



Project Information Document/ Integrated Safeguards Data Sheet (PID/ISDS)

Concept Stage | Date Prepared/Updated: 15-Aug-2017 | Report No: PIDISDSC22972



BASIC INFORMATION

A. Basic Project Data

Country Rwanda	Project ID P164845	Parent Project ID (if any)	Project Name Rwanda Stunting Prevention and Reduction Project (P164845)
Region AFRICA	Estimated Appraisal Date Dec 06, 2017	Estimated Board Date Feb 28, 2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) MINISTRY OF FINANCE AND ECONOMIC PLANNING	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To contribute to the reduction in the stunting rate among children under two years of age in the targeted districts of Rwanda

Financing (in USD Million)

SUMMARY

Total Project Cost	50.00
Total Financing	25.00
Financing Gap	25.00

DETAILS

Total World Bank Group Financing	25.00
World Bank Lending	25.00

Environmental Assessment Category
B-Partial Assessment

Concept Review Decision
Track II-The review did authorize the preparation to continue



B. Introduction and Context

Country Context

Rwanda has made substantial progress in reducing poverty levels, increasing agricultural production, and improving child survival. Rwanda has consistently outperformed other countries in the region on many or most of these critical aspects of socio-economic development. With the country's economy growing at more than eight percent per year, the share of the population below the national poverty line dropped from 59 to about 39 percent in 2001-2013. Rwanda has also seen a small reduction in inequality, with higher growth in consumption in rural areas during 2006-2011. The country's score on the Global Hunger Index--a composite indicator of undernourishment and child mortality---dropped by nearly half between 2000 and 2013, making Rwanda one of the best performers on the global stage (IFPRI, 2013).

Rwanda's Vision 2050 sets an ambitious agenda for further improvements in the standard of living. Targets to reduce food insecurity and malnutrition and to further reduce poverty are evidence of the political commitment to the Bank's twin goals of poverty reduction and shared prosperity. The current high level of chronic malnutrition or stunting (38 percent) represents an impediment to Rwanda's aspiration to become middle-income country by 2020, given the long-term negative effects of stunting on human capital development. The President of Rwanda has recently made a strong commitment to dramatically reduce and eventually eliminate childhood stunting. This political will is critical for putting in place a strong program that will effectively establish the foundation for addressing stunting that represents a national development priority.

Sectoral and Institutional Context

Over the past fifteen years, Rwanda has made dramatic progress in improving infant and child survival and women's health. With the rapid scale up of basic health services and overall improvement in socio-economic conditions both under five and infant mortality declined sharply during 2000-2015 (i.e. from 196 to 50 per 1,000 live births, and from 107 to 32 per 1,000 live births, respectively). Neonatal mortality declined somewhat slower, from 44 to 20 per 1,000 live births. Maternal mortality has dropped steeply from 1071 (2000) to 210 (2014) per 100,000 live births, with improved access to health services, and substantial investments in health systems. Access to prenatal care is now virtually universal and over 90 percent of women benefit from skilled attendance at birth. Access to family planning services has also expanded rapidly, giving Rwandese women a full range of options for regulating their fertility. Thus, the modern contraceptive prevalence rate (CPR) increased sharply from 10 to 48 percent during the past decade. The rise in the CPR, combined with delayed childbearing, has resulted in a steep drop in fertility during the past ten years (i.e. from a total fertility rate of about 6.0 to slightly above 4.0).

The nutrition situation among young children remains a major outlier, with Rwanda lagging behind, and needing to redouble its efforts. While the wasting SDG target (*acute malnutrition*) has already been met, the current stunting rate (*chronic malnutrition*) remains at a stubbornly high level of about 38 percent (2015), placing Rwanda among the countries in Africa with relatively high rates of undernutrition. Moreover, while childhood stunting has started to decline at an accelerated rate in the past five years, the



country is unlikely to attain the 18 percent stunting target for 2018. Stunting affects nearly 50 percent of the poorest children, in comparison to 21 percent of the richest. Stunting also rises with birth order with rates climbing to nearly 50 percent for fourth order births, underscoring the importance of further reductions in both fertility and chronic malnutrition. While exclusive breastfeeding protects infants in the first six months, there is a steep and progressive rise in stunting after weaning (i.e. from 21 percent in 9-11 month olds, to over 49 percent in 18-24 month olds). In total, only 34 percent of children under two have a *minimally acceptable diet*; 37 percent have *adequate environmental health*; and 24 percent receive *adequate care*. Only 4 percent have access to all three components, illustrating that important gaps remain to be addressed.

The Government of Rwanda is cognizant of these issues, and has recently reconfirmed its drive and determination to tackle stunting. Rwanda has been a member of the Scaling Up Nutrition (SUN) global alliance since 2011, and established a Joint Action Plan to Eliminate Malnutrition (2016-2020), with participation of different sectors. In recognition of the importance of the first 1,000 days of life, the government launched the “*1,000 days campaign in the land of 1,000 hills*” initiative in 2013. Recognizing the multi-sectoral nature of the malnutrition problem, the government has established a National Food and Nutrition Coordination Secretariat in the Ministry of Local Government (MINALOC) with representation of key ministries. The Secretariat aims to provide a platform to coordinate government and donor-supported interventions on food security and nutrition.

The government plans on leveraging its solid track-record of implementing innovative health reforms and getting results on the ground. Several notable initiatives and reforms have been undertaken which can be leveraged to support the stunting agenda. Notable examples include the: (i) *Community Health Worker* program which comprises 45,000 workers and serves as the foundation for improving child and maternal health and nutrition; (ii) *national performance based financing program* (PBF) that provides incentives to health workers to deliver high quality services and has served as a model for other countries in the region; and (iii) *national community health insurance scheme (approche contractuelle)* that facilitates access to health services. The Ministry of Health and the Rwanda Biomedical Center have strong capacity to manage donor-supported projects through an experienced Single Project Implementation Unit that has effectively managed several IDA health operations.

Rwanda is among the countries that met virtually all MDG targets (except poverty reduction), and is now transitioning to the SDGs, setting more ambitious goals, and targeting those who are harder and costlier to reach. One of the key challenges facing the Government of Rwanda is to ensure the financial sustainability of its impressive achievements while tackling emerging non-communicable diseases that require costlier treatment, in an environment of unpredictable and declining development assistance. The health sector has historically been heavily dependent on donor financing (i.e. external donors funded over 60 percent of total public spending on health, 2010 NHA), and subject to fluctuations and external shocks. The government currently allocates close to 10 percent of the national budget to the health sector (2016/2017) and has made important strides towards increasing resources for health. To this end, Rwanda has produced a comprehensive, updated *Health Financing and Sustainability Strategy* (2015) which aims to: (i) increase efficiency and ensure value for money by reducing administrative costs and expanding performance based financing; (ii) strengthen



health insurance and risk pooling; and (iii) expand domestic revenue mobilization, including community and private sector financing.

Relationship to CPF

The proposed operation contributes to the objectives of the World Bank’s engagement in Rwanda and is an integral part of a broader Bank program to reduce stunting in Rwanda. The proposed operation complements activities under social protection (e.g. gender and child sensitive public works) and agriculture (e.g. food security and dietary diversity) projects that will contribute to combatting malnutrition with a focus on vulnerable groups and the critical first 1000 days. It is aligned with Theme 2 of the Country Partnership Strategy (2014-2020)-- *Improving the productivity and incomes of the poor through rural development and social protection, by supporting investments in activities that promote agricultural productivity, agribusiness and nutrition.* It is well recognized that childhood stunting increases the potential for intergenerational transmission of both stunting and poverty. It is also well documented that in the long-term stunting delays cognitive development, and lowers educational attainment and lifetime earnings. Total annual costs associated with undernutrition in Rwanda are estimated at 11.5 percent of the Gross Domestic Product (GDP), driven largely by lower productivity of adults performing manual activities.¹ The operation is therefore designed to contribute to the World Bank Group (WBG) corporate objectives of ending extreme poverty and promoting shared prosperity.

The World Bank has a long-standing record of collaboration with the Government of Rwanda in the health sector, even though in recent years the sector has not been prioritized for use of IDA resources. Historically, the Bank has: (i) played a pivotal role in the design and evaluation of various health reforms (e.g. performance based financing, decentralization, community health insurance) through a series of *Poverty Reduction Support Credits*; (ii) supported the establishment of the national HIV/AIDS program and the roll out of AIDS treatment (*Multi-Country Action Plan Against AIDS in Africa*); and (iii) strengthened diagnostic and surveillance capacity through a regional project (*East Africa Public Health Laboratory Networking Project*). Recently, the Bank has conducted various analyses on the determinants and consequences of stunting that will form the analytic underpinnings for the proposed operation (e.g. *Rwanda Nutrition Situation Analysis; Stunting Reduction in Sub-Saharan Africa*, 2017).

Different financing instruments to support the government were considered with IPF selected as the best option. Drawing on lessons learned from past engagement in Rwanda, the IPF instrument was viewed as most appropriate for several reasons. First, the proposed operation aims to adopt a ‘*learn by doing*’ approach to demonstrate how stunting can be substantially reduced, and how it can be scaled up in a subsequent phase. The IPF will enable the government to design and adopt innovative approaches, strengthen capacities, and monitor, evaluate and draw lessons. Second, the Ministry of Health has extensive experience and a good track record with IPF instruments and will be able to hit the ground running relatively quickly. Third, while using an IPF instrument, the team will adopt performance based agreements and contracts that will hold stakeholders accountable for specific results through the national PBF scheme, *imihigo* contracts, and contractual agreements with NGOs/CBOs. Depending on the results attained during the four-year operation,

¹ Government of Rwanda, UNECA, WFP. 2013. *The social and economic impact of child undernutrition in Rwanda.*



different instruments, such as PforR with disbursement-linked indicators may be considered in the future.

C. Proposed Development Objective

To contribute to the reduction in the stunting rate among children under two years of age in targeted districts of Rwanda.

Key Results

Progress towards stunting reduction will be monitored primarily through intermediate indicators that are expected to have an impact on the nutritional status of infants and children under five and pregnant and lactating women. Notable examples include: (i) four prenatal visits, iron/folic acid supplementation, and contraceptive use for pregnant and lactating women; (ii) micronutrient supplementation (*Ongera*), growth monitoring and promotion for children 6-24 months, and deworming.

D. Concept Description

The project would support the government to adopt a bold, new national strategy to improve awareness and understanding of chronic malnutrition which tends to be an invisible problem that has serious long-term negative consequences for cognitive development, educational attainment, and lifetime earnings. It would draw on Rwanda's unique experiences in promoting community health, performance based approaches, and technological innovations in the health sector. The project would adopt a phased, learn by doing approach, using the science of delivery methodology. While the project would promote a national approach, targeted districts would benefit from more intensive support to make optimal use of limited resources. District plans to combat malnutrition would serve as the basis for financing a comprehensive package of health and nutrition interventions. Based on discussions with government counterparts a tentative set of strategies and interventions has been identified. These best buy interventions will be further refined and will guide the final design of the project components.

- ***Prevention and Management of Stunting at Community and Household Levels.*** This component would include activities aimed at training, mentoring and incentivizing community health workers and equipping them with tools and technologies to deliver more effectively a comprehensive package of cost effective interventions with a focus on the critical first 1000 days. The main interventions to be carried out by community health workers would include: (i) promoting high quality infant/young child care, feeding, sanitation and hygiene practices in the targeted districts; (ii) strengthening growth monitoring, tracking and follow up of stunted children; and (iii) providing health and nutrition education for pregnant and lactating women and improving referral to health facilities.
- ***High-impact Health and Nutrition Services.*** Health facilities in the targeted districts will be supported to improve access to an enhanced package of high-impact nutrition and health interventions by addressing supply side bottlenecks and strengthening key delivery platforms. These platforms will enable a scale up of the nutrition interventions identified in the government's *Acceleration of Reduction of Stunting Strategy* that are in line with the 2008/2013 Lancet recommendations, including: (i) promotion of *maternal and child nutrition and hygiene practices*, focused on the first 1000 days; (ii) *micronutrients for children* (Vitamin A supplementation; therapeutic zinc supplementation with ORS; multiple micronutrient supplement powders);



and (iii) critical *nutrition and health interventions for women* (e.g. iron and folic acid supplementation, deworming, four antenatal care visits, postnatal care, counseling on nutrition, family planning). Health facilities will be held accountable and incentivized to provide these interventions through the performance based financing approach and will benefit from training, technical support, and commodities.

- **Learning, Knowledge Sharing and Innovations to Enhance Impact.** To complement the core interventions described above, this component would support learning, knowledge sharing and innovations in service delivery. It would support the Ministry of Health and the Rwanda Biomedical Centre to: (i) review and revise nutrition and health related guidelines and protocols; (ii) develop strategies based on the positive deviance methodology (i.e. focusing on factors that explain nutritional success rather than failure), in collaboration with other key stakeholders (i.e. MINALOC, MIGEPROF); (iii) support the Rwanda health Communications Center to lead the design of a revamped national communication/ behavioral change communication strategy that would address issues related to infant/child care feeding practices, hygiene, sanitation, and safe water to be disseminated through different channels and ministries; (iv) adopt innovative technologies and interactive systems for tracking every pregnant woman and child until the child completes 1000 days, ensuring prompt identification of growth faltering and effective response at the household level; (v) facilitate learning and knowledge sharing among districts, as they scale up interventions and introduce innovations; and (vi) conduct rigorous evaluations to draw timely lessons on what works, how much it costs, and how it can be scaled up. A broader learning agenda would be developed for the integrated program to tackle stunting in Rwanda, covering both the health and social protection operations.

The institutional, implementation and coordination arrangements for the proposed project would build on strong existing platforms. The Ministry of Health will be supported to handle its policy and strategy formulation roles and the Rwanda Biomedical Center will be responsible for coordinating the implementation of the project through the Single Project Implementation Unit that has managed previous Bank-funded health projects. At the decentralized level, district authorities will be responsible for providing oversight, working with other stakeholders. The District Plans for Elimination of Malnutrition (DPM) will serve as one of the key documents guiding district level investments using decentralized service delivery modalities.

SAFEGUARDS

A. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The project will contribute to the reduction in stunting rate among children under two years of age in targeted districts of Rwanda. While the project would promote a national approach, targeted districts would benefit from more intensive support to make optimal use of limited resources. District plans to combat malnutrition would serve as the basis for financing a package of interventions. Health facilities in the targeted districts will be supported to improve access to an enhanced package of high-impact nutrition and health interventions by addressing supply side bottlenecks and strengthening key delivery platforms. No civil works are planned.

The support to improve service delivery is anticipated to increase the utilization of health services and facilities, which is likely to generate incremental health care waste, such as sharps or infectious waste. No negative social impacts are



expected from the proposed project. But improvements in access and utilization of health care services, could increase the generation of medical waste in participating health facilities which may adversely affect the environment and local populations if not managed appropriately. To this end, the national Medical Waste Management Plan will be updated, reviewed and disclosed. The EA category for this project is Category B, owing to the location specific and manageable nature of the potential environmental impacts. The project is not expected to have long term significant negative social impacts. This EA category will be reviewed during appraisal.

B. Borrower’s Institutional Capacity for Safeguard Policies

The main project coordinating unit is based at the RBC/MOH. The Single Project Implementation Unit (SPIU) has experience in the management of World Bank funded health projects. Other project implementation entities are the district health teams. The RBC is currently implementing a regional World Bank project on sexual and gender based violence that involves the implementation of MWMPs in seventeen hospitals in the country. Although RBC does not have designated safeguards staff it relies on the environment health staff in these hospitals for safeguards implementation.

As the RBC has limited capacity in the implementation of Bank safeguards policies, it will collaborate with the MOH department of environmental health to strengthen SPIU’s supervision of the implementation of the environmental safeguards policy instruments. In addition, capacity building of the SPIU and the district health teams on the implementation of environmental safeguards will be undertaken.

C. Environmental and Social Safeguards Specialists on the Team

George Bob Nkulanga, Social Safeguards Specialist
Emmanuel Muligirwa, Environmental Safeguards Specialist

D. Policies that might apply

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Triggered due to generation of health care waste.
Natural Habitats OP/BP 4.04	No	The project is not expected to impact on natural habitats.
Forests OP/BP 4.36	No	The project is not expected to impact on forests.
Pest Management OP 4.09	No	The project is not expected to impact on pests.
Physical Cultural Resources OP/BP 4.11	No	The project is not expected to have an impact on physical cultural resources.
Indigenous Peoples OP/BP 4.10	No	No expected impact.
Involuntary Resettlement OP/BP 4.12	No	The project will not involve any activities that would result in land acquisition, physical displacement, economic displacement or any other form of involuntary resettlement as defined by the policy.
Safety of Dams OP/BP 4.37	No	The policy is not triggered since project will not invest in dams nor will any project activities rely on the



		operations of existing dams.
Projects on International Waterways OP/BP 7.50	No	The policy is not triggered since project activities will not affect any known International Waterways.
Projects in Disputed Areas OP/BP 7.60	No	The policy is not triggered since project activities will not affect any known disputed areas.

E. Safeguard Preparation Plan

Tentative target date for preparing the Appraisal Stage PID/ISDS

Dec 04, 2017

Time frame for launching and completing the safeguard-related studies that may be needed. The specific studies and their timing should be specified in the Appraisal Stage PID/ISDS

National Waste Management Plan to be reviewed, updated, and disclosed.

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APPROVAL

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