

REPORT OF MATERNAL AND CHILD HEALTH WEEK

“No Stunting Ever”

June 12-16, 2023



Acknowledgement

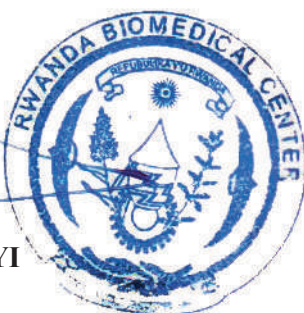
I would like to express my gratitude to all institutions and organizations that were involved in organizing and implementing the successful Maternal and Child Health week conducted in June 2023, which resulted in good coverages of delivered health interventions.

My appreciation also goes to all MOH/RBC and NCDA staff who worked tirelessly to organize and lead the implementation of MCH week along with hospitals and health centers' staff and Community Health Workers. The successful implementation would not have been feasible if the Community Health Workers had not played their key role in community mobilization and in delivery of integrated services.

My special thanks also go to all local authorities (District Mayors, Sector Executive Secretaries, Cell Executive Secretaries and Village leaders) through MINALOC for the ownership of MCH week campaign for their key role played in organization, coordination and community mobilization. Thanks to teachers through MINEDUC who contributed to mobilization and delivery of deworming tablets and Vitamin A to targeted children.

I would like also to thank Imbuto Foundation, WHO, UNICEF, USAID-Ingobyi Activity, UNFPA, ENABEL, Caritas Rwanda, CRS Gikuriro kuri bose, World Vision, World Bank-SPRP and other partners of Ministry of Health who contributed to the success of this June 2023 MCH week.

Sincerely,



Prof Claude MAMBO MUVUNYI
Director General

Rwanda Biomedical Centre

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Executive Summary

Integrated Maternal and Child Health Week was successfully implemented in all the 30 districts of the country from the 12th to 16th June 2023. The key interventions during the campaign were Vitamin-A supplementation among the children aged 6-59 months, de-worming for the children aged 12 to 59 months and children between 5-15 years and adults from 16 years and above in districts with high prevalence of intestinal worms, malnutrition status screening for the children aged 6 to 59 months, provision of micronutrient powder/ONGERA for children aged 6-23 months, vaccination of defaulters who missed the vaccination appointments and provision of family planning methods.

Besides those interventions, some other opportunities were also taken such sensitization on malaria prevention, family planning, and hygiene and sanitation promotion. Each population target was calculated based on the fifth Rwanda Population and Housing Census 2022. Thus, children aged 6-23 months, 6-59 months and 12-59 months were estimated at 508,499; 1,668,916 and 1,491,991 respectively.

Data from Districts showed the coverages as follows: 95% (1,598,762/1,668,902) for vitamin A, 96% (1,447,718/1,511,041) for de-worming in U5, while nutritional screening for the 3 anthropometric measurements (MUAC, Weight for age and Height for age) were 94% (1,589,257/1,668,902), 93% (1,570,950/1,668,902) and 80% (403,005/500,690) respectively. Malnutrition screening included all the three anthropometric measurements (Height for age to detect stunting, Weight for height to detect wasting, and Weight for age to detect underweight, and Mid-Upper Arm Circumference (MUAC)) to detect acute malnutrition.

For malnutrition prevalence, the same report showed the following results: in children aged 6-23 months, stunting is 25.2%%, under weight is 6.8% and wasting is 5.8%.

Furthermore 3,636 children were vaccinated and 20,152 clients received family planning methods during the campaign.

I. INTRODUCTION

Rwanda has made tremendous effort in improving maternal and child health in the country but the Demographic Health Survey 2019-2020 showed that Rwanda still bears a heavy burden of high neonatal mortality ratio (19 per 1000 live births), high infant mortality (33 per 1000 live births), high under five mortality (45 per 1000 live births), high maternal mortality ratio (203 per 100,000 live births) and high stunting ratio (33%). The fact remains that, children and mothers are still dying from largely preventable causes. With necessary vaccines, adequate nutrition, high uptake of family planning, basic medical and maternal care, most of these young lives would be saved. In addition, the same report has shown Rwanda is still facing a high fertility rate of 4.1, high unmet need of family planning at 13.6%, teenage pregnancies at 5.2%. Those are key factors that still contribute to the barriers that hinder the elimination of preventable maternal and neonatal deaths, despite a high rate of women delivering at health facility at 94% which can be a good opportunity to increase FP uptake by sensitizing and providing post partum family planning to mothers.

The integrated MCH week is known for taking different integrated interventions to the village near the community in need. This is a good occasion for mobilization of the community to adopt healthy behavior and practices in prevention of key health issues. It is in that regard that the Government of Rwanda through the Ministry of Health in collaboration with the National Child Development Agency, in partnership with its development partners organized an integrated MCH week campaign across the country to improve the health status of children under 5 years of age, including nutrition, increase the coverage of all population in need of family planning and other preventive and curative interventions. The MCH week took place from 12th to 16th June 2023 countrywide to allow those children to benefit those services.

II. RATIONALE, OBJECTIVES, DATES AND THEMES OF MCH WEEK

II.1 Rationale

The integrated MCH week is known for taking different integrated interventions to the village near the community in need. This constitutes a good occasion for mobilization of the community to adopt healthy behavior and practices in prevention of key health issues. Among them include: hand washing and hygiene in general; nutritional advices; use of contraception methods; prevention of intestinal worms, non-communicable diseases, etc.

It is believed effective delivery of high impact interventions as a package substantially reduce child mortality and morbidity. During MCH week, it has been noted that a high proportion of the population is mobilized, therefore, a package of health messages for behavior change reach a considerable number of people. For this MCH week, the general public will be called upon to take pro-active steps towards improving sanitation facilities at household and community level, practice hand washing at critical times, drink safe water to significantly reduce the prevalence of water and sanitation related diseases towards zero stunting rate. Therefore the theme of this campaign was **“HEHE N’IGWINGIRA: “Twite ku buzima bw’umubyeyi utwite n’umwana, imirire n’isuku, dukingize abana inkingo zose”** campaign, which translate **“NO STUNTING EVER :Take care of the health of the pregnant mother and the child, nutrition and hygiene, and fully vaccinate the children”**.

The advocacy emphasized on the interventions in the two year multisectoral plan to reduce stunting by focusing on maternal health since in Antenatal care and during breastfeeding period, good and healthy diet for pregnant,lactating mothers and children, Family planning, nutrition supplementation for children, the need of hand washing practice for all, availability of handwashing facilities (water and soap) and effective handwashing promotion mainly during critical times: (1) after defecation, (2) after cleaning a child's bottom, (3) before feeding a child, (4) before eating and (5) before preparing food in order to prevent auto contamination and transmission of disease to others that impact their health, education, and economic outcomes.

It is in that regard that the Government of Rwanda through the Ministry of Health in partnership with its development partners continue to organize MCH week campaigns twice a year across the country to increase the coverage of all population in need of family planning and other preventive and curative interventions.

II.2 Objectives

a. Overall objective

The overall objective is to raise the population awareness for health related interventions and the two year multisectoral plan to accelerate the reduction of stunting, Provide health saving interventions, screen malnutrition and provide FP services.

b. Specific objectives

- Decentralize health services close to population: deworming, vitamin A supplementation, provision of FP services, malnutrition screening, Polio vaccination.

- Identify and vaccinate all eligible children who missed routine vaccine doses for any reason.
- Launch a 2 years multisectoral plan to accelerate the reduction of stunting
- To raise community awareness for health related intervention and healthy behaviors

II.3 Dates, Theme and Aim of MCH week

- **Dates:** The Maternal and Child Health week campaign took place from 12th to 16th June 2023.
- **Theme:** “ **HEHE N’IGWINGIRA: “Twite ku buzima bw’umubyeyi utwite n’umwana, imirire n’isuku, dukingize abana inkingo zose”** campaign, which translate “**NO STUNTING EVER Take care of the health of the pregnant mother and the child, nutrition and hygiene, and vaccinate the children**”.
- **Aim:** This campaign focused on provision of family planning methods, Hand washing and other key health services including but not limited to provision of deworming tablets to children from 12months up to 15 years in all districts and adults from 16 years and above in districts with high prevalence of intestinal worms, Vitamin A supplementation to children aged 6 to 59 months and screening of malnutrition for children aged 6 to 59 months. The health promotion mobilization will focus on family planning; malaria; nutrition; hand washing, water, sanitation and general hygiene in prevention of different diseases including Ebola and intestinal worms.

III. Key interventions of MCH week

All interventions/ services with their estimated target that will be integrated during this MCH week are summarized into the following table:

Table 1: Health services integrated in MCH Week, 12-16 June 2023

Interventions	Components	Target population	Place of delivery
Provision of vaccination services to defaulters	vaccination of children aged 0-59 months who missed childhood vaccines given in routine vaccination.	Not applicable	- Health centres - Outreach sites
Vitamin A supplementation	Provision of Vit A (100.0000UI and 200.0000UI)	177,861 children aged 6-11 months: Vit A 100.000UI 1,511,041 children aged 12-59 months: Vit A 200.000UI	- Health centres - Outreach sites - Schools (nursery)

Interventions	Components	Target population	Place of delivery
De-worming Note: - a separate excel sheet with targeted cells for praziquantel will be shared to all hospitals. -All persons including adults who will receive praziquantel will also receive mebendazole to treat intestinal worms.	- Provision of Mebendazole	1,368,560 aged 12-59 months : mebendazole. <i>(N.B. In case of Mebendazole stockout, use Albendazole 400mg in children aged 2 and above but give ½tablet for children aged under 2years.)</i>	- Health centres - Outreach sites - Schools (nursery)
	- Provision of Albendazole	3,652,460 children aged 5 to 15 years : <i>Albendazole or Mebendazole</i> 7,839,385 adults (16 years and above) from selected districts, prison and refugee camps will be given <i>Albendazole or Mebendazole</i>	- Health centres - Outreach sites - Schools (primary and secondary) - In the community (at village level)
	Provision of Praziquantel in all 1013 cells (list was shared to all hospitals)	1,753,424 children aged 5 to 15 years 1,776,747 adults aged 16 years and above	- Health centres - Outreach sites - Schools (primary and secondary) - In the community (at village level)
Screening for Malnutrition	Malnutrition screening Weight for age and MUAC	1,538,510 children aged 6-59 months will be screened for weight for age using weight Scales 1,538,510 children aged 6-59 months will be screened for Acute malnutrition using MUAC and clinical examination (oedema) 509,850 children aged 6-23 month will be screened for stunting height for age using height board	- Health centres - Outreach sites - Schools (nursery)
Provision of ongera micronutrients	Micronutrients powder	509,850 children aged 6-23 months will be given ongera micronutrients	- Health centres - Outreach sites
Provision of Family planning services	- Sensitization - Service provision by HCs and CHWs as usually done in routine practices	Not applicable	- Health centres - Hospitals

IV. PREPARATION AND IMPLEMENTATION

IV.1 Campaign preparation

The preparation of MCH week was organized at central level and decentralized through weekly meetings with technical committees made of RBC and partners. Preparatory meetings were also organized at decentralised levels..

IV.2 Implementation modalities

- The implementation of MCH week was prepared and coordinated at District level by Vice Mayor in-charge of Social affairs in collaboration with Director of District Health Unit and Director General of Hospital
- Regular preparatory meetings at central level were conducted for timely preparedness.
- Sectors and Health centers coordinated the implementation of MCH week within their catchment area. Health centers ensured that the planned interventions were being delivered in all villages at maximum quality of care and report on daily basis to hospitals. Hospitals compiled reports from Health centers and submit to RBC/MCCH on daily basis.
- In the village, under village leader, Community Health Workers counted the target population in their village, the village leader (“Umuyobozi w’umudugudu) identified the good place to deliver the services
- Communication for mobilization of community was conducted through radio spot and radio talk shows and social media.
- Health centres supplied all commodities to CHWs before the start of the MCH week

IV.3 Partnership for implementation

The Ministry of Health /Rwanda Biomedical Center was ensuring the leadership in this successful campaign but the support of stakeholders and community was crucial to the success.

- 1) MOH-RBC, NCDA, MINALOC and Districts: For Community mobilization and active support in coordination
- 2) Health Professionals in Health facilities and CHWs: For organization and implementation
- 3) Partners played a role in success of the MCH week through mobilization. Financial support, logistic and M&E support.

IV.4 LAUNCHING CEREMONY OF MCH WEEK INTEGRATED CAMPAIGN

This countrywide activity is organized every six months by the Ministry of Health (MOH), Ministry of Gender and Family Promotion (MIGEPROF) through Rwanda Biomedical Centre and NCDA. Its main



Director General of RBC opening the MCH week on 12th June 2023

activities are conducted in the community. The national launch of June 2023 MCH week took place in Musanze District, Kinigi Sector, Kampanga Cell and Muhe Village. The guest of honor was Prof Jean Claude Mambo the Director General of RBC together with Mme Nadien UMUTONI the Director General of NCDA and Mme Dancille NYIRARUKUNDO the Governor of

Northern Province. WHO, UNICEF, ENABEL, USAID and other key MOH partners attended the



Governor of Northern Province and NCDA DG speeches during MCH week launching ceremonies

launching ceremony. During the campaign, the sensitization on different topics like Hygiene and Sanitation, Antenatal Care and Post natal care, Family planning, Reproductive Health, prevention of GBV, prevention of stunting and other forms of malnutrition, prevention of unwanted pregnancies, were provided.



Director General of RBC providing Vitamin A to a kid



Director General of RBC feeding the kids during launching ceremony of MCH week

The MCH week was launched in each District by District and Hospital authorities for community mobilization to use health services that were implemented during the campaign.



Children provided with juices and food



Kayonza District Vice Mayor in Charge of Social Affairs providing Vitamin A during launchin of MCH week in Kayonza



Mayor of Karongi District and Director General of Mugonero DH launching MCH week feeding the children

V. ACHIEVEMENTS (KEY RESULTS) OF MCH WEEK

V.1 National Coverages for key interventions

Generally, the coverage of services delivered during the campaign was good in all Districts where all Districts reached the coverage above 80%. For Family Planning, the number of beneficiaries was 20.

The national coverage for vitamin A provision is 96%, the deworming coverage with mebendazole or Albendazole in children aged 12months to 59 months is 98%. The screening for malnutrition using MUAC is 95%, screening with weight for age coverage is 94%, the nutritional screening for height for age is 79%. 80% of children aged 6-23 months received ongera powder.

The following table summarize the overall achievement at national level:

Table 2: National coverage for different interventions

Interventions	Components	Target population	Served	Coverage (%)
Vitamin A supplementation	Provision of Vitamin A (100.0000UI and 200.0000UI) _6-59 months	1,688,902	1,598,762	95%
De-worming	Provision of Mebendazole or Albendazole _12-59 months	1,511,041	1,447,718	96%
	Provision of Mebendazole or Albendazole _5-15 years	3,652,460	3,658,198	100%
	Provision of Mebendazole or Albendazole _16 years and above	3,839,385	3,279,258	85%
	Provision of Praziquantel _5-15 years	1,753,424	1,461,995	83%
	Provision of Praziquantel _16 years and above	1,776,747	1,553,888	87%
Malnutrition screening	Malnutrition screening _using MUAC 6-59 months	1,688,902	1,589,257	94%
	Malnutrition screening by Weight for Age 6-59 months	1,688,902	1,570,950	93%
	Malnutrition screening by Height for Age 6-23 months	500,690	403,005	80%
	Identification of children with oedema (6-23 months)		16	
MNP (Ongera) powder distribution	Provision of MNP powder (ongera) products	500,690	410,973	82%
	Children vaccinated for BCG		265	

Identification and vaccination of defaulters	Children vaccinated for Penta 1		323	
	Children vaccinated for Penta 2		308	
	Children vaccinated for Penta 3		292	
	Children vaccinated for Rotavirus 1		208	
	Children vaccinated for Rotavirus 2		209	
	Children vaccinated for MR 1		629	
	Children vaccinated for MR 2		711	
	Children vaccinated for IPV_14 weeks		238	
	Children vaccinated for IPV_9 months		443	
Family Planning	Provision of FP methods		20,342	

V.2 Anthropometric measures for children aged 6-23 months

The screening was systematic to every child that falls into the range of 6-23 months. After screening, followed the process of data entry which was performed each day after the service delivery into redcap platform at level of health centres countrywide. Data entry took 2 weeks.

➤ **Measurements taken, inclusion and exclusion**

During the MCH week, the following information were recorded:

1. Child's identification and parents' names
2. Child's age
3. Weight
4. Height
5. MUAC
6. Existence or not of edema
7. Category of ubudehe
8. Information of taking or not the FBF and Ongera

V.2.1 Stunting in children 6-23 months

Table 3: Stunting status by Socio-demographic characteristics

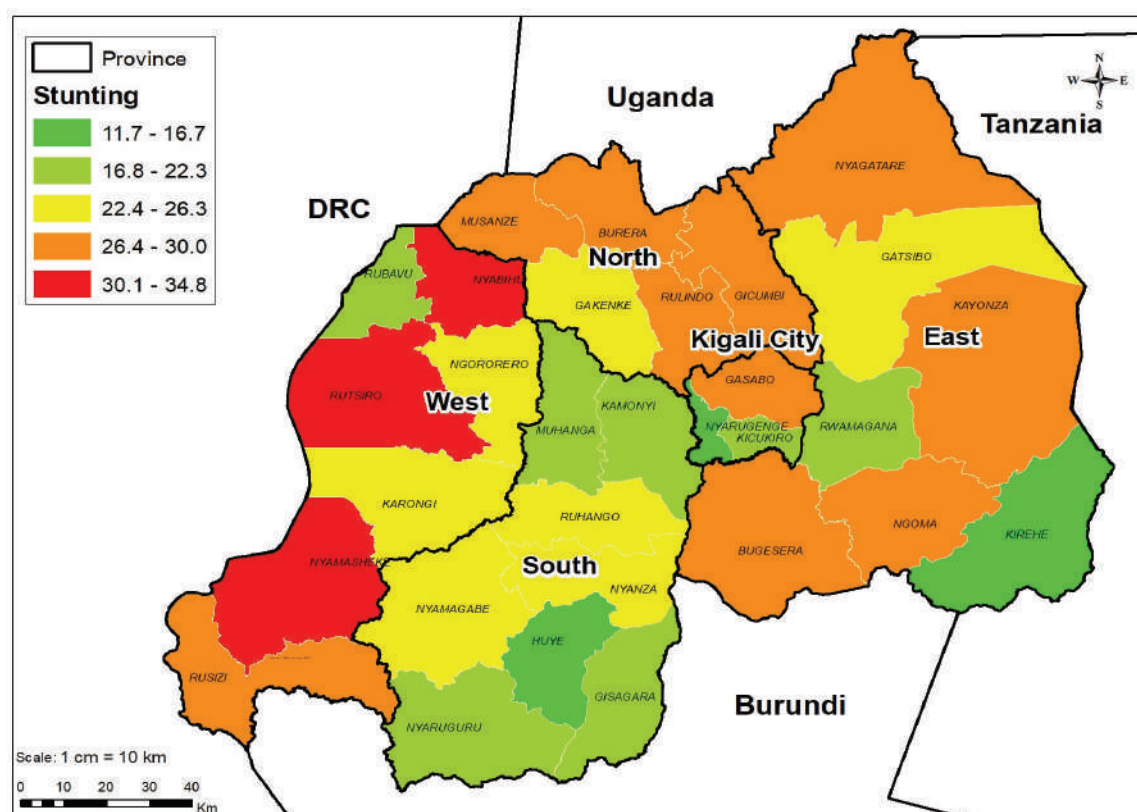
	Not stunted		Stunted		Total
	Freq	%	Freq	%	Freq
Overall	289,192	74.8	97,313	25.2	386,505
Age groups					
6-8 months	58,488	88.0	7,961	12.0	66,449
9-11 months	63,482	85.0	11,165	15.0	74,647
12-17 months	98,179	71.7	38,827	28.3	137,006
18-23 months	69,043	63.7	39,360	36.3	108,403
Child Gender					
female	154,930	79.2	40,757	20.8	195,687
male	134,262	70.4	56,556	29.6	190,818
Family Wealth index (Ubudehe category)					
Category 1	28,750	72.1	11,135	27.9	39,885
Category 2	174,741	74.5	59,784	25.5	234,525
Category 3	74,801	76.5	22,991	23.5	97,792
Category 4	145	74.0	51	26.0	196
Missing	10,755	76.2	3,352	23.8	14,107
Is the child taking Ongera ?					
No	11,067	73.1	4,067	26.9	15,134
Yes	278,125	74.9	93,246	25.1	371,371
Is the child taking FBF ?					
No	213,906	75.2	70,456	24.8	284,362
Yes	75,286	73.7	26,857	26.3	102,143

Table 4: Stunting by Province and district

	Not stunted		Stunted		Total
	Freq	%	Freq	%	Freq
Overall	289,133	74.8	97,294	25.2	386,427
Province					
East	85,414	75.3	28,091	24.7	113,505
Kigali	22,488	79.1	5,956	20.9	28,444
North	44,902	71.9	17,563	28.1	62,465
South	75,068	77.7	21,520	22.3	96,588
West	61,261	71.7	24,164	28.3	85,425
District					
Bugesera	14,455	70.6	6,021	29.4	20,476
Burera	8,567	70.0	3,670	30.0	12,237
Gakenke	9,576	73.6	3,435	26.4	13,011
Gasabo	8,153	72.7	3,064	27.3	11,217
Gatsibo	11,332	76.5	3,484	23.5	14,816
Gicumbi	10,515	72.9	3,909	27.1	14,424
Gisagara	11,576	77.5	3,358	22.5	14,934
Huye	10,369	83.2	2,092	16.8	12,461
Kamonyi	9,814	78.7	2,663	21.3	12,477
Karongi	8,392	74.6	2,851	25.4	11,243
Kayonza	8,049	72.2	3,099	27.8	11,148
Kicukiro	7,287	78.9	1,953	21.1	9,240
Kirehe	14,394	85.4	2,451	14.6	16,845
Muhanga	8,432	80.9	1,986	19.1	10,418
Musanze	9,787	72.3	3,746	27.7	13,533
Ngoma	10,750	72.6	4,067	27.4	14,817
Ngororero	8,414	76.4	2,599	23.6	11,013
Nyabihu	6,221	65.8	3,237	34.2	9,458
Nyagatare	13,820	70.1	5,907	29.9	19,727

	Not stunted		Stunted		Total
	Freq	%	Freq	%	Freq
Nyamagabe	8,682	73.5	3,132	26.5	11,814
Nyamasheke	8,170	66.8	4,068	33.2	12,238
Nyanza	8,813	74.3	3,042	25.7	11,855
Nyarugenge	7,020	88.2	935	11.8	7,955
Nyaruguru	8,929	78.7	2,417	21.3	11,346
Rubavu	13,014	79.4	3,372	20.6	16,386
Ruhango	8,524	75.1	2,833	24.9	11,357
Rulindo	6,424	69.7	2,790	30.3	9,214
Rusizi	9,927	70.1	4,226	29.9	14,153
Rutsiro	7,025	64.9	3,792	35.1	10,817
Rwamagana	12,705	80.4	3,100	19.6	15,805

Map 1: Stunting status by district:



V.2.2 Underweight in children 6-23 months

Table 5: Underweight by demographic characteristics

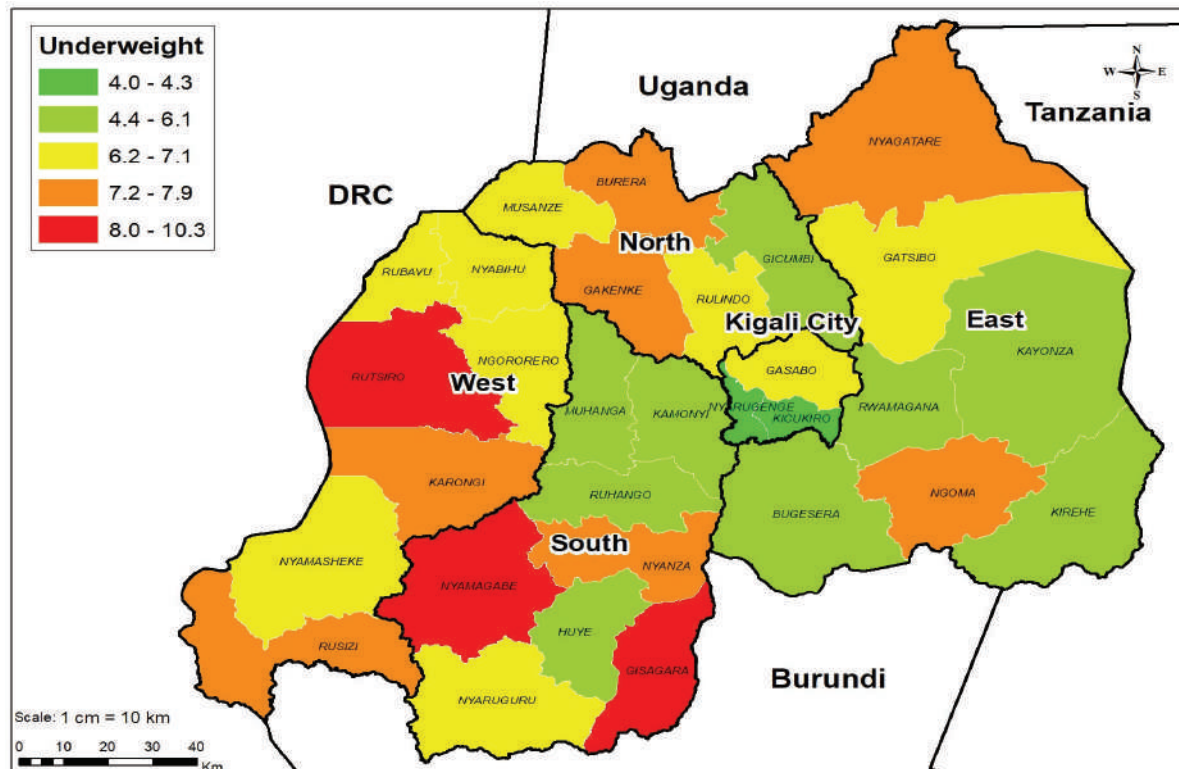
	Normal weight		Underweight		Total
	Freq	%	Freq	%	Freq
Overall	360,351	93.2	26,154	6.8	386,505
Age groups					
6-8 months	62,968	94.8	3,481	5.2	66,449
9-11 months	70,289	94.2	4,358	5.8	74,647
12-17 months	127,099	92.8	9,907	7.2	137,006
18-23 months	99,995	92.2	8,408	7.8	108,403
Child Gender					
female	186,129	95.1	9,558	4.9	195,687
male	174,222	91.3	16,596	8.7	190,818
Family Wealth index (Ubudehe category)					
Category 1	36,298	91.0	3,587	9.0	39,885
Category 2	218,776	93.3	15,749	6.7	234,525
Category 3	91,893	94.0	5,899	6.0	97,792
Category 4	182	92.9	14	7.1	196
Missing	13,202	93.6	905	6.4	14,107
Is the child taking Onger ?					
No	14,093	93.1	1,041	6.9	15,134
Yes	346,258	93.2	25,113	6.8	371,371
Is the child taking FBF ?					
No	265,878	93.5	18,484	6.5	284,362
Yes	94,473	92.5	7,670	7.5	102,143

Table 6: Underweight by province and district

	Normal weight		Underweight		Total
	Freq	%	Freq	%	Freq
Overall	360,279	93.2	26,148	6.8	386,427
Province					
East	106,379	93.7	7,126	6.3	113,505
Kigali	26,966	94.8	1,478	5.2	28,444
North	58,199	93.2	4,266	6.8	62,465
South	89,677	92.8	6,911	7.2	96,588
West	79,058	92.5	6,367	7.5	85,425
District					
Bugesera	19,385	94.7	1,091	5.3	20,476
Burera	11,314	92.5	923	7.5	12,237
Gakenke	12,059	92.7	952	7.3	13,011
Gasabo	10,464	93.3	753	6.7	11,217
Gatsibo	13,846	93.5	970	6.5	14,816
Gicumbi	13,545	93.9	879	6.1	14,424
Gisagara	13,391	89.7	1,543	10.3	14,934
Huye	11,742	94.2	719	5.8	12,461
Kamonyi	11,727	94.0	750	6.0	12,477
Karongi	10,402	92.5	841	7.5	11,243
Kayonza	10,534	94.5	614	5.5	11,148
Kicukiro	8,869	96.0	371	4.0	9,240
Kirehe	15,839	94.0	1,006	6.0	16,845
Muhanga	9,837	94.4	581	5.6	10,418
Musanze	12,658	93.5	875	6.5	13,533
Ngoma	13,690	92.4	1,127	7.6	14,817
Ngororero	10,255	93.1	758	6.9	11,013
Nyabihu	8,783	92.9	675	7.1	9,458
Nyagatare	18,172	92.1	1,555	7.9	19,727

	Normal weight		Underweight		Total
	Freq	%	Freq	%	Freq
Nyamagabe	10,754	91.0	1,060	9.0	11,814
Nyamasheke	11,411	93.2	827	6.8	12,238
Nyanza	10,973	92.6	882	7.4	11,855
Nyarugenge	7,609	95.7	346	4.3	7,955
Nyaruguru	10,583	93.3	763	6.7	11,346
Rubavu	15,263	93.1	1,123	6.9	16,386
Ruhango	10,744	94.6	613	5.4	11,357
Rulindo	8,579	93.1	635	6.9	9,214
Rusizi	13,076	92.4	1,077	7.6	14,153
Rutsiro	9,770	90.3	1,047	9.7	10,817
Rwamagana	15,013	95.0	792	5.0	15,805

Map 2: Underweight status per district



V.2.3 Wasting in children 6-23 months

Table 7: Wasting by demographic characteristics

	Not wasted		Wasted		Total
	Freq	%	Freq	%	Freq
Overall	364,130	94.2	22,375	5.8	386,505
Age groups					
6-8 months	61,012	91.8	5,437	8.2	66,449
9-11 months	69,738	93.4	4,909	6.6	74,647
12-17 months	129,363	94.4	7,643	5.6	137,006
18-23 months	104,017	96.0	4,386	4.0	108,403
Child Gender					
Female	185,921	95.0	9,766	5.0	195,687
Male	178,209	93.4	12,609	6.6	190,818
Family Wealth index (Ubudehe category)					
Category 1	37,324	93.6	2,561	6.4	39,885
Category 2	221,019	94.2	13,506	5.8	234,525
Category 3	92,472	94.6	5,320	5.4	97,792
Category 4	179	91.3	17	8.7	196
Missing	13,136	93.1	971	6.9	14,107
Is the child taking Onger ?					
No	14,048	92.8	1,086	7.2	15,134
Yes	350,082	94.3	21,289	5.7	371,371
Is the child taking FBF ?					
No	267,809	94.2	16,553	5.8	284,362
Yes	96,321	94.3	5,822	5.7	102,143

Table 8: Wasting by Province and district

	Not wasted		Wasted		Total
	Freq	%	Freq	%	Freq
Overall	364,055	94.2	22,372	5.8	386,427
Province					
East	106,462	93.8	7,043	6.2	113,505
Kigali	26,734	94.0	1,710	6.0	28,444
North	59,518	95.3	2,947	4.7	62,465
South	91,038	94.3	5,550	5.7	96,588
West	80,303	94.0	5,122	6.0	85,425
District					
Bugesera	19,066	93.1	1,410	6.9	20,476
Burera	11,621	95.0	616	5.0	12,237
Gakenke	12,534	96.3	477	3.7	13,011
Gasabo	10,462	93.3	755	6.7	11,217
Gatsibo	13,826	93.3	990	6.7	14,816
Gicumbi	13,849	96.0	575	4.0	14,424
Gisagara	13,863	92.8	1,071	7.2	14,934
Huye	11,940	95.8	521	4.2	12,461
Kamonyi	11,460	91.8	1,017	8.2	12,477
Karongi	10,598	94.3	645	5.7	11,243
Kayonza	10,585	94.9	563	5.1	11,148
Kicukiro	8,636	93.5	604	6.5	9,240
Kirehe	15,888	94.3	957	5.7	16,845
Muhanga	9,946	95.5	472	4.5	10,418
Musanze	12,743	94.2	790	5.8	13,533
Ngoma	13,668	92.2	1,149	7.8	14,817
Ngororero	10,431	94.7	582	5.3	11,013
Nyabihu	8,924	94.4	534	5.6	9,458
Nyagatare	18,489	93.7	1,238	6.3	19,727

Nyamagabe	11,060	93.6	754	6.4	11,814
Nyamasheke	11,649	95.2	589	4.8	12,238
Nyanza	11,273	95.1	582	4.9	11,855
Nyarugenge	7,610	95.7	345	4.3	7,955
Nyaruguru	10,868	95.8	478	4.2	11,346
Rubavu	15,208	92.8	1,178	7.2	16,386
Ruhango	10,702	94.2	655	5.8	11,357
Rulindo	8,732	94.8	482	5.2	9,214
Rusizi	13,083	92.4	1,070	7.6	14,153
Rutsiro	10,293	95.2	524	4.8	10,817
Rwamagana	15,056	95.3	749	4.7	15,805

Map 3: Wasting status by district

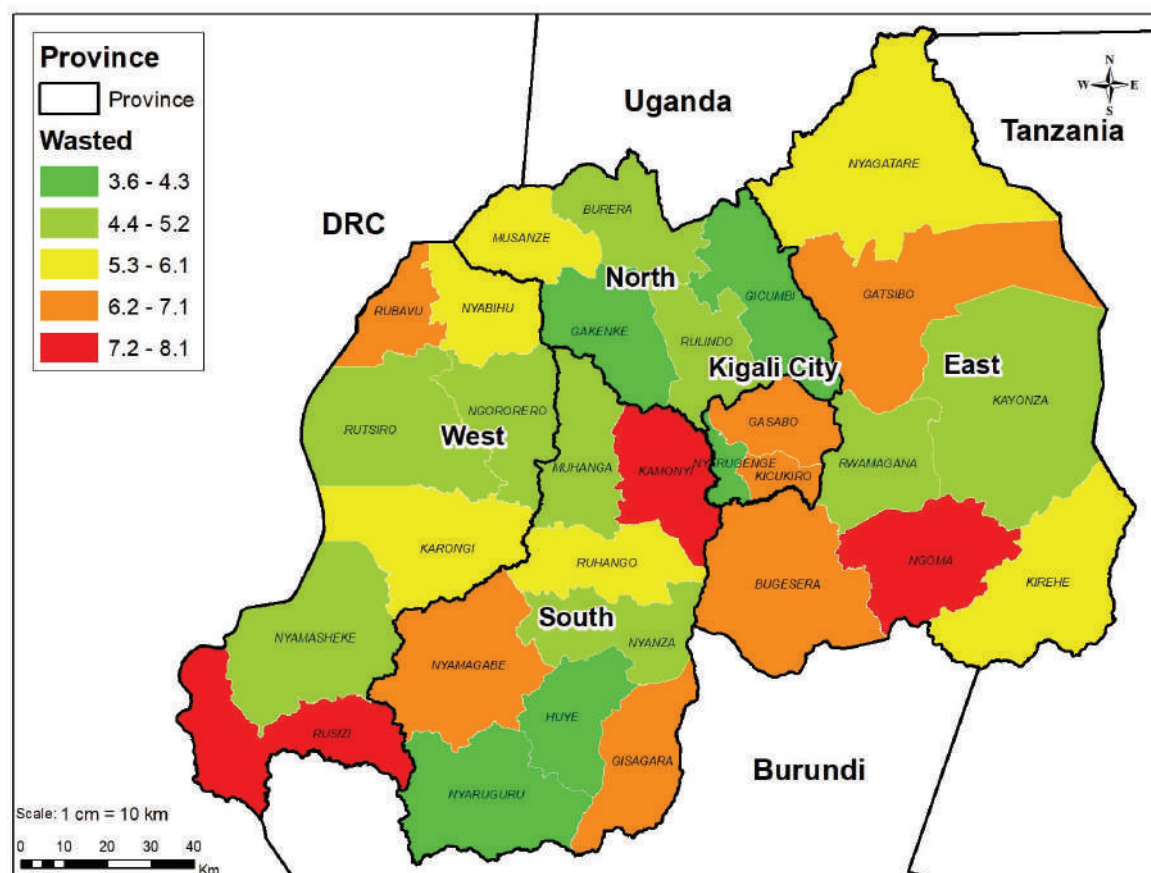


Table 9: Health education

	Number
Number of people who received health education at village	3,367,724
Number of people who received health education at school	3,848,639
Number of people who received health education elsewhere	886,415
Number of people aged 5 and above who received health education	6,799,114

VI. CHALLENGES

- Community mobilization was not effective as participation was less compared to other years forcing some districts to extend the week for more days than planned. Mobilization needs to be reinforced especially at village level to avoid to extend more days than planned.
- Provision of Mebendazole: Provision of Mebendazole: Limited hygiene materials for distribution of mebendazole. Water was also not present at many site, both for drinking and for washing the spoon and the cup used to give water.
- Though the MCH week campaign was firstly to be coordinated by local authorities, it was noted that the involvement of local administration from District to village level need to be improved with support from health facilities .
- The communication and collaboration between hospital teams and District need to be strengthened
- Not all village sites had height boards (Toises) because generally the height borads available were few compared to the needs.
- Baby scales were not available at all outreach sites.
- Qualified health providers to measure height for children under 2 years were not available at all sites due to shortage of staff.
- Guidelines for follow up of cases identified with underweight and stunting were not disseminated

VII. CONCLUSIONS AND RECOMMENDATIONS

The MCH Week of June 2023 was successfully conducted in 30 districts in Rwanda. Some challenges were discussed and sorted out through collaboration with District authorities who provided the invaluable support in community mobilization and implementation of MCH week.

The key messages focused on prevention of key health issues and use of routine healthcare services at nearest health facilities. The success of this campaign was made possible due to joint efforts from government institutions (MOH-RBC, MIGEPROF-NCDA and MINALOC) and partners.

Even if the success of this campaign was remarkable, some challenges should be fixed for a long term impact.

1. NCDA, RBC and partners to reassess the available height boards (toises) in all health facilities to ensure equal distribution.
2. The children identified with acute malnutrition have to be followed closely at health center level, and followed up by local authorities immediately after the identification at community site. Districts and Health facilities should own, conduct and strengthen the sensitization on prevention of key health issues Based on the results/data from MCH week campaign and routine data.
3. Make available the individual data of each child including his name, names of parents, villages, cells and sectors highlighting children with acute malnutrition, presence of edemas, stunting and send this file to all districts for interventions and close follow up.
4. Quaterly monitoring of nutrition status (Measurement and registration in Redcap) of those children with stunting by health centers in community in collaboration with local government and central level team such as MoH, RBC and NCDA.

Annexes: District coverages for different interventions

Table 10: Vitamin A coverage, June 2023

District	Target Vit A	Abahawe Vitamin A	Received Vitamin A
Bugesera District	72,983	70,563	97%
Burera District	50,379	48,359	96%
Gakenke District	44,700	43,766	98%
Gasabo District	114,331	101,543	89%
Gatsibo District	70,624	67,946	96%
Gicumbi District	55,712	53,921	97%
Gisagara District	47,766	47,144	99%
Huye District	46,243	45,728	99%
Kamonyi District	53,658	48,496	90%
Karongi District	47,680	42,452	89%
Kayanza District	57,471	52,348	91%
Kicukiro District	58,310	53,326	91%
Kirehe District	57,164	56,461	99%
Muhanga District	42,262	40,183	95%
Musanze District	60,405	58,867	97%
Ngoma District	50,481	47,939	95%
Ngororero District	47,624	46,776	98%
Nyabihu District	40,529	37,820	93%
Nyagatare District	95,334	90,369	95%
Nyamagabe District	48,062	46,268	96%
Nyamasheke District	57,153	53,474	94%
Nyanza District	46,137	43,094	93%
Nyarugenge District	44,522	42,518	95%
Nyaruguru District	41,684	38,059	91%
Rubavu District	72,153	68,950	96%
Ruhango District	46,717	42,587	91%
Rulindo District	46,829	45,841	98%
Rusizi District	65,320	58,931	90%
Rutsiro District	46,689	45,608	98%
Rwamagana District	59,980	59,425	99%
National	1,688,902	1,598,762	95%

Table 11 : De-worming coverage by Mebendazole, Albendazole and Praziquantel, June 2023

District	Target population for deworming					People reached					Coverages				
	Mbz or Alb_12-59 months	Alb_5-15 years	Alb_16+years	Pzq_5-15 years	Pzq_16+Years	Mbz or Alb_12-59 months	Alb_5-15 years	Alb_16+years	Pzq_5-15 yrs	Pzq_16+yrs	Mbz_12-59 months	Alb_5-15 years	Alb_16+ years	Pzq_5-15 years	Pzq_16+yrs
Bugesera District	65,481	151,655	-	71,796		60,901	129,808	-	67,989		93%	86%		95%	
Burera District	45,085	108,816	235,708	66,533	144,995	42,870	108,727	198,312	44,449	76,429	95%	100%	84%	67%	53%
Gakenke District	39,506	86,909	-	108,970		38,869	94,923	-	66,508		98%	109%		61%	
Gasabo District	102,898	236,586	-	44,477		96,341	235,967	-	42,388		94%	100%		95%	
Gatsibo District	63,050	144,132	346,584	101,244	198,976	61,097	146,192	277,380	105,482	201,497	97%	101%	80%	104%	101%
Gicumbi District	49,817	119,905	-	70,763		48,647	126,273	-	34,005		98%	105%		48%	
Gisagara District	42,475	96,514	-	68,096		41,991	112,075	-	64,545		99%	116%		95%	
Huye District	41,140	108,545	-	66,031		40,541	109,203	-	49,577		99%	101%		75%	
Kamonyi District	47,777	121,277	-	56,403		44,365	128,072	-	36,591		93%	106%		65%	
Karongi District	41,983	111,553	258,406	31,352	61,611	36,507	99,302	220,456	13,786	37,391	87%	89%	85%	44%	61%
Kayanza District	51,355	125,919	283,240	41,353	81,263	50,062	138,795	207,471	37,451	47,649	97%	110%	73%	91%	59%
Kicukiro District	51,920	132,276	-	31,398		49,637	116,091	-	31,420		96%	88%		100%	
Kirehe District	50,937	124,335	-	49,725		49,238	136,511	-	32,033		97%	110%		64%	
Muhanga District	37,857	86,132	-	48,998		34,887	95,386	-	41,017		92%	111%		84%	
Musanze District	54,074	128,184	286,866	22,218	104,004	53,618	124,653	270,980	17,065	90,158	99%	97%	94%	77%	87%
Ngoma District	44,834	115,872	259,313	69,172	135,935	43,063	109,788	230,706	72,577	156,615	96%	95%	89%	105%	115%
Ngororero District	42,650	115,586	230,373	25,947	50,987	42,553	116,454	221,223	23,154	55,626	100%	101%	96%	89%	109%
Nyabihu District	36,320	89,883	187,154	32,546	54,128	35,463	93,059	159,692	31,711	75,352	98%	104%	85%	97%	139%
Nyagatare District	86,258	178,114	-	79,071		84,519	193,043	-	38,322		98%	108%		48%	
Nyamagabe District	43,227	98,047	221,646	64,087	125,950	42,601	92,206	201,709	23,245	57,644	99%	94%	91%	36%	46%
Nyamasheke District	51,263	155,370	260,460	77,711	189,509	49,190	151,969	256,169	103,376	175,640	96%	98%	98%	133%	93%
Nyanza District	41,183	106,177	-	76,155		38,976	106,113	-	67,012		95%	100%		88%	
Nyarugenge District	39,812	97,476	-	21,223		39,501	99,793	-	19,262		99%	102%		91%	
Nyaruguru District	37,057	90,228	202,969	62,911	123,631	33,362	85,791	172,924	46,511	94,626	90%	95%	85%	74%	77%
Rubavu District	64,953	147,058	329,101	39,863	88,801	57,653	139,708	234,874	40,701	83,339	89%	95%	71%	102%	94%
Ruhango District	41,693	103,130	-	60,416		38,318	96,385	-	71,760		92%	93%		119%	
Rulindo District	42,118	106,758	215,344	89,276	175,462	42,024	111,175	206,230	85,375	165,977	100%	104%	96%	96%	95%

District	Target population for deworming					People reached					Coverages				
	Mbz or Alb_12-59 months	Alb_5-15 years	Alb_16+years	Pzq_5-15 years	Pzq_16+Years	Mbz or Alb_12-59 months	Alb_5-15 years	Alb_16+years	Pzq_5-15 yrs	Pzq_16+ysrs	Mbz_12-59 months	Alb_5-15 years	Alb_16+ years	Pzq 5-15 years	Pzq 16+ysrs
Rusizi District	58,851	130,712	292,530	81,369	159,917	55,641	129,530	244,056	79,107	200,124	95%	99%	83%	97%	125%
Rutsiro District	41,940	104,156	229,691	41,508	81,578	41,833	98,342	177,076	17,243	35,821	100%	94%	77%	42%	44%
Rwamagana District	53,527	131,155	-	52,811	-	53,450	132,864	-	58,333	-	100%	101%		110%	
National	1,511,041	3,652,460	3,839,385	1,753,424	1,776,747	1,447,718	3,658,198	3,279,258	1,461,995	1,553,888	96%	100%	85%	83%	87%

Table 12: Achievement in screening of Malnutrition using MUAC, Weight and height per District, June 2023

District	Target population		Children screened			Screening coverages		
	6-59 months	6-23 Months	MUAC_ 6-59 months	Weight_ 6-59 months	Height_ 6-23 Months	MUAC	Weight	Height
Bugesera District	72,983	21,993	72,071	72,060	22,363	99%	99%	102%
Burera District	50,379	15,327	47,875	46,890	13,306	95%	93%	87%
Gakenke District	44,700	14,535	43,199	42,980	13,514	97%	96%	93%
Gasabo District	114,331	28,692	95,798	95,798	12,058	84%	84%	42%
Gatsibo District	70,624	21,947	67,978	66,415	15,010	96%	94%	68%
Gicumbi District	55,712	17,511	54,251	54,943	14,936	97%	99%	85%
Gisagara District	47,766	15,245	46,413	45,546	15,022	97%	95%	99%
Huye District	46,243	14,810	45,661	46,665	12,839	99%	101%	87%
Kamonyi District	53,658	17,376	44,099	48,681	12,493	82%	91%	72%
Karongi District	47,680	14,029	39,804	39,572	11,998	83%	83%	86%
Kayanza District	57,471	18,409	54,136	53,458	11,384	94%	93%	62%
Kicukiro District	58,310	18,993	50,846	47,403	9,653	87%	81%	51%
Kirehe District	57,164	17,786	56,756	56,808	17,622	99%	99%	99%
Muhanga District	42,262	13,058	43,068	42,765	10,594	102%	101%	81%
Musanze District	60,405	16,696	58,091	52,636	14,160	96%	87%	85%
Ngoma District	50,481	15,756	47,939	47,188	15,096	95%	93%	96%
Ngororero District	47,624	12,447	46,422	46,103	11,276	97%	97%	91%
Nyabihu District	40,529	12,109	34,326	34,225	9,840	85%	84%	81%
Nyagatare District	95,334	25,392	93,069	85,601	21,650	98%	90%	85%
Nyamagabe District	48,062	13,669	46,564	46,535	12,053	97%	97%	88%
Nyamasheke District	57,153	15,693	50,048	50,260	12,028	88%	88%	77%
Nyanza District	46,137	12,670	42,926	42,740	12,039	93%	93%	95%
Nyarugenge District	44,522	13,076	42,567	42,567	8,214	96%	96%	63%
Nyaruguru District	41,684	13,476	37,075	35,206	11,771	89%	84%	87%
Rubavu District	72,153	21,321	73,701	73,651	17,025	102%	102%	80%
Ruhango District	46,717	13,015	42,761	42,887	12,138	92%	92%	93%
Rulindo District	46,829	14,231	46,566	46,236	9,985	99%	99%	70%
Rusizi District	65,320	18,964	61,314	61,834	15,011	94%	95%	79%
Rutsiro District	46,689	13,828	45,062	44,326	11,568	97%	95%	84%
Rwamagana District	59,980	18,636	58,871	58,971	16,359	98%	98%	88%
Grand Total	1,688,902	500,690	1,589,257	1,570,950	403,005	94%	93%	80%

Table 13: Provision of Ongeru in 6-23 months per District, June 2023

District	Children 6-23 Months	Received 6-23 Months	% Received Ongeru
Bugesera District	21,993	21,343	97%
Burera District	15,327	12,944	84%
Gakenke District	14,535	13,464	93%
Gasabo District	28,692	11,518	40%
Gatsibo District	21,947	14,085	64%
Gicumbi District	17,511	14,939	85%
Gisagara District	15,245	14,879	98%
Huye District	14,810	12,751	86%
Kamonyi District	17,376	12,493	72%
Karongi District	14,029	14,248	102%
Kayonza District	18,409	11,720	64%
Kicukiro District	18,993	8,877	47%
Kirehe District	17,786	17,859	100%
Muhanga District	13,058	11,013	84%
Musanze District	16,696	18,073	108%
Ngoma District	15,756	15,096	96%
Ngororero District	12,447	8,476	68%
Nyabihu District	12,109	12,944	107%
Nyagatare District	25,392	21,870	86%
Nyamagabe District	13,669	11,922	87%
Nyamasheke District	15,693	12,970	83%
Nyanza District	12,670	11,895	94%
Nyarugenge District	13,076	7,909	60%
Nyaruguru District	13,476	11,109	82%
Rubavu District	21,321	17,313	81%
Ruhango District	13,015	12,142	93%
Rulindo District	14,231	9,762	69%
Rusizi District	18,964	19,309	102%
Rutsiro District	13,828	10,959	79%
Rwamagana District	18,636	17,091	92%
Grand Total	500,690	410,973	82%

Table 14: Number of FP clients during MCH week per District, June 2023

District	Family Planning, MCH week June 2023										
	Depo-provera	Implanon	IUD	Jadelle	Microgynon	Microlut	Tubal ligation	Vasectomy	Cycle beads	Condoms	Total FP clients
Bugesera District	241	94	1	64	87	5	0	0	9	44	545
Burera District	195	8	9	133	56	3	0	0	0	2	406
Gakenke District	246	32	9	135	147	45	0	0	1	34	649
Gasabo District	210	93	7	78	163	92	0	0	2	988	1633
Gatsibo District	472	36	0	41	107	42	0	0	0	56	754
Gicumbi District	171	32	3	68	104	36	0	0	0	74	488
Gisagara District	118	63	1	36	38	13	0	0	0	3	272
Huye District	101	30	0	12	54	17	0	0	0	197	411
Kamonyi District	175	28	4	96	111	39	0	0	1	59	513
Karongi District	100	42	17	134	61	29	0	0	0	4301	4684
Kayanza District	93	60	0	17	19	10	0	0	0	16	215
Kicukiro District	94	50	15	35	47	15	0	0	0	8	264
Kirche District	150	24	6	57	61	19	0	0	13	322	652
Muhanga District	189	13	8	102	43	21	0	0	0	13	389
Musanze District	350	12	5	143	62	53	0	0	0	116	741
Ngoma District	166	35	1	138	76	24	0	0	0	35	475
Ngororero District	115	23	3	84	38	12	3	0	0	33	311
Nyabihu District	43	26	0	22	12	3	0	0	0	44	150
Nyagatare District	823	62	1	98	242	7	0	0	0	56	1289
Nyamagabe District	139	11	0	109	41	25	1	1	1	6	334
Nyamasheke District	206	101	0	14	71	15	3	0	4	74	488
Nyanza District	140	106	3	58	94	25	0	0	0	52	478
Nyarugenge District	114	7	11	76	102	25	0	0	0	753	1088
Nyaruguru District	87	31	0	34	12	31	0	0	0	37	232
Rubavu District	360	46	5	56	143	7	0	0	0	1	618
Ruhango District	152	12	6	104	149	34	0	0	0	7	464
Rulindo District	219	102	0	42	159	29	0	0	0	14	565
Rusizi District	266	80	5	61	81	39	0	0	0	49	581
Rutsiro District	26	26	0	13	9	0	0	0	0	2	76
Rwamagana District	253	5	2	28	65	19	0	1	0	14	387
Grand Total	6014	1290	122	2088	2454	734	7	2	31	7410	20152

Table 15: Identification and vaccination of defaulters per District, June 2023

District	Children defaulters identified and vaccinated during MCH week June 2023									
	BCG	Penta 1	Penta 2	Penta 3	Rotavirus 1	Rotavirus 2	IPV_14 weeks	IPV_9 months	MR 1	MR 2
Bugesera District	0	6	10	8	0	0	0	0	12	8
Burera District	29	19	8	6	6	21	5	7	29	29
Gakenke District	12	34	29	16	31	26	16	22	22	20
Gasabo District	36	12	17	25	12	18	24	27	24	13
Gatsibo District	14	22	24	21	15	13	15	20	41	66
Gicumbi District	21	20	20	18	19	6	8	2	27	40
Gisagara District	0	2	0	0	0	0	0	3	7	4
Huye District	0	0	0	0	0	1	1	0	1	0
Kamonyi District	1	48	51	43	20	25	46	69	32	39
Karongi District	0	8	3	7	5	0	3	12	17	25
Kayonza District	0	0	0	2	0	1	1	5	6	6
Kicukiro District	0	0	0	2	0	0	0	1	1	0
Kirehe District	2	1	2	3	1	3	1	4	8	9
Muhanga District	0	10	11	18	10	10	15	76	76	49
Musanze District	6	16	17	12	13	15	5	39	43	54
Ngoma District	4	7	2	15	9	2	12	37	39	38
Ngororero District	0	2	6	13	2	2	7	13	26	28
Nyabihu District	13	1	10	10	1	10	0	10	1	5
Nyagatare District	18	20	16	12	11	11	10	20	36	63
Nyamagabe District	25	2	10	4	2	10	4	7	7	7
Nyamasheke District	0	6	4	0	0	0	0	0	10	11
Nyanza District	0	0	0	0	0	0	0	0	0	3
Nyarugenge District	2	3	3	3	0	0	1	12	17	9
Nyaruguru District	0	4	0	0	3	0	0	0	3	3
Rubavu District	0	0	0	0	0	0	1	0	42	90
Ruhango District	4	12	6	5	13	7	5	4	6	22
Rulindo District	0	12	8	4	12	8	0	1	2	1
Rusizi District	0	0	2	6	0	2	11	18	24	19
Rutsiro District	52	33	31	27	0	0	35	20	41	15
Rwamagana District	26	23	18	12	23	18	12	14	25	32
National	265	323	308	292	208	209	238	443	625	708