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Title:

Evaluating double-duty actions in Rwanda's secondary cities

Abstract:

Background and aims. The double burden of malnutrition is a growing problem in Rwanda linked to ongoing urbanization. Despite improvements in undernutrition, stunting remains a persistent problem while the prevalence of overweight, obesity, and non-communicable diseases (NCDs) is on the rise (1)(2). Using the World Health Organization's (WHO) definition of "double-duty actions" (DDA), the aim of this study is to identify interventions in Rwanda's policies with double duty potential and that incorporate agroecological practices and to evaluate their implementation in two rapidly urbanizing districts, Rusizi and Rubavu. Findings from this evaluation are used to design context-specific DDA strategy recommendations for local government and nutrition stakeholders.

Description and recommendations. A desk review of nutrition-related policies identified 12 interventions with DDA potential, 6 of which linked directly with agroecological principles: small stock distribution, farmer field schools (FFS), kitchen gardens, community mobilization campaigns, the school feeding program, and the fruit tree program. In-person interviews with 37 key stakeholders in Rubavu and Rusizi were conducted to assess the implementation of these interventions and a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis identified and generated context-specific strategies to improve each one. Focus group discussions with local stakeholders and external experts were held to validate recommendations. Ethical clearance for this investigation was provided by the Rwandan National Ethics Committee (RNEC) and ETH Ethics Commission. The common obstacles identified to the adoption of agroecological practices for tackling the double burden of malnutrition in urban areas included: (1) a lack of land and capacity for nutritious and sustainable crop production (2) unaffordability of inputs (organic fertilizer and high-quality feed especially) (3) shared beliefs surrounding food production and nutrition and (4) limited decision-making capacity and opportunities for women. Strategies to improve the DDA

programs included: (1) investing in developing alternative feed options, especially in areas like Rubavu and Rusizi where no local feed producer is easily accessible (2) scaling up nutrition education campaigns to help target shared beliefs concerning nutrition and (3) finding synergies between existing programs to enhance collaboration and promote an agroecological approach, such as combining the small stock and fruit tree seedling distribution.

Significance Recommendations from this study can be useful for improving Rwanda's capacity to tackle malnutrition in its cities through agroecological interventions and have potential to be relevant for interventions in other urbanizing LMICs.

References

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2. Ministry of Health, Rwanda Biomedical Centre. National Strategy and Costed Action Plan for the Prevention and Control of Non-Communicable Diseases in Rwanda 2020-2025. Non-Communicable Disease Division, Rwanda Biomedical Centre, Ministry of Health, Rwanda; 2020.