HEALTHY MOTHERS HEALTHY BABIES

Country Profile: Rwanda

Introduction

Rwanda is a landlocked country in East Africa that has maintained political stability and robust economic growth, averaging 8.5 % GDP growth in 2024 and aiming to become an upper-middle-income country by 2035. Rwanda has continued to prioritize maternal and child health as part of its broader development agenda.[1] Rwanda's community-based health insurance systems cover 90% of the population, and 94% of births are attended by skilled health personnel. However, only half of pregnant women attend at least 4 antenatal care (ANC) visits.[2] Thus, despite the efforts, micronutrient deficiencies remain a persistent challenge.[2]

In 2023, anemia affected 23.9% of pregnant women, while in 2022, 6.46% of women were underweight. Regarding the birth outcomes, such as stillbirths (16.18 per 1,000 total births) in 2023, preterm births (9.35%), and low birth weight (9.4%) in 2020, as per the data available on the World Health Organization's Global Health Observatory. According to the recent demographic health survey 2025 (DHS7), the neonatal mortality was 17 deaths per 1,000 live births, infant mortality was 27 deaths per 1,000 live births, and maternal mortality was 149 deaths per 100,000 live births. The recent data show continuous improvement of maternal and child health outcomes in Rwanda.

A cost-benefit analysis in Nutrition International's policy brief presents a compelling investment case for transitioning from iron-folic acid (IFA) Supplementation to Multiple Micronutrient Supplementation (MMS). In Rwanda, the transition from IFA to MMS is expected to avert 119,599 disability-adjusted life years (DALYs)[1] over 10 years, prevent the deaths of an additional 1,296 children, and yield benefits that are 11 times greater than the cost. Thus, MMS is not only safe and effective but also highly cost-efficient. The transition aligns with WHO guidelines on cost-effectiveness and offers a high return on investment in breaking the intergenerational cycle of malnutrition.[3]

The Rwanda National Maternal Nutrition Guideline outlines several benefits of MMS compared to IFA. The guideline not only highlights the benefits of birth outcomes and DALYs but also states that "MMS are a social equalizer" and that implementing and scaling up MMS would bring

[1] A Disability Adjusted Life Year (DALY) represents one lost year of perfect health. It is calculated by aggregating the effect of a health issue on mortality and morbidity. Interventions seek to avert DALYs.

significant improvements in maternal and child health outcomes in Rwanda.[4] Rwanda has first launched MMS supplementation for pregnant women in seven districts with high rates of stunting and maternal and infant mortality, and now scaled the MMS program countrywide, covering thirty districts.

This country profile presents a concise overview of Rwanda's status in implementing and scaling up MMS for pregnant women. This document aims to inform policymakers, partners, and stakeholders on the current progress, challenges, and opportunities for scaling MMS as a part of maternal nutrition and health strategies.

MMS Policy and Regulatory Status

Rwanda is currently in phase three of MMS implementation, the scale-up phase[5]. MMS has been incorporated into Rwanda's national maternal nutrition guidelines and other national policies, as well as in the Essential Medicines List (EML). A costed roadmap was developed and endorsed, and a national advisory group has guided the process. Sight and Life, in collaboration with the Rwanda Biomedical Centre (RBC) and UNICEF, conducted an assessment of MMS coverage, adherence, and acceptability among women and ANC professionals in seven pilot districts.[6]

Implementation Status

In December 2022, UNICEF convened a national nutrition colloquium that identified maternal nutritional deficiencies as a key driver of stunting in Rwanda. The event catalyzed the development of a two-year accelerated strategy to reduce stunting, prioritizing maternal nutrition and introducing MMS as a transformative intervention. MMS was launched in January 2024 across seven districts, namely ***Ngororero, Gicumbi, Musanze, Gasabo, Nyabihu, Burera, and Rutsiro.*** Expansion to ten more districts was planned and conducted in May 2025: the plan targeted ten high-burden districts—five with the steepest rise in stunting (***Gicumbi, Burera, Kirehe, Gasabo, Musanze***) and five with rates exceeding 40% (***Ngororero, Nyabihu, Rutsiro, Rubavu, Nyamasheke***), reinforcing Rwanda's strategy to tackle stunting starting from pregnancy[6,9]. Later, the leadership decided to scale up in the thirteen remaining districts in June 2025: ***Kayonza, Nyagatare, Ngoma, Gatsibo, Rwamagana, Rulindo, Gisagara, Huye, Nyaruguru, Nyanza, Kamonyi, Kicukiro, and Nyarugenge***. Multiple Micronutrient Supplements (MMS) have been provided at all public health centers across the country since July 2025.

A landscape situation analysis is presented in the National Maternal Nutrition Guideline, showing the extent of micronutrient deficiencies among pregnant women in Rwanda. The landscape analysis conducted to support MMS scale-up in Rwanda included several foundational assessments, such as: Nutrition situation analysis, Delivery platform assessment, Policy and regulatory assessment, Supply readiness assessment, Procurement assessment, and Stakeholder mapping.

A comprehensive Knowledge, Attitude, and Practice (KAP) assessment, along with an analysis of demand and uptake of MMS through ANC services, was conducted in Gasabo, Rutsiro, and Burera districts using a survey for women and multiple stakeholder interviews. The assessment, led by RBC and UNICEF Rwanda, was published as a report in February 2025.[7]

Sight and Life and UNICEF developed a costed roadmap for the scale-up and sustainability of the MMS program in the country. In 2025, the government of Rwanda endorsed the roadmap, and it is currently in discussions with the Child Nutrition Fund (CNF) to enter its matching program for MMS procurement and program implementation, to ensure the program's sustainability.

In parallel, implementation research on the enablers and barriers to MMS consumption and ANC attendance has been conducted by Sight and Life in partnership with RBC and UNICEF. Sight and Life has assessed coverage, adherence, and acceptability of MMS and ANC attendance among women and ANC professionals in seven pilot districts where MMS has been implemented.[6] The results of the assessment informed the roadmap and are currently being published in a scientific journal. A social and behavior change communication (SBCC) strategy was published in April 2025.[8]

To support effective MMS implementation, Rwanda has strengthened delivery platforms through capacity-building for health care workers and the development of robust systems for monitoring, learning, and process evaluation. The strategy also recommended conducting implementation outcome evaluations, such as acceptability, feasibility, and sustainability.[6]

In terms of capacity building, Rwanda is conducting ongoing refresher training for frontline health workers.[6]

MMS Coverage and Utilization

In Rwanda, ANC coverage is reported to be 98%. However, less than half of pregnant women (47 %) attend at least 4 ANC visits,[7] highlighting challenges in compliance and adherence during pregnancy. MMS distribution has been scaled up to 30 districts in 2025 using the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) formulation. However, there is a need for updated monitoring and evaluation to ensure effective coverage and compliance, thereby ensuring the success of the MMS program. To drive uptake, Rwanda has implemented a range of strategies, including:

- Mass media campaigns (TV, radio, advertisements),
- Community-based social and educational activities, including maternal support groups,
- Door-to-door communication and campaigning,
- Individual counseling at health care centers,
- Group counseling both at health facilities and within communities.[6]

In addition to the pregnant women, the National Maternal Nutrition Guideline for Rwanda is considering targeting breastfeeding women, other childbearing women, or adolescent girls.[4] It is also reported by national partners that women planning for pregnancy (preconception care programs) may also be considered for MMS.[6]

Key Program Actors and Partners

The MMS implementation and scale-up were led by RBC and supported by the MMS Technical Advisory Group (TAG), which provided scientific and technical support. The TAG includes representatives from governmental institutions and local and international NGOs. The stakeholders involved in the MMS initiative include those listed in the table below.[6]

Table 1: List of national and international partners working to scale up MMS in Rwanda.[6,9]

National Partners	International Partners
Ministry of Health (MOH), Rwanda	Bill & Melinda Gates Foundation (BMGF)
National Child Development Agency (NCDA)	Catholic Medical Mission Board (CMMB)
Rwanda Biomedical Centre (RBC)	CIFF Africa
University of Rwanda	Clinton Health Access Initiative (CHAI)
	CRI Foundation
	Eleanor Crook Foundation (ECF)
	Kirk Humanitarian
	Sight and Life Foundation
	UNICEF
	World Health Organization (WHO)

Supply Chain

Rwanda has committed to transitioning from IFA to MMS as part of its strategy to address malnutrition and strengthen ANC services. In partnership with stakeholders, Sight and Life, in collaboration with UNICEF, developed a procurement roadmap to support the Government of Rwanda in this transition.

Current MMS procurement is based on donations. MMS has been integrated in the national medical commodities distribution system managed by the Rwanda Medical Supply (RMS). Key supply chain challenges include procurement needs, the integration of MMS into national health financing schemes, and coordination with pharmaceutical suppliers to improve access.[9]

Monitoring, Evaluation, and Research

The National Maternal Nutrition Guideline for Rwanda has developed a monitoring framework for the MMS program, along with a list of key indicators and an evaluation framework. National indicators and data sources, such as the Demographic and Health Survey (DHS) and the Health Information Management System (HMIS), are used to monitor maternal nutrition and ANC coverage.[9] Moreover, Rwanda is in the process of digitizing health data at the health center level, including ANC indicators and MMS.

The National Maternal Nutrition Guideline provides details on the implementation and integration of MMS at the national level in Rwanda, as well as its integration into national monitoring systems. The evaluation of the pilot, assessing coverage, adherence, and acceptability of ANC attendance and MMS consumption, informed the roadmap activities and the program's countrywide implementation. Additionally, the 2025 KAP study is one of the publications that provides insights into the knowledge gaps, attitudes, and practices related to MMS among women and stakeholders in Rwanda.[7]

Financing and Sustainability

Current implementation research is donor-funded, with plans to explore government co-financing to ensure sustainability. The Government of Rwanda is in dialogue with CNF for the financing of the program. Delivery systems have been strengthened through capacity building for healthcare providers and the integration of MMS into Logistics Management Information Systems (LMIS).[5,9]

Challenges and Next Steps

The key challenges in Rwanda for uptake of MMS are limited depth in counseling for women, incomplete ANC documentation, and the absence of structured community outreach programs. In addition, there are misconceptions about MMS, experienced side effects, and a high prevalence of delayed ANC attendance that create barriers for MMS adherence and compliance.[5,7]

The lessons learned emphasize the importance of effective counseling and strong partnerships for successful implementation. Thus, there is a need for policy support to advocate for the inclusion of MMS in the country's financing plan, to conduct implementation research, to provide comprehensive training for health providers and Community Health Workers (CHWs), and to strengthen the MMS supply chain.

The next steps for Rwanda include ensuring the sustainability of the program in the long term; finalization of CNF agreement for sustainability of the program; implementation of the activities

as detailed in the roadmap; monitoring and evaluation of the program, from supply to consumption; monitoring and evaluation of SBCC activities implemented and integrating MMS into universal health coverage through national health insurance; and strengthening Health Management Information System (HMIS) reporting, monitoring, and evidence generation.

MMS Tools and Resources

1. Costing and Economic Analysis Tools

These resources can guide policymakers and health program managers considering a transition from IFA to MMS. They offer practical tools and costing aids to support effective decision-making and planning. Country-specific cost-benefit and costing tools have been developed by international partners (NI and R4D).

a. Multiple Micronutrient Supplements (MMS) Introduction and Scale-up Roadmap Costing Tool
b. A policy brief for Rwanda: Cost-Effectiveness of Transitioning from Iron and Folic Acid to Multiple Micronutrient Supplementation for Pregnancy, Nutritional International, April 2020
c. A tool to aid decision-making transitioning from IFAS to MMS

2. Situation and Policy Analyses and formative research

These reports offer critical insights to inform behavior change strategies and strengthen national nutrition policy implementation through evidence-based, community-responsive interventions.

a. Eric Matsiko et al. Understanding Knowledge, Attitudes, and Practices Around Multiple Micronutrient Supplementation in Rwanda, 05 August 2025, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-6932308/v1]
b. Antenatal Care Attendance and Multiple Micronutrient Supplementation Intake: Perspectives from Women and Antenatal Care Providers in Rwanda

4. Other resources

These are videos and expert interviews on the experience of implementing MMS in Rwanda.

a. MMS Country Experience: Rwanda
b. Expert Interview: Samson Desie, UNICEF, Rwanda
c. Knowledge Byte 29: MMS Country Experiences Rwanda – Samson Desie, UNICEF

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8. Rwanda Biomedical Centre and UNICEF RwandaRwanda Biomedical Centre and UNICEF Rwanda. *Social & Behaviour Change Strategy: Enhancing Acceptance, Demand and Uptake of Micronutrient Supplementation (MMS) through Antenatal Care Services (ANC) in Rwanda.*; 2025.
9. Healthy Mothers Healthy Babies Consortium, Micronutrient Forum. World Map of Activities - Healthy Mothers Healthy Babies Consortium (HHMB Survey 2021-2023) and (HMHB Survey 2025). Accessed October 1, 2025.

The information and country-level data provided herein were received from our partners as of 2025 and are shared with permission for public dissemination. This profile will be updated periodically. If you have updates or additional information to share, please fill out this feedback form. For questions, contact us at HMHB@micronutrientforum.org.

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