III. SOME OF THE INTERVENTIONS CONDUCTED TO FIGHT AGAINST MALNUTRITION

3.1. Provision of milk, RUTF and Ongera to children

Table 4: Provision of Milk, RTUF and Ongera supplement

DESCRIPTION	Jul-19	Aug-19	Sep-19
Mlk	419	487	733
RTUF	9	15	18
Ongera supplement	2373	1165	1064

Source: HIMS, Data reported by Nyamagabe HCs, 2019

The report from HCs shows that caregivers provided milk to 416 children, 42 children with RUTF and 4602 received Ongera supplement in the period of July-September 2019.

3.2. Provision of fortified flour

The District conducts the prevention of stunting by providing fortified blended flour (FBF) to pregnant and lactating women and to the children of Ubudehe category I. This is done from the conception stage till the infant is two years old. An average 117 pregnant women out of 289 (30%), 178 out of 450 lacting women (43.3%) and 4475 out of 4851 children under 2 years old (92.3%) enrolled were provided with FBF. The table 6 provides the details of this activity.

Table 6: Providing Shishakibondo to Ubudehe Category 1 children U-2 years old, pregnant and lacting women

Month	Children enrolled	Children who received Shisha kibondo	Pregnant women enrolled	Pregnant women who received Shisha kibondo	Lacting women enrolled	Total women received Shishakibondo
July	5056	4311	274	5	365	3
August	4150	3864	406	77	406	107
September	5349	5249	495	268	459	422

Source: Data reported by Nyamagabe HCs, 2019

3.3. Implementing ECD programs

The children are also taken in the early childhood development centers (ECD) either in the community ECDs, at home as well as at school. ECD builds the knowledge and skills of parents and allows the mothers to perform well their daily activities such as agricultural and other income generating activities. By end of September 2019, a total number of 28,684 children aged between 3 and 6 years were enrolled in 631 functionning ECDs: community based (71), home (507) and school based ECDs (53) across all the sectors of Nyamagabe District.

3.4. Promoting behavior changes for good Nutrition

With the support of Hingaweze and Gimbuka, food and nutrition messaging and practices that contribute to the Social and Behavior Change by increasing awareness related to best agricultural practices, best post-harvest handling practices,etc. World breastfeeding week held on August 16th, 2019 was an opportunity to encourage breastfeeding with its good effects on child nutrition.

3.5. Agriculture and livestock

According to the report from the District animal resources, by implementing GIRINKAMUNYARWANDA program, 174 cows were given to selected households. Small livestocks (15 pigs, 215 goats and 5,358chicken were also distributed to poor families in order to promote the good nutrition.

IV. WATER, SANITATION AND HYGIENE (WASH)

WASH is gaining an increasingly important role in the global efforts to tackle malnutrition. Hon. Senator Ntawukuriryayo Jean Damascene said: "The government should introduce measures to ensure that every home has a decent toilet because sometimes poor hygiene is the main cause for malnutrition, whereby the little food people eat is swallowed by worms." (https://scalingupnutrition.org/news/rwandas-programmes-for-ending-child-malnutrition , 28 March 2018). In Nyamagabe District, from November 2017 up to date, a total number of 9,328 new latrines were built with the technical and financial support from partners such as UNICEF &SFH, WATER AID RWANDA, MOUCECORE. Actually, at least 91 % of households have got appropriate latrines and 79.9% of population has access to safe water (Nyamagabe District, DHU/WASH report).

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GET INFORMED ABOUT NYAMAGABE NUTRITION

NYAMAGABE DISTRICT

DECEMBER 2019

Bulletin N° : 3

Nyamagabe District aims to be the district free of all forms of Malnutrition.

Mr. Uwamahoro Bonaventure, Mayor of Nyamagabe District

Nyamagabe District, Southern Province

Welcome Note

"Dear residents, partners and friends of Nyamagabe District, fighting all forms of malnutrition remains our priority. Many thanks for your contribution to eliminate stuting in our District."

The content of the bulletin N°3:

. The vicious circle of stunting , its causes and consequences
. The magnitude of stunting in Rwanda
. The prevalence of acute moderate and severe malnu trition of the children under five years
. The performance of each health center in the Under five growth monitoring
. Some sensitive nutrition interventions to reduce the stunting conducted by Nyamagabe District

Introduction

The fight against the malnutrition is a national priority. Multiple strategies against malnutrition were adopted, including the National Early Childhood Development Programme which, according to the Prime Minister Dr. Edouard NGIRENTE, "helps fast-track implementation of anti-malnutrition measures in the country". The Prime Minister encouraged all Rwandans to work together to end child malnutrition *(https://scalingupnutrition.org/news/rwandas-programmes-for-ending-child-malnutrition , 28 March 2018).* Nyamagabe District is collaborating with its partners, including DUHAMIC-ADRI which, in parternship with SNV/Voice for Change (V 4CP) initiated a canal to inform district partners as well as the community on the impact of interventions and challenges encountered to fight against malnutrition. This nutritional bulletin '' Get informed about Nyamagabe Nutrition" is quarterly produced by Nyamagabe District jointly with DUHAMIC-ADRI under the financial support of V4CP and published on Nyamagabe website. We welcome other stakeholders to fund this Bulletin.

OUR PARTNERS:

I. THE VICIOUS CYCLE OF STUNTING AND ITS CONEQUENCES

Stunting is when a child has a low height for his age, usually due to malnutrition, repeated infections, and/or poor social stimulation. The World Health Organization categorizes children who are stunted as those whose height is lower than average for their age.

1.1. Causes of Stunting

There are many factors that contribute to childhood stunting, and these factors are often linked. Some common factors linked to stunting include:

- Poor nutrition and a lack of access to diverse foods
- Poor sanitation and no access to clean drinking water
- Lack of proper healthcare for children and their mothers
- Inadequate psychosocial stimulation and/or parent-infant bonding

If a mother is malnourished, it's more likely that her baby will be born underweight. This set off a cycle of stunting: Without proper postnatal care and the proper nutrients, the baby will likely suffer from stunted growth. If the child's malnutrition goes untreated, they themselves may grow into a young woman who becomes a malnourished mother to a stunted child.

Source : Aeri Wittenbourgh, WHO, Childhood Stunting

1.2. Magnitute of stunting in Rwanda

In Rwanda, stunting stands at 38 % among children under five rising from 18 % among children age 6-8 months to a peak of 49% among children age 18-23 months and gradually declining to 37% among those of 48-59 months. The prevalence of stunting was 40.5% in Southern Province and 51.8% in Nyamagabe District (DHS 2015).

Recent information shows the progress in the fifhting against malnutrion whith the prevalence of 42% in Nyamagabe District (CFVSA,2018). During the period of July-September 2019, at least 328 cases of stunting were reported by Health Centers (HCs).

1.3. Consequences of Stunting

In the short-term, stunting is associated with increased morbidity and mortality from infections. In the medium-term stunting reduces the mental development, the learning capacity and school performance. At long term, children who become stunted between conception and 2 years of age are at greater risk of poor health and lower socio-economic attainment throughout their lifetime: reduced work capacity and work productivity. Additionally, these effects are intergenerational: low birth weight is more common among infants whose mothers and even grandmothers were themselves stunted during early childhood (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4232245).

II. THE PREVALENCE OF ACUTE MODERATE AND SEVERE ACUTE MALNUTRITION

2.1. The monthly growth monitoring of the children 2019

During the period of July-September 2019, the growth monitoring of children was routinely carried out in Nyamagabe District by the Community Health Workers (CHW) under the HCs supervision staffs. This exercise is routinely performed in order to find out if the child is growing very well. When the child shows the signs of any form of malnutrition, he/she is immediately transferred to the nearest HC and those with severe acute malnutrition with complications are transferred to district hospital for hospitalization. .

During the period of July-September 2019, a total of 39,070 (72.8%) children out of 53,640 in Nyamagabe District were screened of malnutrition. This portrays an increase of 5.4% compared to 67.4%, end of June , and 34,473 (68%) end of March 2019, but a lot is yet to be done to ensure that each under five years old (U-5) child screened.

Table 1: Children growth monitoring, July-September 2019

Total Children U-5 Years expected	Months	Children U-5 Years screened	Percentage
53,640	July	39,109	72.9%
	August	38,805	72.3 %
	September	39,296	73.3 %
	Average	**39,070**	**72.8%**

Source: Data from Nyamagabe HCs, September 2019

2.3 The performance of Health Centres in the monitoring of the growth of Children under (U-5) Years.

Working with CHWs, each of 19 HCs of Nyamagabe District monitors the growth, proceeds with the screening of malnutrition and provides children's parents appropriate hygiene and nutritional education. Caregivers distribute fortified flour and milk to vulnerable children as well as other needed care and treatment. The following tables show the achievement of the HCs in term of monitoring of U-5 children:

Table 2: Growth monitoring performance of Kaduha DH's area, July-September 2019

Name of HC	Children U-5 expected	Children U-5Years who Screened	Percentage of Children U-5 Screened	Good nutrition status	Percentage	Number of children Wasted	Percentage
Buruhukoro	3895	2775	71.25	2757	99.35	18	0.65
Kibumbwe	2101	2077	98.86	2073	99.81	4	0.19
Kaduha	3453	2843	82.33	2803	98.59	40	1.41
Mugano	3035	1467	48.34	1450	98.84	17	1.16
Jenda	3129	1954	62.45	1941	99.33	13	0.67
Mushubi	2148	2146	99.91	2125	99.02	21	0.98
Musebeya	3141	1417	45.11	1409	99.44	8	0.56
Nyarwungo	2759	1800	65.24	1778	98.78	22	1.22
Rugege	2587	2118	81.87	2089	98.63	29	1.37
Total	**26248**	**18599**	70.86	**18425**	99.06	**172**	0.92

Source: Nyamagabe District Health Unit, September ,2019

In Kaduha DH'area, an average of 70.9 % of targeted U-5 were screened. Mushubi HC reached almost 99.9% while Musebeya HC and Mugano HCs monitored less than 50% on the targeted number of children. The causes of this poor performance should be identified.

Table 3: Growth monitoring performance of Kigeme DH's area, July-September 2019

Name of HC	Children U-5 expected	Children U - 5 who screened	Percentage of Children U-5 Screened	good nutrition status	Percentage	Number of Children Wasted	Percentage
Cyanika	3680	2371	64.43	2351	99.16	20	0.84
Kibirizi	3220	2280	70.81	2267	99.43	13	0.57
Kigeme	2963	2688	90.71	2588	96.07	9	0.33
Kitabi	2321	1813	78.11	1790	98.73	23	1.27
Mbuga	3413	2756	80.75	2735	99.24	21	0.76
Ngara	1780	1140	64.04	1126	98.77	14	1.23
Nyamagabe	2693	1970	73.15	1961	99.54	9	0.46
Nyarusiza	2036	1472	72.30	1450	98.51	22	1.49
Shaba	1496	1164	77.81	1146	98.45	18	1.55
Uwinkingi	3583	2852	79.60	2829	99.19	23	0.81
Total	**27184**	**20506**	**72.8**	**20242**	**98.74**	**173**	**0.84**

Source: HMIS, reported U-5 children during monthly growth monitoring, September, 2019