Learning from the integration of social protection and nutrition in Eastern and Southern Africa

The Modelling Nutrition-responsive Social Protection Interventions (MNSSPI) project in Rwanda
Acknowledgements
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Executive summary

This is one of a series of case studies that aim to provide internal learning for UNICEF on the linkages between social protection and maternal and child nutrition programming. The Rwanda case study illustrates how households participating in government social transfer programmes can be targeted with integrated case management services and livelihoods support to support child nutrition and wellbeing.

Rwanda’s poverty and nutrition situation

Despite a growing economy, poverty levels remain high in Rwanda, and are concentrated in rural areas and in the Southern and Western provinces. An estimated 39% of children in Rwanda experience multi-dimensional poverty and levels of child stunting remain high at 38%. Child stunting in Rwanda is driven by poor nutrition during pregnancy and early childhood, as well as food insecurity, poverty and gender inequalities. Reducing stunting requires multi-sectoral responses that simultaneously address these issues among nutritionally vulnerable populations.

Evolution of the Modelling Nutrition-responsive Social Protection Interventions (MNSSPI) project

The Vision Umurenge Programme (VUP) is Rwanda’s flagship social assistance programme, established in 2008, that provides direct income support to very poor households. In 2018, the Government’s Social Protection Strategy outlined priority actions to improve the nutrition impact of the VUP in response to persistently high levels of poverty and child stunting and low programme performance. Priority actions included the expansion of public works to provide flexible employment to poor, moderately labour-constrained households with children; cash top-ups for nutritionally vulnerable pregnant women and children under two years; case management to help participants access multiple services; and livelihoods support to enable participants to graduate out of poverty.

To test implementation of these priorities, World Relief Rwanda (WRR) partnered with UNICEF and the Government in 2019 to pilot the Modelling Nutrition-Sensitive Social Protection Interventions (MNSSPI) project over two years in four districts. 720 of the poorest households with children under five years who were enrolled in the VUP’s expanded public works programme were targeted with additional services. These included Integrated Case Management and Referral (ICMR) services delivered by a new cadre of government para social workers (PSWs); support for agricultural livelihoods and kitchen garden development; nutrition services delivered by community health workers (CHWs); and access to village savings and loans associations (VSLAs) and financial literacy and smart spending training. Community social behaviour change communication (SBCC) was also delivered on key messages, and local government capacity built to support programme implementation.

Programme monitoring showed that the project was successfully implemented with strong uptake among participants of the different programme elements. Qualitative evidence suggest that participants had greater access to multiple services, increased productive livelihoods, increased household dietary diversity and additional household income. The lack of a comprehensive monitoring framework meant that the impact on diet quality and nutrition outcomes is unknown.
Enablers, challenges and opportunities

The pre-existence of strong community-level staff cadres in Rwanda was a key enabling factor for the delivery of the MNSSPI. Strong coordination between the different community workforces at cell level was another enabling factor.

Implementation challenges included high turnover of Government staff, lack of supervision of PSWs and difficulties integrating the ICMR approach into local government systems in some districts. Implementation of the financial access component was challenged by the weakness of some existing VSLA structures.

The MNSSPI was handed over to local authorities in 2021. The IMCR model is now being rolled out nationally by government through PSWs. The VSLA and smart spending approaches are being rolled in 14 districts, with intention to scale up nationally as funding is mobilized. Kitchen gardens promotion is also being scaled up to recipients of the Government’s nutrition-sensitive cash top up.

UNICEF is supporting implementation of the full MNSSPI package of services in five districts, with the addition of seed funding for participating households, and a shock responsive mechanism to trigger expansion of the programme in times of crises. Deeper linkages between community level workforces and structures are also being explored, and a comprehensive monitoring framework is being used to reveal programme impact.

Lessons learned

Provision of a comprehensive package of multi-sectoral services to poor and vulnerable households, including cash transfers, SBCC, livelihoods support, financial access support and health and nutrition services, has the potential to support sustained improvements in child nutrition and wellbeing.

Successful delivery of a comprehensive package of services to poor and vulnerable households requires a deliberate system of integrated case management to link participants to multiple cell-level workforces. This also requires cell-level workforce capacity for multiple sectors, and regular coordination and communication between the workforces at cell and district levels.

Household and community sensitization delivered through by social assistance volunteers can help to disseminate multi-sectoral SBCC messages to support improved child care and feeding practices and uptake of multiple services.

Sustainability of multi-sectoral nutrition approaches depends on ongoing systems strengthening and capacity development of community workforces and local authorities to support continued implementation and monitoring.

Implementation of transformative approaches such as village savings, youth savings, smart spending and support to build sustainable livelihoods can help households and communities graduate out of poverty and ensure sustained improvements in household and child wellbeing.

Food systems transformation efforts such as introduction of small livestock and vegetable drying to reduce post-harvest losses, can increase the availability of diverse foods. When delivered alongside SBCC this can support improved quality of diets for young children.

Successful delivery of a joint nutrition and social protection programme depended on close collaboration between the national UNICEF social protection and nutrition sections. Close communication and coordination was required at the planning, implementation and monitoring stages to ensure successful delivery of an integrated programme.
Introduction

This is one of a series of case studies that aim to provide internal learning for UNICEF on the linkages between social protection and maternal and child nutrition programming. The Rwanda case study illustrates how households participating in government social transfer programmes can be targeted with integrated case management services and livelihoods support to support child nutrition and wellbeing.

1 Background

Development situation

The Rwanda economy has experienced significant growth in recent years, at an average annual growth rate of 7.2% in the decade up to 2019. Although the economy was sharply curtailed in 2020 due to the impact of COVID-19 pandemic, there has since been economic recovery.\(^1\) Despite economic growth, poverty levels remain high in Rwanda at 38.2%, and are concentrated in populations living in rural areas and Southern and Western provinces (NISR, 2018). An estimated 39% of children in Rwanda experience multi-dimensional poverty (UNICEF, 2018)\(^2\) and the country scores low on the 2019 Human Development Index (HDI) at 160 out of 189 countries,\(^3\) indicating the need for greater investment in the country’s social and economic development.

Nutrition situation

The prevalence of child stunting reduced from 38% in 2015 to 33% in 2020, however, levels remain high and peak at 40% in the 24-35-month age group. Stunting in childhood increases the risk of poor education outcomes and reduced earning capacity in adulthood (Grantham-McGregor et al, 2007). Stunting in Rwanda is driven by poor nutrition during pregnancy and in early childhood. Only 22% of infants aged 6-23 months receive a minimum acceptable diet, access to animal source proteins is very low, and 37% of children under five years are anaemic (DHS, 2020). Only 28% of women in Rwanda consume the minimum number of food groups, 25% of pregnant women are anaemic and around 5% of adolescent girls aged 15-19 years have begun childbearing (DHS, 2020) – all key risk factors for undernutrition during pregnancy.

Relationship between food insecurity, poverty, gender and undernutrition

Food insecurity, poverty and gender inequality are key underlying drivers of child stunting in Rwanda. Forty-nine percent of children in the lowest wealth quintile are stunted compared to 11% in the highest wealth quintile (DHS, 2020) and child stunting is concentrated in the poorest and most food insecure provinces of the country (WFP, 2021). Child stunting is also highest among children of mothers with no education or only primary schooling (45.1% and 35.6% respectively) compared to children of mothers who have secondary or higher education (23.4% and 5.6% respectively) (DHS, 2020). Reducing child stunting in Rwanda requires multi-sectoral responses that simultaneously address poor diets, food insecurity, poverty and gender inequality in vulnerable populations.

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2 A child in Rwanda is considered to be living in multidimensional poverty if they are simultaneously deprived in three or more dimensions in nutrition, health, water, sanitation, child development, child protection, housing and education.
3 https://hdr.undp.org/data-center/specific-country-data#/countries/RWA
2 Policy, governance, and financing

Social protection


The Office of the Prime Minister oversees the social protection sector, the Ministry of Local Government (MINALOC) is the overall policy and implementation lead, and local responsibility for social protection is devolved to the Local Administrative Entities Development Agency (LODA). MINALOC coordinates multiple stakeholders through the Social Protection Working Group (SPSWG).

Nutrition

Eradicating all forms of malnutrition is one of five priority areas under the social transformation pillar of the first National Strategy for Transformation (2017-2024). The National Food and Nutrition Strategic Plan and Policy (2013-2018) is currently being updated. The updated version describes multi-sectoral actions to address malnutrition, including social protection and food systems transformation actions.

The National Child Development Agency (NCDA) under the Ministry of Gender and Family Promotion has overall responsibility for coordinating nutrition interventions and is convener of the Scaling Up Nutrition (SUN) movement. Multiple nutrition coordination platforms exist in Rwanda, for which stronger overall coordination is needed. District Plans to Eliminate Malnutrition (DPEMs) committees coordinate district implementation of nutrition, early childhood development, food security, WASH and social protection interventions, with planned devolution to sector, cell and village levels.
3 Systems

Social protection system

The social protection system in Rwanda is organised under four pillars (Box 1 and Figure 1). The different cash assistance schemes provided by the Vision Umurenge Programme (VUP) – Rwanda’s flagship social assistance programme - are described in Table 1.

Box 1: Pillars of the social protection system in Rwanda

**Pillar one: Social security**

Social security schemes include non-contributory Direct Income Support (DIS) targeted to vulnerable individuals and households; mandatory social insurance for people in formal employment; voluntary social insurance and saving schemes; and targeted health insurance subsidies for vulnerable groups. DIS is primarily delivered through the Vision Umurenge Programme (VUP), launched in 2008, as well as non-contributory old age pension and disability pension schemes.

**Pillar 2: Short-term social assistance**

Temporary or one-off cash or in-kind assistance is provided to households experiencing short-term or temporary risks or deprivations. This can include cash support, shelter construction and rehabilitation, support for critical health care costs, and essential items and food assistance/emergency relief for households affected by disasters.

**Pillar 3: Social care services**

Social care services include rehabilitation and reintegration for people with disabilities and vulnerable children and youth; services to prevent and respond to violence, abuse, and exploitation; outreach services and referrals for vulnerable groups; services to ensure children remain in families; and public communication and advocacy on the rights of vulnerable groups.

**Pillar 4: Livelihood and employment support**

Guided by the Government of Rwanda Guidelines for Sustainable Livelihoods Enhancement, support is targeted to lowest income households and vulnerable groups and includes case worker services, distribution of productive assets, skills training and employment support, financial literacy training, and community-based livelihood support schemes.

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4 Direct support is targeted to all people with severe disabilities and in households in ubudehe categories 1 and 2 (the two lower categories in the Rwanda home grown socio-economic classification system).
Figure 1: Operational scope of the social protection sector in Rwanda (source: SP-SSP 2018)

**SOCIAL SECURITY**
- Department Support
- Voluntary savings schemes regulated by government
- Mandatory Social Insurance
- Health insurance subsidies for vulnerable groups

**LIVELIHOOD & EMPLOYMENT SUPPORT**
- Employment/skill support
- Sensitisation & Financial literacy
- Needs assessment and referrals
- Targeted asset transfers
- Proximity Advisers

**SHORT-TERM SOCIAL ASSISTANCE**
- Disaster relief
- Shelter construction / rehabilitation
- Support for emergency health costs
- Cash and in-kind short-term assistance provided by local governments

**MORE RESILIENT AND PRODUCTIVE INDIVIDUALS, FAMILIES AND COMMUNITIES**
- Protection of women, children, PwDs and older people
- Needs assessment and referrals
- Psycho-social support
- Institutional care and placement of children and youth
- Advocacy and rights promotion
Table 1: Direct Income support schemes under the Vision Umurenge Programme (VUP)

<table>
<thead>
<tr>
<th>Component</th>
<th>Target group</th>
<th>Cash transfer value</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct support</strong></td>
<td>Extremely poor, labour constrained households</td>
<td>Variable depending on household size: 7500 frw per month for households with one member up to 21,000 frw per month for households with five or more members</td>
<td>None</td>
</tr>
<tr>
<td>Classic public works</td>
<td>Extremely poor households with labour capacity</td>
<td>Average national wage rate per day 1,200 frw</td>
<td>Five hours per day of temporary, short-term public work</td>
</tr>
<tr>
<td>Expanded public works (ePW)</td>
<td>Extremely poor households that are moderately labour-constrained, prioritizing single worker families with young children at risk of malnutrition</td>
<td>10,000-15,000 frw per month</td>
<td>Two hours per day of public work with flexible working days and hours. Included within public works hours is participation in VUP social behaviour change communication (SBCC) sessions on early childhood and development (ECD), parenting and nutrition.</td>
</tr>
<tr>
<td>Nutrition-sensitive direct support</td>
<td>Extremely poor pregnant women and caregivers of children up to five years (prioritizing pregnancy and children up to two years)</td>
<td>7,500 frw per month</td>
<td>Uptake of antenatal and post-natal health services and VUP SBCC sessions</td>
</tr>
</tbody>
</table>

**Health and nutrition system**

Primary healthcare coverage and utilization have improved over the last two decades in Rwanda, enabled by the rollout of the Government’s Community Health Programme, universal healthcare insurance system and introduction of community performance-based financing (PBF) through which Community Health Workers (CHWs) are paid performance-based incentives. CHWs provide screening and referral for child wasting, growth monitoring, and nutrition social behaviour change communication (SBCC). Treatment for severe wasting is delivered through fixed health facilities. Treatment for moderate wasting is not uniformly implemented and requires strengthening.

**Food and agriculture system**

Seventy percent of the Rwanda population are engaged in agriculture-base livelihoods and the agriculture sector contributes 30% of Gross Domestic Product (GDP) and 50% of exports. Foods commonly grown for consumption are plantains, cassava, potatoes, sweet potatoes, maize, and beans, while tea and coffee are the major exports. The Government of Rwanda has made
considerable efforts in recent years to address food insecurity through delivery of agriculture support services, including development agricultural value chains, job opportunities, and increased trade of farm produce. However, most households remain heavily reliant on markets for acquiring food for consumption. Food systems transformation is urgently needed in Rwanda to improve the availability, access, affordability, and utilization of nutritious foods among vulnerable populations.

4 Design of integrated social protection and nutrition programming

Efforts to increase the nutrition impact of the social protection system

In response to persistently high levels of poverty and child stunting and low performance of the VUP, the 2018 Social Protection Strategy outlined seven priorities to strengthen the nutrition impact of social assistance in Rwanda, summarised in Box 2.

Box 2: Nutrition actions highlighted in the 2020 Social Protection Policy

Priority 1: Expansion of VUP public works

Nationwide rollout of the VUP Expanded Public Works programme (ePW) to provide flexible employment to poor, moderately labour-constrained households with children at risk of undernutrition (see Table 1).

Priority 2: Cash top up for nutritionally vulnerable pregnant women and children under two

National roll out of nutrition-sensitive direct support to provide monthly cash transfers to extremely poor pregnant women and children under five years with priority coverage from pregnancy to 24 months (Table 1). This is in addition to either direct support or participation in ePW. Participants comply with nutrition relevant conditionalities including antenatal and postnatal check-ups, vaccinations, birth registration and SBCC on ECD, parenting and nutrition.
**Priority 3: Strengthened support for households affected by disasters and shocks**

Targeting of Public Works to geographic areas at risk of seasonal and climate-related shocks; increased use of VUP public works to develop community assets to strengthen community resilience to environmental risks; improved coordination of emergency assistance to households in crisis; and strengthened national disaster response protocols.

**Priority 4: Strengthened provision of Social Care Services**

Rollout of integrated case management for delivery of community-based social care services. Volunteer para-social workers are recruited and trained to identify extremely poor households, link them to multiple services based on their needs (health, nutrition, agricultural extension and livelihoods support), provide coaching, and monitor household welfare.

**Priority 5: Targeting livelihoods support to vulnerable households**

Rollout of a minimum package for graduation which involves targeting VUP households with productive asset transfers (such as livestock, farm inputs, or inputs for off-farm microenterprise activities), skills development activities (through group training and links to Civil Society Organisations and private sector training), support to develop kitchen gardens (plots and training) and access to community-based savings and credit schemes.

**Priority 6: Strengthening self-reliance, respect for rights and community support for the vulnerable**

Rollout of SBCC on ECD, health, hygiene, nutrition, work, gender and parenting, through community sensitization and public communications campaigns, supported by partnerships with Civil Society Organizations.

**Priority 7: Strengthened institutional capacity for evidence-based policy development and delivery in the social protection sector**

Increased coordination, planning and oversight, budgeting and monitoring and evaluation.

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**Modelling Nutrition-responsive Social Protection Interventions (MNSSPI) project (2019-2021)**

To test the implementation of the seven priorities outlined in Box 2, World Relief Rwanda (WRR) partnered with UNICEF and LODA with funding from the Embassy of the Kingdom of the Netherlands (EKN) to pilot the Modelling Nutrition-Sensitive Social Protection Interventions (MNSSPI) project. MNSSPI was implemented between March 2019 and September 2021 in 12 cells in four districts – one in each of Rwanda’s four provinces. The project recruited 720 VUP ePW Ubudehe category one households with children under five years using LODA registers and targeted them with the following services:

1. **Integrated case management and referral (ICMR):** Using the LODA case management model (Box 2 priority 4) participants were assigned a volunteer Para Social Worker (PSW) who provided overall case management. Participants were linked with community staff for the provision of

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5 In some cells ePW Ubudehe category two households were recruited, and classic public works households with children under five, where there were less ePW Ubudehe households. Ubudehe categories are based on socioeconomic status and range from 1 (poorest) to 5 (wealthiest).
services based on their needs, including CHWs, agricultural and livestock promoters, Friends of Family volunteers (to support families with conflict issues) and village coordinators.

2. **Nutrition-sensitive services**: Agricultural and livestock promoters provided participants with Farmer Field School training, kitchen garden toolkit promotion (promoting four types of kitchen gardens depending on local conditions), and small livestock provision and support.

3. **Nutrition-specific services**: CHWs provided caregivers and children in participating households with the standard package of nutrition support including micronutrient supplementation, vitamin A supplementation and deworming, monthly growth monitoring and promotion and referral of wasted children, nutrition and hygiene SBCC messaging, promotion of antenatal clinic (ANC) services, and cooking demonstrations using foods from kitchen gardens. Services were provided during home visits, and at other group opportunities such as weekly Village Savings and Loans Association (VSLA) meetings.

4. **Increased financial access**: Participants were encouraged to join VSLAs to cover unforeseen expenses and facilitate access to credit for sustainable investments in agriculture or non-farm entrepreneurship. Village agents provided education to VSLA members on financial literacy and smart spending (use of income to purchase nutrient rich foods, sustain kitchen gardens and purchase health insurance to improve access to health and nutrition services). Participation in VSLAs was open to Ubudehe category one households, and in some cells mixed Ubudehe category households and youth (in and out of school).

5. **Community awareness of social protection and community sensitization (SP&CS)**: PSWs raised awareness among households and communities of available social protection, nutrition, health, WASH and ECD services and provided SBCC messages, guided by the draft VUP SP&CS manual.

6. **Capacity building of community and government structures for sustainability**: World Relief staff provided coaching, mentoring and capacity building of cell, village, and sector leaders to equip them to implement and sustain the MNSSPI model.

**Results**

Results of monitoring reveal that, over the course of the pilot, 173 government social protection case workers, para social workers, village coordinators and socio-economic development officers were trained in the provision of integrated ICMR, and 720 households were reached with ICMR services (above the 400 target). 7,501 community members (well above the 3,000 target) were trained in VSLA methodology, financial literacy, business development and smart spending and 289 VSLA groups were created. 1,238 adolescents (well above the 400 target) aged 15-19 years participated in parent-child savings groups. An estimated 2,200 new small businesses were set up by VSLA members. 714 (above the target of 152) para-social workers, farmer promoters, other proximity advisors and government staff were trained in use of the VUP SP&CS manual and 4,500 households (above the 3,000 target) were reached with home or community-based SBCC sessions.

Results from the qualitative research showed a reduction in the number and severity of conflicts between families in intervention areas during the pilot period and improved confidence and self-efficacy among VSLA participants, particularly among those who had engaged in multiple aspects of the MNSSPI. There was also evidence that VSLA participants had put ‘smart spending’ messages into practice by prioritizing the purchasing and growing of nutritious foods for children and the locally developed approach for fruit and vegetable drying was successful in reducing post-harvest losses, increasing household diet diversity and increasing household incomes. Overall, 99% of participants interviewed reported that they had used SBCC messages to improve access to multi-sectoral services (social protection, nutrition, health, WASH and ECD). Impact of the pilot on diet quality and nutrition outcomes is not known as these were not measured.
Scale up

Support for the MNSSPI ended in 2021 and the project was handed over to local authorities. The IMCR model is being rolled out nationally by LODA using PSWs – this is happening slowly as the capacity of the new cadre of PSWs gains momentum. The VSLA and smart spending approaches are being rolled out by LODA in 14 districts, with intention to scale up nationally as funding is mobilized. Some nutrition-sensitive services are also being scaled up, specifically kitchen gardens promotion for all nutrition-sensitive direct support participants.

Alongside this, UNICEF is supporting the implementation of the full MNSSPI package of services plus seed funding for participating households, shock responsive mechanisms to trigger vertical and horizontal expansion of social assistance in response to crises, and creation of deeper linkages between the social protection community workforce and Local Economic Development Committees at cell level. This model is being tested in five districts, and the impact on diet quality and nutrition outcomes is being monitored to provide evidence for scale up.

5 Implementation, workforce, and delivery mechanisms to support nutrition-sensitive social protection

The pre-existence of strong community-level staff cadres in Rwanda was a key enabling factor for the MNSSPI. CHWs are a long-standing incentivized volunteer workforce in Rwanda whose presence enabled rollout of nutrition-specific and other components of the programme. The current process of institutionalizing the CHW workforce will ensure continued rollout of high-quality nutrition-sensitive and complementary services. The presence of PSWs, an incentivized social protection volunteer cadre in Rwanda since 2021, enabled implementation of the ICMR component. A capacity assessment of PSWs is currently taking place to inform capacity building to support national scale up of ICMR.

Strong coordination between the different community workforces at cell level was another enabling factor. Monthly cell coordination meetings were chaired by the social and economic development officer and attended by all community level workforces and village coordinators. During this meeting individual cases were discussed and challenges addressed. A quarterly coordination meeting was also held at sector level chaired by the social affairs officer with attendance from each cell.

ICMR and VSLA manuals, monitoring and evaluation tools and training packages were developed to support implementation, and tested and revised during the pilot process. These were handed over to government on completion of the pilot to support scale up. Government counterparts were involved in every stage of the programme and government staff trained to deliver each aspect of the programme.

Implementation challenges included high turnover of Government staff, lack of supervision of PSWs and difficulties integrating the ICMR approach into local government systems in some districts. PSWs and other community workforces including farmer promoters had a low level of education and few owned a smart phone, which challenged the use of digital reporting tools. There was also a lack of timely support from veterinary officers to communities benefiting from small livestock. Implementation of the financial access component was challenged by the weakness of existing VSLA structures which require capacity building.

The COVID-19 pandemic disrupted project activities, social networks and monitoring and evaluation activities during 2020. Despite this major challenge, all targets were exceeded which demonstrates the resilience of the MNSSPI model in the face of shocks.
6 Monitoring, evaluation, and learning of nutrition-sensitive social protection

A total of 245 local leaders and PSWs were trained on data collection to support programme monitoring. Data collected by PSWs were collated and reported to the social and economic development officer at cell level who fed data into the LODA monitoring and evaluation system (MEIS). Baseline, midline and endline evaluations were carried out and all components of the programme were costed.

Diet quality and nutrition outcome indicators were not monitored, which was a missed opportunity. There was also no evaluation of the cash component, nor tracking of which participants received which services to understand the alignment of different programme components. The current pilot is using a more comprehensive monitoring framework, including diet and nutrition indicators, to inform future scale up.

7 Lessons learned

Provision of a comprehensive package of multi-sectoral services to poor and vulnerable households, including cash transfers, SBCC, livelihoods support, financial access support and health and nutrition services, has the potential to support sustained improvements in child nutrition and wellbeing.

Successful delivery of a comprehensive package of services to poor and vulnerable households requires a deliberate system of integrated case management to link participants to multiple cell-level workforces. This also requires cell-level workforce capacity for multiple sectors, and regular coordination and communication between the workforces at cell and district levels.

Household and community sensitization delivered through by social assistance volunteers can help to disseminate multi-sectoral SBCC messages to support improved child care and feeding practices and uptake of multiple services.

Sustainability of multi-sectoral nutrition approaches depends on ongoing systems strengthening and capacity development of community workforces and local authorities to support continued implementation and monitoring.

Implementation of transformative approaches such as village savings, youth savings, smart spending and support to build sustainable livelihoods can help households and communities graduate out of poverty and ensure sustained improvements in household and child wellbeing.

Food systems transformation efforts such as introduction of small livestock and vegetable drying to reduce post-harvest losses, can increase the availability of diverse foods. When delivered alongside SBCC this can support improved quality of diets for young children.

Successful delivery of a joint nutrition and social protection programme depended on close collaboration between the national UNICEF social protection and nutrition sections. Close communication and coordination was required at the planning, implementation and monitoring stages to ensure successful delivery of an integrated programme.
8 Future opportunities

- Pilot MNSSPI + in five districts to monitor and evaluate the impact of an enhanced package of multiple services on levels of poverty, child diets and child nutrition outcomes to inform further investments and scale up.

- Develop a cadre of lead PSWs who can take on the responsibility of coordination and monitoring of PSWs to overcome capacity constraints among government social workers and high turnover of government staff.

- Build the capacity of social networks such as farmer groups and farmer field schools to support the ongoing delivery of nutrition SBCC, nutritional screening using MUAC and length mats, and to create awareness of multiple available services for households.

- Integration of the ‘smart spending’ approach and financial literacy training into VSLA groups countrywide to support the translation of financial gains into improved wellbeing and nutrition for young children.

- Advocate for increased financial contributions from government and development partners to support the full scale up of MNSSPI.

- Build the capacity of PSWs nationwide to support national rollout of ICMR to support uptake of multiple services by the poorest and most nutritionally vulnerable households in the country.

References


National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF. 2020. Rwanda Demographic and Health Survey 2019-20 Key Indicators Report. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.


World Food Programme (WFP) (2021) Rwanda Comprehensive Food Security and Vulnerability Analysis (Data collected in April 2021).