Country Focus Areas

- Strengthen the accountability system for a multi-sectoral approach to reduce stunting and improve Early Childhood Development (ECD).
- Conduct multi-sectoral nutrition expenditure analysis to inform allocative efficiency and enhance tracking.
- Strengthen the functionality of the civil registration system for birth registration, certification, and train and sensitize government officials on civil registration and vital statistics.
- Improving awareness and understanding of stunting through BCC campaigns, use of childlength mat, and intensive work by CHWs.
- Demand side incentives for the poorer households to enhance intake of health and nutrition services during the first 1000 days through Nutrition Transfer Program.

RMNCAH-N Core Indicators

Maternal mortality ratio: 210 per 100,000 live births
Neonatal mortality ratio: 20 per 1,000 live births
Under-five mortality ratio: 50 per 1,000 live births
Adolescent birth rate: 43 per 1,000 women
Percent of births <24 months after the preceding birth: 14%
Stunting among children under 5 years of age: 37.9%
Moderate to severe wasting among children under 5 years of age: 2.2%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US$16.29
Ratio of government health expenditure to total government expenditures: 8.88%
Percent of current health expenditures on primary/outpatient health care: Not available
Incidence of catastrophic and impoverishing health expenditures: 1.3% catastrophic, 0.6% impoverishing

Resource Mapping

Activity mapping for Rwanda’s investment case has been completed. The Ministry of Health has detailed information on external resources through the government’s Health Resource Tracking Tool. However, since Rwanda’s investment case focuses primarily on nutrition, multi-sectoral resource mapping is needed. The GFF expects to undertake this activity in late-2019/early 2020. Multi-sectoral expenditure tracking for nutrition is currently ongoing.

Health financing reforms identified

Health financing reforms in the process
Health financing in progress
Health financing not yet identified
Health financing not yet established

Civil registration and vital statistics (CRVS) made a priority
Civil registration and vital statistics (CRVS) not included in the process
Civil society represented in the CRVS priority funding (for example GFF Trust Fund, CRVS priority funded (for example IDA, other)

Not considered at this time
Developed but not integrated in IC
Health financing is in progress
Health financing not yet identified

Government focal point not yet identified
Government focal point established

An inclusive country platform process with CSO engagement
CSOs not included in the process
Civil society represented in the IC

World Bank-funded project in support of the IC
Project under preparation
Project approved and available online
Project disbursing

Private sector engagement
Private sector engagement not identified at this time
Country has either included or identified a private sector intervention
Country has started implementing a private sector intervention

Management of medicines and supplies / supply chain interventions
Civil society not identified as priority
Civil society identified as priority in the investment case
Civil society included in the example GFF Trust Fund IC intervention

Supply chain / commodity management not identified as a priority
Supply chain / commodity management identified as a priority
Supply chain / commodity management funding not available
Supply chain / commodity management funding available

Priorities fully funded
Priorities not yet fully funded
Priorities partially funded
Priorities not funded

Scores

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
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<tbody>
<tr>
<td>Maternal mortality ratio</td>
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Monitoring the Country-Led Process

**Investment Case in Development**

- Co-Responsibility Cash Transfer Program
- Maternal mortality ratio: 210 per 100,000 live births
- Neonatal mortality ratio: 20 per 1,000 live births
- Under-five mortality ratio: 50 per 1,000 live births
- Adolescent birth rate: 43 per 1,000 women
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- Health expenditure per capita financed from domestic sources: US$16.29
- Ratio of government health expenditure to total government expenditures: 8.88%
- Percent of current health expenditures on primary/outpatient health care: Not available
- Incidence of catastrophic and impoverishing health expenditures: 1.3% catastrophic, 0.6% impoverishing
- Health financing reforms identified
- Health financing in process
- Health financing not identified
- Health financing not yet identified
- Government focal point not identified
- An inclusive country platform process with CSO engagement
- CSOs not included in the process
- Civil society represented in the IC
- World Bank-funded project in support of the IC
- Private sector engagement
- Private sector engagement not identified at this time
- Country has either included or identified a private sector intervention
- Country has started implementing a private sector intervention
- Management of medicines and supplies / supply chain interventions
- Civil society not identified as priority
- Civil society identified as priority in the investment case
- Civil society included in the example GFF Trust Fund IC intervention
- Supply chain / commodity management not identified as a priority
- Supply chain / commodity management identified as a priority
- Supply chain / commodity management funding not available
- Supply chain / commodity management funding available
- Priorities fully funded
- Priorities not yet fully funded
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**Score Key**

- 5: Both included in the IC document or a separate document
- 4: 60%+ funding was allocated, disbursed and released – payment done
- 3: 40%+ funding was allocated, disbursed and released – payment due
- 2: 20%+ funding was allocated, disbursed and released – partial payment
- 1: 0% – 20% funding was allocated, disbursed and released – no payment
- 0: Not identified
- X: Not included in the IC document or a separate document

**Notes**

- ART = antiretroviral therapy, ARV = antiretroviral, BCC = behaviour change communication for Diarrhoea, Tetanus, and Pertussis, ORS = oral rehydration solution, PMTCT = prevention of mother-to-child transmission, PMTCT and voluntary medical abortion program.
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