



# Combined Project Information Documents / Integrated Safeguards Datasheet (PID/ISDS)

Appraisal Stage | Date Prepared/Updated: 08-Dec-2017 | Report No: PIDISDSA23019



**BASIC INFORMATION**

**A. Basic Project Data**

Country Rwanda	Project ID P164845	Project Name Rwanda Stunting Prevention and Reduction Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 08-Dec-2017	Estimated Board Date 28-Feb-2018	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) MINISTRY OF FINANCE AND ECONOMIC PLANNING	Implementing Agency Rwanda Biomedical Center	

Proposed Development Objective(s)

The proposed Project Development Objective (PDO) is to contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts.

Components

- Component 1: Prevention and Management of Stunting at Community and Household Levels
- Component 2: High-impact Health and Nutrition Services
- Component 3: Monitoring & Evaluation and Program Management

Financing (in USD Million)

**SUMMARY**

<b>Total Project Cost</b>	55.00
<b>Total Financing</b>	55.00
<b>Financing Gap</b>	0.00

**DETAILS**



<b>Total World Bank Group Financing</b>	25.00
World Bank Lending	25.00

Environmental Assessment Category

B - Partial Assessment

Decision

The review did authorize the preparation to continue

## B. Introduction and Context

### Country Context

Rwanda has consistently outperformed other countries in the region on many indicators 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 45 percent during 2001-2011. Rwanda has also seen a small reduction in inequality, with higher growth in consumption in rural areas during 2006-2011. The gains in poverty reduction have been accompanied by impressive progress in human development, including meeting of the Millennium Development Goals (MDGs) by 2015. Nevertheless, there are persistent concerns with food insecurity, in part due to low agricultural productivity, climate change effects, and food price fluctuations. The predominantly rain-fed production is affected by long droughts or heavy rains, often causing flash floods. Even though food is generally available, most is sourced from the market, making households vulnerable to food price increases, and compromising food security (WFP, 2016).

Rwanda's Vision 2050 sets an ambitious agenda for further improvements in the standard of living. Targets to address food insecurity and malnutrition and to further reduce poverty are evidence of the political commitment to the twin goals of poverty reduction and shared prosperity. There is broad based recognition that stunting (*chronic malnutrition*) represents an impediment to Rwanda's aspiration to become a middle-income country, given its long-term negative effects on human capital development. The President of Rwanda has recently made a strong commitment to dramatically reduce and eventually eliminate childhood stunting. To respond to this commitment, the World Bank has developed an integrated program to combat chronic malnutrition which is based on global evidence, with a focus on high stunting districts, vulnerable populations and the critical 1,000 days beyond which stunting becomes largely irreversible. The Bank program aims to: (i) support cross-sectoral interventions through operations in health, social protection, and agriculture; (ii) promote innovations in service delivery; and (iii) leverage private sector resources from the Power of Nutrition and the Global Financing Facility, innovative partnerships of investors and implementers.

### 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 improvements in socio-economic



conditions both child and maternal mortality declined sharply during 2000-2015. The expansion in family planning services, combined with delayed childbearing, has resulted in a steep drop in fertility. These improvements are largely due to constant progress in maternal and child health service provision including antenatal care and institutional delivery. Despite the overall improvements in health, coverage of some nutrition-related interventions, such as postnatal care and women report taking the recommended dose of 90 or more days of iron folic acid tablets during pregnancy, remain a challenge.

While the Sustainable Development Goal (SDG) target on wasting (*acute malnutrition*) has already been met, and there have been substantial declines in stunting between 2010 and 2015, the stunting rate has remained stubbornly high (38 percent, 2014/2015). Moreover, there are large inequalities in the distribution of stunting in Rwanda. 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), as infants are exposed to greater disease risks through inadequate complementary feeding and poor hygiene practices. Stunting remains largely an invisible problem, and requires a fundamental shift in awareness and enhanced information on what can be done to address it.

There have also been important improvements in environmental health but important gaps and geographic variations persist. Since 2005, access to improved water and sanitation facilities has more than doubled. Nevertheless, infants and children from vulnerable and poor households in rural areas have significant deficits in environmental health that places them at a greater risk of stunting. Because of poor sanitation and hygiene practices, children face increased exposure to helminthic infections and greater risk of chronic diarrhea and enteric pathogens, conditions which may lead to the malabsorption of nutrients from food.

Trends in food adequacy have remained largely inadequate. For children between 6-24 months, there has been little improvement in food intake during the 2010-2015 period with only 18 percent considered to have a minimum acceptable diet; less than 50 percent benefitting from minimum meal frequency; and 29 percent receiving the minimum dietary diversity. The pattern of decreased food adequacy after the first six months, with inadequate feeding practices increases the risk of micronutrient deficiencies and exposure to infections, and coincides with higher prevalence of stunting among children between 6 and 24 months old.

When analyzing access to all three critical determinants of malnutrition--care practices, environmental health and food adequacy—we find significant gaps. In total, only 24 percent of children under two receive *adequate care*; 37 percent have *adequate environmental health*; and 34 percent of children under two have a *minimally acceptable diet*. Less than 4 percent have access to all three critical dimensions, illustrating that important gaps in convergence of interventions remain to be addressed to have a more dramatic impact on stunting. To promote convergence of interventions, the coordination and financing of best buy interventions needs to be improved. While Rwanda benefits from financing for nutrition from several major development partners (i.e. USAID, UNICEF/Netherlands) there are persistent financing gaps and challenges in ensuring synergies between investments. All 30 districts benefit from some funding for best buy interventions, but not all sectors are covered, few of the required interventions are provided to scale, and coverage of beneficiaries varies widely.

The Government of Rwanda has put the elimination of stunting high on the country's political and development agenda, with food security, nutrition, and early childhood development prioritized as foundational issues to address within the *Economic and Poverty Reduction Strategy* (2013–2018) and in the forthcoming *National Strategy for Transformation and Prosperity* (2017-2024). Rwanda has been a member of the Scaling Up Nutrition Movement since 2011, and established a Joint Action Plan to Eliminate Malnutrition (JAPEM 2016-2020). 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. The government has prepared a



strategy for accelerating the reduction in childhood stunting, setting more ambitious goals, targeting those who are harder and costlier to reach.

### **C. Proposed Development Objective(s)**

#### Development Objective(s) (From PAD)

The proposed Project Development Objective (PDO) is to contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts.

#### Key Results

The project will support the Government to adopt a bold, new national strategy to improve the visibility of stunting in Rwanda, and to deliver harmonized behavior change messages across various platforms. One of the key transformational aspects of this project is the engagement in interventions across multiple sectors, leveraging and strengthening existing institutional structures to mobilize stakeholders; improve ownership and accountability; and ensure convergence of key interventions at the household and individual levels. Interventions span the full 1,000-days window, with innovations to also target the health and nutrition of adolescent girls.

The project will also strengthen accountability by aligning incentives and actions at several critical levels: (i) incentivizing frontline Community Health Workers (CHWs); (ii) improving accountability of health personnel through the national Performance Based Financing (PBF) schemes; (iii) providing grant funds to district authorities to support the convergence agenda, build capacity to implement the multi-sectoral response, and ensure effective implementation and monitoring of the District Plans to Eliminate Malnutrition (DPEMs); and (iv) incorporating indicators in the *Imihigo* contracts between the President of Rwanda and respective mayors. The project will adopt a phased, learn by doing approach, underpinned by a solid operational research agenda around convergence, behavioral change, and performance based approaches.

The main PDO level indicators will include: (i) percentage of children under five years with height-for-age z-score below -2 standard deviations of the median for the WHO reference population; (ii) percentage of children under 2 years with height-for-age z-score below -2 standard deviations of the median for the WHO reference population; (iii) percentage of women who attended four or more antenatal care visits during their most recent pregnancy; (iv) percentage of ubudehe 1 and 2 households with access to WASH interventions, and (v) percentage of women who took iron folic acid tablets for 90 days or more during their most recent pregnancy.

### **D. Project Description**

The total project cost of US\$55.0 million is supported through Investment Project Financing over five years. The IDA credit of US\$25.0 million equivalent will be co-financed by a US\$20.0 million recipient-executed grant through the Bank-administered Power of Nutrition (PoN) Trust Fund and a US\$10.0 million recipient-executed grant through the Bank-administered Global Financing Facility (GFF) Trust Fund.

#### Component 1: Prevention of Stunting at Community & Household Levels (total US\$31.8 million)

This component will support the government to improve understanding of stunting in Rwanda, and deliver harmonized behavior change messages at all levels (i.e. national, local government, and household) and across several key sectors (i.e. health, social protection, agriculture, water and sanitation). Specifically, the component will: (i) support the design and implementation of a new national communication strategy,



including a state of the art media campaign and innovative communications tools customized to the Rwandan context; (ii) train, mentor, incentivize and equip Community Health Workers (CHWs) to conduct growth promotion, including early identification and follow-up of children falling behind; behavior change communications on enhanced infant and young child care, feeding, and WASH practices; health and nutrition education for pregnant and lactating women and early referral to health facilities for nutrition services and health checkups; (iii) support early childhood development models of care that serve as platforms for enhanced infant and child feeding, hygiene and sanitation practices and early learning and stimulation; (iv) develop strategies and approaches based on the positive deviance methodology, in collaboration with other key stakeholders; (v) develop and test strategies for reaching adolescent girls with nutrition counseling and weekly iron and folic acid supplementation; (vi) provide targeted support to vulnerable households with young children to improve access to WASH interventions; and (vi) strengthen multi-sectoral district planning, budgeting, coordination, supervision, and monitoring.

**Component 2: High-impact Health and Nutrition Services (total US\$13.8 million)**

To address key gaps in service delivery health facilities in the targeted districts will be supported and incentivized to improve utilization and coverage of an enhanced package of high-impact nutrition and health interventions. These interventions include those identified in the government's Acceleration of Reduction of Stunting Strategy which are in line with the 2008/2013 Lancet recommendations: (i) height monitoring and growth promotion and effective tracking of faltering children, early initiation and exclusive breast feeding, deworming, micronutrient supplementation; and (ii) critical nutrition and health interventions for women (i.e. four antenatal care visits, four postnatal care, iron/folic acid supplementation, postpartum family planning, counseling on child care, complementary feeding and hygiene). Health facilities will be held accountable and incentivized to provide these interventions through the national PBF program. The project will support health facilities with training, information technologies, and logistical support from the national level. To this end, support will be provided for the design and roll out of new information technologies and interactive systems for tracking every pregnant woman and child, ensuring prompt identification of growth faltering and effective response at the facility and household levels.

**Component 3: Monitoring & Evaluation and Project Management (total US\$9.4 million)**

This component will support Monitoring and Evaluation, and project management. To this end, it will support the following activities: (i) conducting rigorous evaluations to draw timely lessons on what works, how much it costs, and how it can be scaled up; (ii) facilitating learning and knowledge sharing at both the community and district level; and (iii) supervising, coordinating and providing oversight on project activities.

## **E. Implementation**

### **Institutional and Implementation Arrangements**

The institutional, implementation and coordination arrangements for the project will be largely anchored on existing platforms and seek to strengthen relevant capacities and systems for project implementation. Consistent with its mandate, the Ministry of Health (MoH) will be supported to handle its policy and strategy formulation roles and responsibilities, ensuring oversight and coordination among health sector actors and development partners. The Rwanda Biomedical Center (RBC), an executive agency under the MoH will be responsible for overall project management. The National Early Childhood Development Program (NECDP) has now subsumed the National Food and Nutrition Secretariat (NFNS) with a broader mandate to coordinate both investments in the Early Years and stunting reduction. The structure is being reinforced to carry out its mandate to ensure better multi-sectoral coordination at all levels across social cluster ministries, development partners and civil society organizations.



The Single Project Implementation Unit (SPIU) under the RBC will handle the following functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, and equipment to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of the implementation of environmental and social safeguards provisions.

At the local government level, district authorities will be responsible for providing oversight, ensuring effective coordination, and promoting collaboration among key stakeholders. The DPEMs that are prepared on an annual basis, will serve as the main vehicle for guiding World Bank support for district level activities, using decentralized service delivery modalities to make accountable local authorities. The capacities of participating districts will be strengthened to improve planning, programming, budgeting and coordination of government and donor-funded programs. Each targeted district will sign a Memorandum of Understanding (MOU) with the RBC for the activities and interventions to be supported under the project. Health centers in the targeted districts will be supported to carry out the core nutrition and health interventions proposed under the project and to mentor CHWs. Health centers will receive goods and equipment from the national level.

#### **F. 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 five years of age (with a focus on those under two) in targeted districts of Rwanda. The proposed districts are as follows: Nyabihu, Ngororero, Karongi, Rubavu, Rutsiro, Rusizi, Nyamagabe, Huye, Nyaruguru, Ruhango, Gakenke, Kayonza and Bugesera. 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. 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, a Medical Waste Management Plan (MWMP) has been prepared and cleared by the Bank and publicly disclosed in-country as well as through the InfoShop on December 1, 2017. 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.

#### **G. Environmental and Social Safeguards Specialists on the Team**

George Bob Nkulanga, Social Safeguards Specialist

Emmanuel Muligirwa, Environmental Safeguards Specialist



**SAFEGUARD POLICIES THAT MIGHT APPLY**

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	The project will increase the utilization of health services and facilities, which is likely to generate incremental health care waste. A MWMP has been prepared, that details appropriate mitigation actions to address potential negative impacts.
Natural Habitats OP/BP 4.04	No	The project activities are confined or limited to existing health facilities and do not involve undertaking civil works. No impacts on natural habitats are anticipated.
Forests OP/BP 4.36	No	The project will operate in existing facilities. No impacts on forests are anticipated.
Pest Management OP 4.09	No	The project will not procure pesticides or lead to substantial increase in pesticide use.
Physical Cultural Resources OP/BP 4.11	No	The project activities are not envisaged to have any impacts on physical cultural resources since there will be no civil works.
Indigenous Peoples OP/BP 4.10	No	There are no indigenous peoples in the project implementation facilities.
Involuntary Resettlement OP/BP 4.12	No	The project will operate in existing facilities and will not entail land acquisition.
Safety of Dams OP/BP 4.37	No	The project activities do not involve the construction of new dams; and are not dependent on existing dams.
Projects on International Waterways OP/BP 7.50	No	The project does not negatively affect the use and protection of international waterways.
Projects in Disputed Areas OP/BP 7.60	No	None of the investments or project financed activities will be located in disputed areas.

**KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT**

**A. Summary of Key Safeguard Issues**

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The project is expected to increase utilization of health services which is likely to generate incremental health care waste. No large scale, significant and/or irreversible impacts are anticipated.





2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:  
No potential indirect and/or long term impacts due to anticipated future activities are expected.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.  
Not relevant

4. Describe measures taken by the borrower to address safeguard policy issues. Provide an assessment of borrower capacity to plan and implement the measures described.

The implementation and coordination arrangements for the project will be largely anchored on existing platforms and seek to strengthen relevant capacities and systems for project implementation. The Rwanda Biomedical Center (RBC), an executive agency under the MoH will be responsible for overall project management. RBC/SPIU has experience in implementation of World Bank funded projects. The SPIU under RBC will handle among other functions providing oversight of safeguard implementation. At district-level Implementation/ local government level, district authorities will be responsible for providing oversight, ensuring effective coordination, and promoting collaboration among key stakeholders. The different administrative levels of the district namely, sectors, cells and villages, will play their respective roles to ensure coordination and fulfill their basic service delivery mandates for prevention and reduction of stunting.

The borrower has prepared a Medical Waste Management Plan (MWMP) that provides guidance on how the project will handle medical waste. The MWMP overall objective is to prevent and/or mitigate the negative effects of increased generation of medical waste on human health and the environment. The plan proposes measures to prevent the spread of infection and reduce the exposure of health workers, patients and the public to the risks from medical waste. The MWMP is intended to be adopted by all project implementation entities to manage medical waste associated with project activities. These entities will have appropriate procedures and capacities in place to manage the medical waste.

5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.

The consultation with all stakeholders begun during the scoping phase, and continued throughout the entire project preparation cycles. RBC team organized public and stakeholder consultations in September/October 2017 to collect views and concerns with respect to the project design and discuss proposals to remedy potential adverse impacts. Participants were briefed on the scope and content of the project, and local authorities, CHWs, and opinion leaders in the targeted districts were given the opportunity to share their insights. The project offers numerous opportunities for citizen engagement, such as: (i) community sensitization/mobilization and awareness campaigns; (ii) community outreach activities; (iii) community dialogues; (iv) district study tours; (v) radio programs; and (vi) ECD centers. To further enhance citizen participation, the RBC/MoH team proposes to use platforms available at decentralized level to enable effective citizen participation. These include community meetings during umuganda, and other open days organized at district level to facilitate access to information. Beneficiary feedback on services and activities will be annually collected through an independent survey of beneficiaries using score cards. The Results Framework includes specific citizen engagement indicators to be monitored and tracked during implementation.

Other relevant stakeholders at the national level (MINECOFIN, NECDP, MIGEPROF and WASAC, MINAGRI) were also consulted. Thus, a Project Steering Committee (PSC) will be established to provide strategic guidance on technical and operational issues. The PSC will review progress and take stock of lessons learned. With the chairpersonship of the Permanent Secretary of the MoH, the PSC will be comprised of permanent secretaries or other senior level officials



from the Social Cluster Ministries, MINECOFIN, NECDP, MIGEPROF and WASAC, MINAGRI, and representatives of the target districts.

**B. Disclosure Requirements**

**Environmental Assessment/Audit/Management Plan/Other**

Date of receipt by the Bank  01-Nov-2017	Date of submission for disclosure  01-Dec-2017	For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors
--	--	--

**"In country" Disclosure**

Rwanda  
01-Dec-2017

Comments

[http://www.rbc.gov.rw/fileadmin/user\\_upload/SPRP\\_MWMP\\_November\\_21\\_2017.pdf](http://www.rbc.gov.rw/fileadmin/user_upload/SPRP_MWMP_November_21_2017.pdf)

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting)**

**OP/BP/GP 4.01 - Environment Assessment**

Does the project require a stand-alone EA (including EMP) report?

Yes

If yes, then did the Regional Environment Unit or Practice Manager (PM) review and approve the EA report?

Yes

Are the cost and the accountabilities for the EMP incorporated in the credit/loan?

Yes

**The World Bank Policy on Disclosure of Information**

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes



### All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

### CONTACT POINT

#### World Bank

Miriam Schneidman  
Lead Health Specialist

#### Borrower/Client/Recipient

MINISTRY OF FINANCE AND ECONOMIC PLANNING  
Caleb Rwamuganza  
Permanent Secretary and Secretary to the Treasury  
caleb.rwamuganza@minecofin.gov.rw

Ronald Nkusi  
Division Manager, External Finance Unit  
ronald.nkusi@minecofin.gov.rw

#### Implementing Agencies

Rwanda Biomedical Center  
Dr. Jeanine Condo  
Director General, RBC  
jeanine.condo@rbc.gov.rw



**FOR MORE INFORMATION CONTACT**

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

**APPROVAL**

Task Team Leader(s):	Miriam Schneidman
----------------------	-------------------

**Approved By**

Safeguards Advisor:		
Practice Manager/Manager:	Magnus Lindelow	08-Dec-2017
Country Director:	Yasser El-Gammal	08-Dec-2017