committee.

4.2. Financing framework

Successful implementation of family promotion and nutrition policy actions requires adequate financial resources. MIGEPROF and NCD Agency will take the lead in securing the financial sustainability of family promotion and nutrition programs by advocating for increased government budget allocations and external sources. Furthermore, the private sector’s contribution to family promotion and nutrition outcomes may be leveraged further by introducing favorable conditions and incentives/subsidies that attract private investment in family promotion and nutrition.

As for the nutrition component, the nutrition budget tracking system has been institutionalized and has become part of the annual government reporting practices. The system shall ensure monitoring investments in nutrition, and guide ongoing financial planning; customizing budget needs to specific locations.

4.3. Legal implications of the family and nutrition policy

Some of the proposed policy actions will need to enforce existing laws and regulations or enact new laws and regulations toward a peaceful and prosperous family in Rwanda. For instance, establishing a code marketing of breastmilk substitutes is envisaged to promote breastfeeding and complementary feeding.

4.4. Social-related implications of the family and Nutrition policy

The implementation of policy actions proposed under this family policy will contribute to reducing malnutrition, intra-household conflicts, informal unions, and divorce cases. This will be achieved through improved education and capacity development of families on power dynamics and gender relations at the household level. Additionally, there will be efforts to fight against any form of GBV, child neglect, and child abuse. The policy will also promote education in various areas such as family planning, reproductive health, positive parenting, ICT literacy, parental control, and the consideration of positive cultural values and norms.

4.5. Handling Plan/Communication Strategy

Effective communication and consultation with internal and external stakeholders to ensure that all those responsible for policy implementation understand each other's roles and responsibilities so that this policy is efficiently and effectively implemented.

This policy will trigger national dialogues on family promotion and nutrition. Periodic sensitization and mobilization campaigns shall be carried out to shed light on the promotion of human capital development that can lead to prosperous next generations through appropriate family and nutrition interventions to promote stable and prosperous families that have attained optimal nutrition and well-being.

In addition, family promotion and nutrition interventions shall engage in regular communication, outreach and awareness activities, including media, to enhance local governments' participation with communities, NGOs and faith-based organizations in promoting family and nutrition programs and ensuring their sustainability.

5. CONCLUSION

Family promotion and nutrition are among the country's priority areas and are well supported by the national legal, policy and strategic planning frameworks. The aim is to have stable and prosperous families that attain optimal nutrition and well-being to better contribute to the national socio-economic transformation.

The implementation of this policy will address emerging issues in family promotion and nutrition that have been arising along with the current social and economic development. Given that the Government of Rwanda is committed to continue placing family promotion and nutrition at the center of the national development agenda, and due to the multi-sectoral nature of this policy, its successful implementation will depend on the partnership and collaboration of all actors, including government institutions, development partners, private sector and civil society organizations.

The government and its stakeholders' joint coordination platforms will be strengthened along with the reporting and feedback mechanisms in addressing issues and taking advantages of opportunities to ensure the nutritional well-being of all family members for a peaceful and socio-economically transformed family in Rwanda.

The image features a central white rectangular area with a decorative, repeating geometric pattern of interlocking diamonds and zig-zags in a light grey color. This white area is framed by a solid blue border at the top and bottom. A thin, wavy green line separates the white area from the blue background, creating a layered effect.

National Family and Nutrition policy