

Nutrition Budget Brief

Investing in children's wellbeing in Rwanda 2020/21

Nutrition Budget Brief: Investing in children's wellbeing in Rwanda 2020/2021 © United Nations Children's Fund (UNICEF) Rwanda

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Preface

This nutrition budget brief explores the extent to which the Government of Rwanda addresses the nutrition needs of children under 5 years of age and mothers in Rwanda. The brief analyses the size and composition of budget allocations to the interventions aimed at eliminating all forms of malnutrition amongst children in all districts for the 2020/21 financial year. The aim of this budget brief is to synthesize complex budget information and offer recommendations to strengthen budgeting for nutrition. Financial data used in this analysis are drawn from the 2020/21 Finance Law and revised budget estimates for the previous years.

Key messages

- interventions have recorded a six-fold increase between 2017/18 and 2020/21, i.e. from FRW 8.4 billion in 2017/18 to around FRW 50 billion. Higher budget allocations reflect a stronger commitment from the Government of Rwanda to eradicate malnutrition among children. However, investments in nutrition are still needed to achieve the ambitious targets of reducing the stunting rate of children under the age of 5 from 39 percent in 2014/15 to 19 percent or less in 2024.
- Both domestic and external finances for nutrition have been increasing. The external revenue for nutrition increased from about FRW 900 million in 2017/18 to FRW 36.8 billion in 2020/21, while domestic resources increased from FRW 7.5 billion in 2017/18 to FRW 13.3 billion in 2020/21 reflecting an increase of 76.6 percent of the domestic budget. To ensure financing sustainability, there is a need to continue strengthening domestic resource mobilization for nutrition, both in the short and medium term as well as ensuring adequacy of nutrition interventions in an integrated and holistic manner.
- improving over the past three years. The available budget execution data for nutrition shows that in 2019/20 the execution rate stood at 95.7 percent, up from 68.8 percent in 2018/19 and 55.9 percent in 2017/18. A high execution rate is an indication of stronger efficiency in the use of public finances to fight malnutrition. However, there is limited information on nutrition budgeting at local government level (districts), and therefore a need to establish a comprehensive mechanism for nutrition budget tracking and reports to monitor public budget efficiency in addressing nutrition challenges.



1. Introduction

The eradication of all forms of malnutrition (wasting, stunting, underweight, micronutrient deficiencies, obesity) features among the top priority areas in Rwanda's strategic plans, mainly the National Strategy for Transformation (NST1) 2017-24. As the eradication of malnutrition cuts across different sectors such as Health, Education, WASH, Social Protection and Agriculture, the NST1 outlines three main policy actions which are being implemented by the government to achieve its nutrition targets; (i) strengthening multi-sectoral coordination from central government to district level, (ii) ensuring and sustaining food security, and (iii) promoting at the village level the 1,000 days of good nutrition and antenatal care as well as stronger early childhood development services.

Forthepastfouryears, nutrition-related interventions have been centrally coordinated by the National Early Childhood Development Programme (NECDP), which was recently replaced by the National Children Development Agency (NCD) under the ongoing public sector reform.

1.1 Strategic Documents Guiding Nutrition Promotion Interventions

There are several strategic documents that guide the budgeting process for nutrition in Rwanda. **Table 1** illustrates the summary of the selected strategy and key interventions.



Table 1: Nutrition related strategic documents and key interventions

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Strategic Documents	Key interventions/Targets					
Rwanda Nutrition Policy 2020	 Eliminate child stunting in all under-five children with a focus on those below two years of age Reduce anaemia and other micronutrient-related deficiencies with a focus on children, adolescent girls and women of reproductive age Improve the coverage and quality of the management of acute malnutrition. Reduce overweight and obesity 					
National Strategy for Transformation (2017-2024)	 Improve nutrition for children under five (5) years of age by targeting to reduce the stunting rate from 39 percent in 2014/15 to 19 percent in 2024 Ensuring food security, decentralization of good nutrition and antenatal care services, strengthening multi-sectoral coordination 					
Health Sector Strategic Plan IV 2018-24	 Use community/village based ECD services as an entry point for education and provision of health services Improve one-on-one nutrition counselling for the target groups (pregnant women, adolescents and under five children) 					
Sustainable Development Goals	 Use community/village based ECD services as an entry point for education and provision of health services Improve one-on-one nutrition counselling for the target groups (pregnant women, adolescents and under five children) 					

1.2. Recent Country Performance around Nutrition

The nutrition status among children under five years of age continues to be a public health concern but shows a decreasing trend. The 2018 Comprehensive Food Security and Vulnerability Analysisⁱ (CFSVA) shows that the stunting rate reduced to 35 percent down from 38 percent in 2014/15ⁱⁱ (Figure 1). However, the target to reach 19 percent by 2024 remains highly ambitious. Therefore, there is a need to intensify the delivery of nutrition services by focusing on quick wins and high impact measures to fight malnutrition among Rwandan households.

The district level analysis shows that, between 2015 and 2018, half of Rwanda's districts (15) reduced their stunting rate, and three districts maintained the same level of stunting among children under five years. However, stunting rates further declined in ten districts. The 2018 CFSVA outlines the factors contributing malnutrition in Rwanda, which include (i) limited food access, (ii) unbalanced food consumption, and (iii) limited household resilience to weatherrelated hazards. These issues need to be systematically addressed together with monetary poverty measures to eliminate stunting among children under five years in Rwanda. There is a need for further analysis to understand the drive behind uneven performance in stunting reduction for evidence-based policy actions.

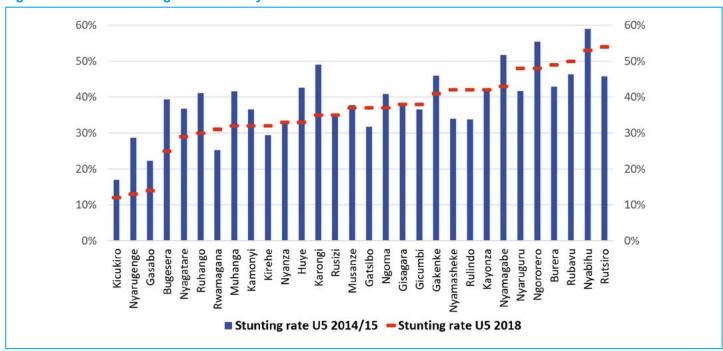
Figure 1: Stunting reduction trends among children under 5 years



Source: NSIR - Demographic and Health survey 2014/15 and CFSVA 2018



Figure 2: Under 5 Stunting rate trends by districts



Source: CFSVA 2018 and DHS 2014/15, NISR

1.3. Recent Trends on Food Price

COVID-19 has threatened the supply chain of food and other commodities, and the weather has not been good for the agriculture sector in early 2020. The increase of food prices has remained above 10 percent in 2020, when compared to 2019 price levels. Despite the declining year on year (2019-2020) trend, Figure 3 shows that price changes hover around 26.6 percent (in February) and 13.5 percent in May 2020. Higher food prices affect severely low-income households whose majority share of income is theoretically spent on accessing food. This will have a significant implication on households' ability to access food and nutrition intake. The government will need to devise antiinflationary measures and a growth-inducing strategy to safeguard the purchasing power of lowest income households.

30.0 26.6 24.1 25.0 18.7 17.3 20.0 15.5 15.0 10.0 5.0 0.0 -5.0 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Index change of food and non-alcoholic drink (Y/Y) (%) Monthly Change of food and non-alcoholic drinkk (M/M) Overall price index changes (Y/Y) (%)

Figure 3: Food and non-alcoholic drink price changes

Source: Data generated using National Institute of Statistics - Price index data



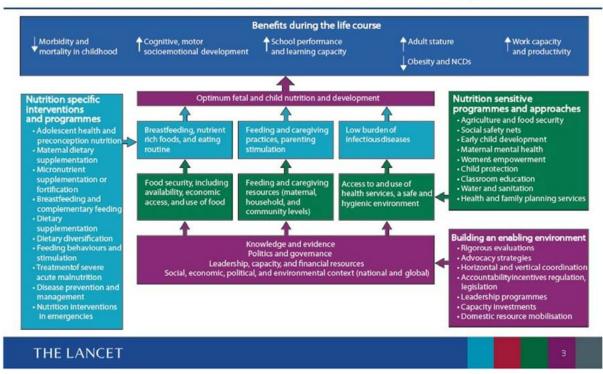
1.4. Scope of the Budget Brief for Nutrition

This analysis of nutrition budget allocations takes into consideration the different programs directly related to nutrition, as indicated in the budget of the Ministry of Health (MINISANTE), Rwanda Biomedical Centre (RBC), Ministry of Agriculture (MINAGRI), Rwanda Agriculture Board (RAB), Ministry of Local Government (MINALOC), Ministry of Gender and Family Promotion (MIGEPROF)

and national Early Childhood Development Programme (NECDP). The analysis covers selected programs or budgets lines which are either characterised as nutrition-specific or nutrition-sensitive interventions. The budget analysis is, to a great extent, adapted to the Lancet¹ framework on Child and Nutrition Development for selecting the nutrition interventions.

Figure 4: Nutrition interventions definition according to the Lancet Framework

Framework for Actions to Achieve Optimum Fetal and Child Nutrition and Development



Source: Lancet 2013

The "nutrition-specific" budget line items would be those that reflect a nutrition department or a nutrition program or a nutrition intervention. The interventions under this stream address the immediate determinants of foetal and child nutrition and development, such as those ensuring adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases.

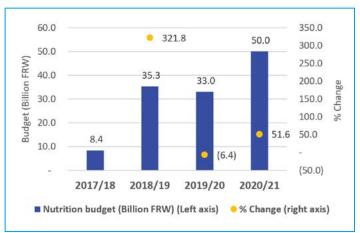
To be "nutrition-sensitive", a budget line item would need to include a program that addresses the underlying causes of malnutrition, one especially beneficial to the most vulnerable populations including children and women. The interventions under this category address the underlying determinants of malnutrition such as agriculture, food systems, education, social protection, and mode of delivery of nutrition specific interventions as supply chains of micronutrients.

¹ https://www.thelancet.com/pb/assets/raw/Lancet/stories/series/nutrition-eng.pdf

2. Trends in Government Spending for Nutrition Thematic Area

Allocations to nutrition interventions have recorded a tremendous increase for the past three years. Between 2017/18 and 2020/21, the government's budget allocations to different nutrition-related interventions (both specific and sensitive) have increased by about six-fold, from FRW 8.4 billion (US\$ 8.6 million) in 2017/18 to FRW 50 billion (US\$ 51.8 million) in 2020/21 (Figure 5). The recent increase in budget allocations demonstrates a strong commitment by the Government of Rwanda to invest in actions to eliminate malnutrition.

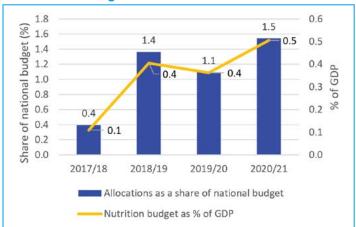
Figure 5: Nutrition budget allocation trends



Source: Calculated using State finance laws

The budget allocated to nutrition has also increased as a share of the total national budget and of GDP. In 2020/21, the Government of Rwanda has allocated 0.5 percent of GDP to nutrition interventions up from 0.4 percent in 2019/20. As a share (%) of the national budget, the budget for nutrition increased from 1.1 percent in 2019/20 to 1.5 percent in 2020/21 (Figure 6). While the government's investments in nutrition-related interventions are highly commendable, there is a need for more sustained financial and non-financial investments to achieve the medium-term targets.

Figure 6: Nutrition budget trends as % of GDP and of the National budget



Source: Calculated using State finance law



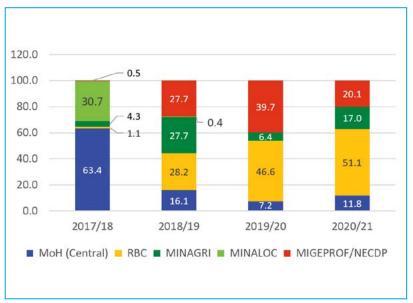
3. Composition of Nutrition Budget

The data show that the majority of the nutrition budget is allocated under the health sector, which accounts for more than 60 percent of the total nutrition budget. In 2020/21, the Rwanda Biomedical Centre (RBC) was allocated 51.1 percent of the nutrition budget, while the Ministry of Health (MoH) was allocated 11.8 percent. The nutrition budget under the Ministry of Gender and Family Promotion (MIGEPROF) through the National Early Childhood Coordination programme (NECDP), accounts for 20.1 percent and the Ministry of Agriculture with 17.0 percent (Figure 7).

The finance law provides limited information on the budget allocated or executed by the district entities. According to comparable data available, FRW 3.6 billion or 11.1 percent of the nutrition budget was executed at district level in 2019/20. There is a need to strengthen the nutrition budget line tagging in decentralized entities to be able track public budgets for nutrition and link the district budgets with the Districts' Plans for Elimination of Malnutrition (DPEMs).

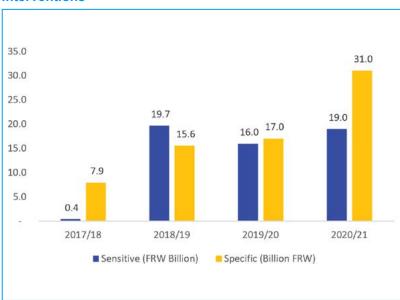
Both specific and sensitive nutrition allocations budget have recently increased indicating that the government is focussing on fighting malnutrition in different dimensions and in an integrated manner. In 2020/21, the Government of Rwanda has allocated FRW 31.0 billion for specific interventions, up from FRW 7.9 billion in 2017/18. The budget for nutritionsensitive interventions increased from FRW 0.4 billion in 2017/19 to FRW 19 billion in 2020/21 (Figure 8). The increase for nutrition-specific interventions is due to a budget increase under a stunting reduction project being implemented by Rwanda Biomedical Centre (RBC) with funding from the World Bank. There is a need for regular budget monitoring around types of budget allocation, focusing on high impact nutrition interventions to achieve Rwanda's mediumterm target of eliminating stunting among children under 5 years. Annex 2 shows the list of programs selected by type of allocations.

Figure 7: Allocation (%) by spending agency at central level



Source: Calculated using state finance law

Figure 8: Budget allocations to nutrition-sensitive and-specific interventions



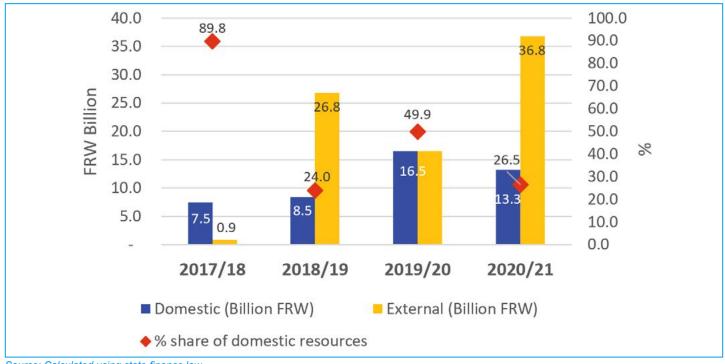
Source: Calculated using state finance laws

4. Sources of Financing of the Nutrition Budget

For the past three years, the Government of Rwanda has been able to mobilize significant resources from external sources to support **nutrition** interventions. The external finances for nutrition increased from around FRW 900 million in 2017/18 to FRW 36.8 billion in 2020/21, reflecting a 400 percent increase for the past four years. Domestic resources have nominally increased from FRW 7.5 billion in 2017/18 to FRW 13.3 billion in

2020/21, reflecting an increase of 76.6 percent (Figure 9). Given inequity issues and concerns of financing sustainability amid the COVID-19 crisis, there is a need to continue strengthening domestic resource mobilizations to support stunting reduction in a holistic and integrated manner. The main donors under nutrition are the World Bank (WB), USAID, JICA, European Union and UN Agencies.

Figure 9: Financing sources of the nutrition budget



Source: Calculated using state finance law

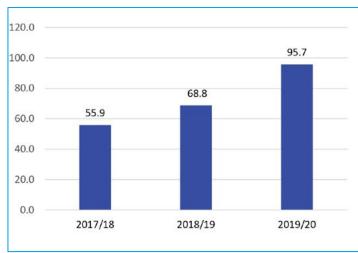




5. Execution of the Nutrition Budget

The budget execution rate has been improving over the past three years. By analysing the available budget execution data for nutrition in 2019/20, the execution rate stood at 95.7 percent, up from 68.8 percent in 2018/19 and 55.9 percent in 2017/18 (Figure 10). Allocation under the Ministry of Health and MINALOC showed a low level of budget of execution in subsequent years. However, good performance in budget execution can be explained by stronger coordination implemented under the leadership of NECDP. Both at subnational level (districts) and within central government agencies, there is still a limited level of disaggregation in nutrition budget execution and reporting. Therefore, there is a need to establish a comprehensive mechanism for tracking and reporting nutrition spending among public institutions in order to monitor efficiency in public finance use.

Figure 10: National budget execution rate (%)



Source: MINECOFIN budget execution reports

6. Recent Policy Issues around Nutrition

Since August 2020, the National Early Childhood Development Programme (NECDP) has undergone a transition following a merger with the National Children's Council (NCC) to form a new public agency of National Child Development Agency (NCD). The NCD is mandated by the Government of Rwanda to (i) eradicate malnutrition and stunting reduction,

among young children, (ii) coordinate early childhood development (ECD) programs, and (iii) protect the child and eliminate all forms of violence among others. There is a need to ensure rapid integration of the former entities to avoid implementation delays in pipeline initiatives relating to the eradication of malnutrition.

Annexes

Annex 1: Nutrition budget distribution by key central government spending agencies (FRW billion)

Agencies	2017/18	2018/19	2019/20	2020/21
MoH (Central)	63.4	16.1	7.2	11.8
RBC	1.1	28.2	46.6	51.1
MINAGRI	4.3	27.7	6.4	17.0
MINALOC	30.7	0.4		
MIGEPROF/NECDP	0.5	27.7	39.7	20.1

Annex 2: Sensitive vs Specific nutrition budget (FRW Billion)

	2017	7/18 201		/19	2019/20		2020/21	
Sub-programme	Sensitive	Specific	Sensitive	Specific	Sensitive	Specific	Sensitive	Specific
Maternal and Child Health Improvement	0.4		0.1		0.9		3.4	
Nutrition Support Services		4.9		5.4		0.8		2.0
Hygiene and Environmental health	0.0		0.1		0.7		0.4	
Stunting prevention project		0.1		9.9		10.8		20.2
Reproductive, Maternal and Child development						4.6		5.4
Nutrition Sensitive Agriculture and Resilience Mechanism	0.4		9.8		2.1		8.5	
Nutrition Support Services		2.6		0.1	-	-		
Early Childhood Development Coordination		0.0				13.1		10.1
Total	0.8	7.6	10.0	25.2	3.7	29.3	12.3	37.7

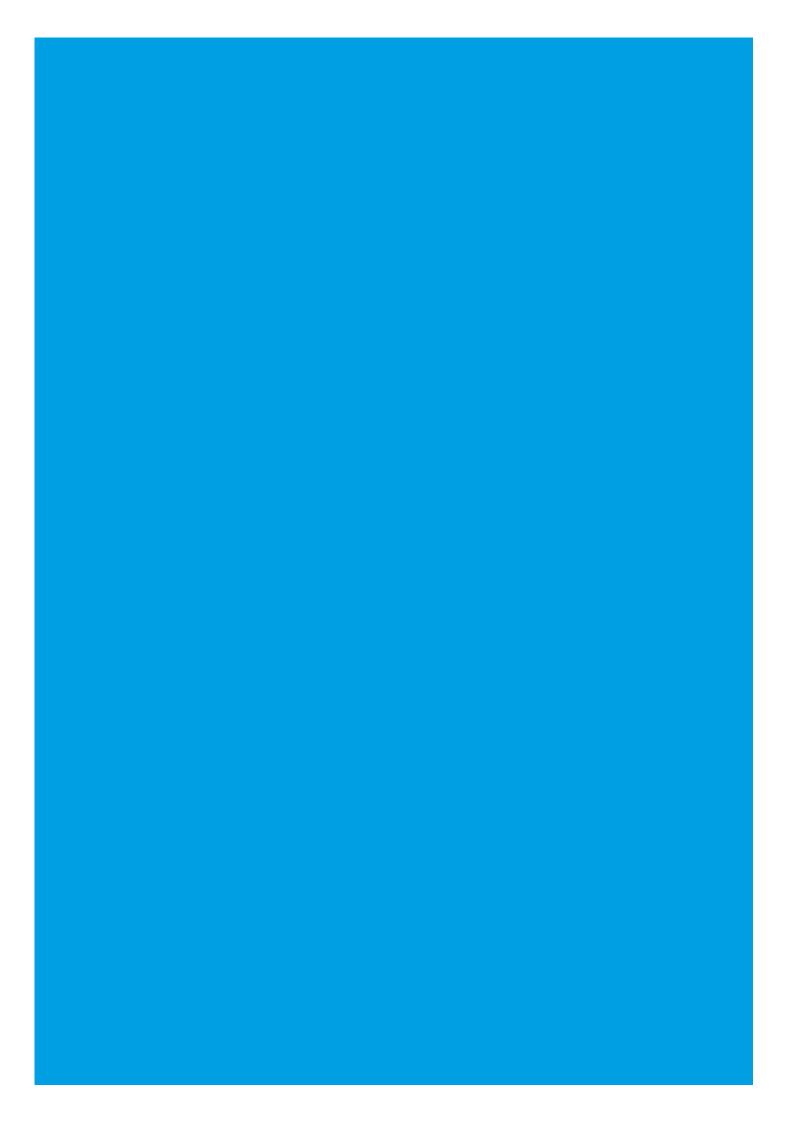
Annex 3: Budget execution (billion FRW)

	201	7/18	2018/19		2019/20	
Allocations by programmes	Allocated	Executed	Allocated	Executed	Allocated	Executed
Maternal and Child Health development	0.39	0.12	0.12	0.01	0.90	0.88
Nutrition	4.90	4.16	5.40	0.42	0.76	0.21
Hygiene and Environmental health	0.05	0.00	0.14	0.04	0.72	1.17
Nutrition Sensitive Agriculture and resilience mechanism	0.36	0.35	0.70	0.27	1.63	0.55
Early Childhood Development Coordination	0.04	0.04	9.77	10.40	13.11	13.59

Endnotes

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https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000103863.pdf
National Institute of Statistics of Rwanda, et al., 'Rwanda Demographic and Health Survey (DHS), 2014–2015', Kigali, Rwanda, March 2016.



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