Rwanda

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 child-length 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 Sensitive Direct Supporta Co-Responsibility Cash 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: 45 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: 1.2% catastrophic **0.6%** impoverishing

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC*

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

Rwanda's investment case focuses primarily

on nutrition, multisectoral resource mapping

is needed. The GFF expects to undertake

this activity in late-2019/early 2020.

Multisectoral expenditure tracking for

nutrition is currently ongoing.

Resource Tracking Tool. However, since

Country-led multi- stakeholder platform (e.g., new or established from an existing platform)

Government focal point

An inclusive country platform process with CSO engagement

Health financing reforms identified

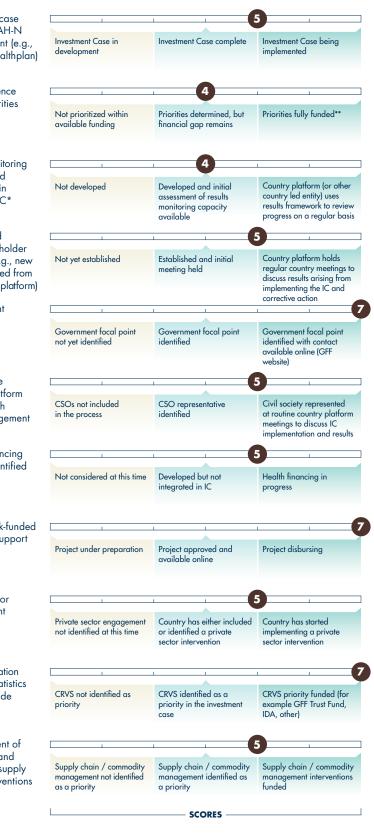
World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Monitoring the Country-Led Process



* Both included in the IC document or a separate document

** Meaning that funding was allocated, disbursed and released – payment done *** ANC4 = four antenatal care visits

ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria. Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.