



Welcome note

Dear residents, partners and friends of Nyamagabe District, we are doing a lot, facing the malnutrition amid the COVID-19 pandemic which is exposing the vulnerability and the fragile food system. Let us continue to work together to mitigate those negative effects of both malnutrition and Corona virus outbreak in our District. Many thanks for your contribution.

INTRODUCTION

"Malnutrition is an urgent issue, it is a social justice issue, it is a gender issue — and the damage it causes has not yet been matched by the political or financial commitment required to end it," said Kikwete (https://www.nutritionintl.org/2020/06/Devex_the-critical-role-of-nutrition-in-the-global-battle-against-covid-19). Malnutrition is holding back generations, preventing their brains and bodies from developing fully, limiting their ability to learn and succeed. Dealing with malnutrition, and its consequences, is a cardinal imperative as it has a direct bearing on the economic growth and development of nations. Nyamagabe District through its District Plan for Elimination of Malnutrition (DPEM), maintains its collaboration with partners including DUHAMIC-ADRI which, in partnership with SNV/Voice for Change (V4CP), is financially supporting this N°6 of the “**Get Informed about Nyamagabe Nutrition**”, a channel of information and advocacy in Nutrition.

The content of the Bulletin N°6

1. Advocating for the immediate support to the most vulnerable during this hard period of COVID-19 pandemic outbreak in Nyamagabe District
2. The Community growth monitoring of the children under five years in Nyamagabe District during the period of April-June 2020
3. The community growth monitoring performance by HC of Nyamagabe District during the last quarter
4. Some achievements in sensitive nutrition interventions conducted by Nyamagabe DPEM in order to reduce the malnutrition.

OUR PARTNERS



I. ADVOCATING FOR THE SUPPORT TO THE MOST VULNERABLE DURING THE HARD PERIOD OF COVID-19 PANDEMIC ALERT IN NYAMAGABE DISTRICT

1. 1. Context

In Rwanda, stunting stands at 38% among children under five, and at 42% in Nyamagabe District (*CFVSA, 2018*). End of June 2020, a total of 280 malnourished children was reported by the compiled report of Community Health growth monitoring, Nyamagabe District wide (*HIMS data, June 2020 SISCOM*). Since March, 20th 2020, Rwanda Government announced a national lockdown to stop the extension of COVID-19. This was partially ended with the 1st week of June, but since 15th July, some person were tested COVID-positive in Nyamagabe District, and preventives measures were reinforced there. Containing the virus is causing food and nutrition shortages and has driven the reduction of some social and economic interventions. To steer the situation, every partner is called to contribute for rapid recovery of malnourished children recently identified. District decisions makers, DPEM committee, nutrition stakeholders at different level are involved in this rapid recovery.

1.2. Expected result

Nyamagabe DPEM decided that all malnourished children should be supported in short time in providing them nutriment to improve their diet. DUHAMIC-ADRI is working on the project aiming to advocate for food security and nutrition which benefits to the most vulnerable people, among them, poor women and children. In that way, DUHAMIC-ADRI with the support of SNV/V4CP graciously provided, early July 2020, 265 kgs of fortified blend to 160 most vulnerable U-5 years' old children. In the same way, some JADF members are reacting to this sensitive gap in order to minimize the diet risk factor in the global burden of malnutrition. The next Nutrition bulletin should give more details on the achievement of this activity.

II. COMMUNITY GROWTH MONITORING OF THE CHILDREN UNDER FIVE YEARS IN NYAMAGABE DISTRICT

2.1. Conducting Children monitoring by the Community in Nyamagabe District

During the period of April-may 2020, the children's growth monitoring activity conducted by Community Health Workers (CHWs) was affected by the COVID-19. An average of 42,647 (73.8.%) children under five years old (U-5) of Nyamagabe District out of 57,795 were monthly monitored. In spite of the COVID-19 pandemic outbreak, progress was done because at the same period of 2019, only 36,150 children (67.4%) were monitored; and the same the performance was 69.1% the previous quarter of January-March 2020.

Table 1: Children growth monitoring by CHWs in Nyamagabe District

Total U-5 expected (0-59 months)	Period April-June 2020	Children U-5 (6-59 months) monitored	%
57, 795	April	41,576	71.9
	May	42,561	73.6
	June	43,804	75.8
	Average	42,647	73.8

Source: Nyamagabe District Health Unit, July 2020

**This denominator includes all 0-59month children while the growth monitoring using MUAC here reported targets the 6-59 months old's one*

2.2. Nutritional status of the children during April-June 2020

During the period of April-June 2020, the growth monitoring of children achieved a periodic average of 42,647 U-5 children (73.8%) screened. Among them, 42,341 out of 42,647 (99.3%) were found with good nutritional status and 306 (0.7%) with malnutrition. The prevalence of malnutrition among monitored U-5 should be estimated at 0.7%, versus 1.06% at the same period of 2019 (cfr HIMS data of April-June 2019). The following table summarizes the findings. Compared to the same period of 2019, the available data suggest that efforts to curve malnutrition within Nyamagabe District are producing good results.

Table 2: Children's Nutritional status in Nyamagabe District, April-June 2020

Period April-June 2020	U-5 monotored	U-5 with good nutritional status	% of U- 5 with good nutritional status	# of U-5 with Acute Moderate Malnutrition	U-5 with Acute severe Malnutrition	Total U-5 with Malnutrition	% U-5 with Malnutrition
April	41,576	41,229	99.2	302	45	347	0.8
May	42,561	42,234	99.2	284	39	324	0.8
June	43,804	43,556	99.4	209	35	244	0.6
Monthly average	42,647	42,341	99.3	266	40	306	0.7

Source: Nyamagabe District Health Unit, July 2020

III. THE COMMUNITY GROWTH MONITORING PERFORMANCE BY HC OF NYAMAGABE DISTRICT IN APRIL-JUNE 2020

The CHWs of Nyamagabe District are implementing the Community-Based Nutrition Interventions/Program (CBNP) according to the National guidelines. This approach maximizes the screening and the prevention and the management of the malnutrition in children under the age of 5 years, within each village of both Kaduha and Kigeme DHs zones of their respective supervision.

3.1. Growth monitoring in Kaduha DH's area

In Kaduha DH's area, an average of 75.0 % of targeted U-5 was monitored, versus 71.1% during the previous quarter. Three health centers (Rugege, Kaduha and Nyarwungo) reached more than 80% of targeted children. The table below summarizes the performance of each HC.

Table 3: Growth monitoring performance of Kaduha DH's area

Name of HC	U-5 expected	U-5 who attended the growth monitor	% of U-5 monitored	Good nutrition status	%	Total cases of malnutrition
Buruhukiro CS	3,973	2,893	72.8	2,874	99.3	19
Jenda CS	3,192	2,130	66.7	2,117	99.4	13
Kaduha CS	3,523	2,946	83.6	2,910	98.8	36
Kibumbwe CS	2,143	1,428	66.6	1,412	98.9	16
Mugano CS	3,096	2,020	65.2	2,008	99.4	12
Musebeya CS	3,204	2,326	72.6	2,302	99.0	22
Mushubi CS	2,191	1,626	74.2	1,621	99.7	5
Nyarwungo CS	2,814	2,456	87.3	2,442	99.4	14
Rugege CS	2,639	2,269	86.0	2,243	98.9	26
Total	26,773	20,093	75.0	19,929	99.2	163

Source: Nyamagabe District Health Unit, Compiled CBNP's Data from CHWs, Kaduha DH's zone, July 2020

3.2. Growth monitoring in Kigeme DH's zone

During the period of April-June 2020, 72.3% (22,409) of U-5 children in Kigeme DH's zone benefited of growth monitoring by the CHWs. This % was 67.4% during the previous quarter. Both Kigeme and Nyamagabe HCs reached more than 80 % of U-5, while Nyarusiza, Cyanika and Ngara HCs were at 64.2%, 62.7% and 58%. The details are shown in the following table.

Table 4: Growth monitoring performance of Kigeme DH's zone

Name of HC	U-5 expected	U-5 who attended	% of U-5 monitored	Good nutrition status	%	Total cases of malnutrition
Cyanika CS	4,199	2,631	62.7	2618	99.5	13
Kibirizi CS	3,674	2,536	69	2,512	99.1	24
Kigeme CS + CRC	3,381	3,115	92.1	3,113	99.9	2
Kitabi CS	2,648	1,983	74.9	1951	98.4	32
Mbuga CS	3,894	3,019	77.5	3011	99.7	8
Ngara CS	2,032	1,179	58	1167	99.0	12
Nyamagabe CS	3,073	2,477	80.7	2,470	99.7	7
Nyarusiza CS	2,323	1,491	64.2	1478	99.1	13
Shaba CS	1,707	1,216	71.2	1195	98.3	21
Uwinkingi CS	4,089	2,916	71.3	2904	99.6	12
Total	31,021	22,554	72.7	22,410	99.4	144

Source: Nyamagabe District Health Unit, Compiled CBNP's Data from CHWs, Kigeme DH'zone, July 2020

In Nyamagabe District, the total number of U-5 expected for the reported period of April-May is 57,794. Among them 42,345 (97.2%) aged from 6 to 59 months children monitored to survey their growth have a good nutrition status, while 0.7% present signs of malnutrition.



Photos: Growth monitoring and deworming session by CHWs of Uwinkingi sector, Nyamagabe District, May 2020.

IV. SOME ACHIEVEMENTS IN SENSITIVE NUTRITION INTERVENTIONS CONDUCTED BY NYAMAGABE DISTRICT IN ORDER TO REDUCE THE MALNUTRITION

4.1. Prevention and treatment of severe acute malnutrition among U-5 screened children

During the period of national lockdown's national wide (20 March to early June, 2020) at period, the timely availability of programmatic health data including those related to growth monitoring was handicapped, due to restriction of movements and the specific COVID-19 threat in some cells of Nyamagabe District. Even so, the nutritional activities to prevent or treat malnutrition among vulnerable persons were maintained. According to the data reported a total of 15,210 children were provided with Ready to Use Therapeutic Food (RUTF), 1,065 U-5 received milk and 15,210 were provided with ONGERA mineral supplement.

The Information-Education and Communication (IEC) in Nutrition which is an essential component, as well as the comminatory demonstration of diet preparation continued and data were captured. During April-June 2020, a total of 17,253 parents (2,083 male=12.7% vs , 15,070 female=87.3%) who accompanied their children benefited of related Nutrition education topics in both Kaduha DH and Kigeme DH'zone. This was an improvement because only 12,719 parents were reported during the previous quarter. The IEC attendance documentation should facilitate to measure the change among parent's nutrition behavior.

4.2. Providing Nutrition support to poor families

Nyamagabe District is implementing the Social protection programs that protect people against risk and vulnerability and mitigate the impacts of shocks. A total of 12,891 vulnerables, pregnant and breastfeeding mothers from Ubudehe 1&2 categories (more than 87% of targeted people) and at least 34,460 children aged from 7 to 59 months out of 39,367 who were monitored for stunting received Shishakibondo and other fortified flour provided by different partners, meaning that the distribution was almost systematic to all children during the lockdown. In fact, the lockdown measures designed to prevent the

spread of coronavirus have restricted trade and mobility and have led to disrupted supply chains across the country, provinces and districts and pushing up prices.

4.3. Agriculture and livestock

As Rwanda is moving forward with trials of bio fortified agricultural crops including bio fortified beans. The bean varieties have substantially higher yields and high levels of iron. End June 2020, farmers of Kibirizi, Musange ,Musebeya &Tare Sectors yield 31,050 kgs of biofortified beans, those of Tare, Mbazi, Cyanika, Gasaka, Musange and Kamegeri Sectors recolted 5,648 Kgs of fortified sweet potatoes. District Agriculture directorate is implementing the RAB recommendation to sensitize the population to grow more quantities of potatoes and vegetables during this agricultural 2020's season C (Imvaho Nshya, 17th May 2020), in order to face the consequences of the COVID-19 pandemic to the trans board's trading and the food supplying chain with its negative effect on the economy.



Photos: Iron fortified Beans and Onion's garden in Cyanika sector, Nyamagabe; Sweet potatoes (Imvaho)

4.3. Water, Sanitation and Hygiene (WASH)

According to EICV 4, end of June 2020, a percentage of 84, 5% households have access to clean water. The education, encouraging community-based approaches for 'total sanitation' that seek to eliminate the practice of open defecation (and improved hygienic practices including the hand washing with soap which is also one of the main strategy to prevent the COVID-19 infection) to sustains the progress accomplished in WASH is implemented mainly by Community Hygiene Clubs. 19,657 households were reached and educated by the Hygiene Education clubs during the period of April-June 2020. Since the sanitation and hygiene campaign conducted from October to December 2017 by Nyamagabe District in collaboration with UNICEF Rwanda and the Ministry of Health, new toilets were constructed (https://www.unicef.org/nutrition/files/Unicef_Nutrition_Strategy.pdf), increasing coverage of proper sanitation from 62% to 81, 4% to date have latrines under good conditions, as reported by the District Health Unit. In collaboration with its partners, the District is pursuing its efforts in order to maximize the coverage in water, sanitation and hygiene, as it is well known that poor sanitation and lack of hygiene practices are main causes of infectious diseases burden and source of poverty and undernutrition.



Source: DUHAMIC-ADRI Archives, Adduction d'eau a Jenda, Musange Sector of Nyamagabe District in 2010.



Photos: Growth monitoring and deworming sessions in Nyamagabe District, 2020

Mayor of Nyamagabe District