



REDUCTION AND PREVENTION OF STUNTING PROJECT FOR RWANDA

ARE THE STAKEHOLDERS/PARTNERS
ENGAGED AND READY TO SUPPORT THE
IMPLEMENTATION OF THE
GFF SUPPORTED PROJECT?

This report was prepared for Health Development Initiative (HDI) on behalf of the newly formed Civil Society Platform, with the support of the Open Society Initiative for East Africa to support the implementation of the Global Financing Facility supported project on Reduction and Prevention of Stunting in Rwanda. The collection of opinions, findings and conclusions stated herein are those of the respondents and do not necessarily reflect those of HDI.

Contents

Acknowledgments	4
List of abbreviations	5
Executive Summary	6
Background	9
Global context of the Global Financing Facility	9
The road to the GFF for Rwanda	10
Nutrition in Rwanda	12
<i>Figure 1: Food security and stunting by district</i>	12
<i>Figure 2: Trends of national malnutrition prevalence</i>	13
Building the Rwanda Investment Case for GFF	14
Understanding of key terms	16
Methodology and approach	17
Objectives	17
Scope	18
Limitations	18
Engagement in processes	18
Findings	25
Government	26
Development partners	27
Wider engagement of civil society organizations in GFF at the national level	28
Sustainable financing of the GFF project	30
Readiness of stakeholders and partners Experiences and innovations for potential scale up Feed the Future Rwanda Hinga Weze Activities	31
Young Women's Christian Association	32
Rwanda Building on existing initiatives and homegrown solutions	38
Monitoring, evaluation and research	39
Conclusions and key recommendations	40
Conclusions	44
Recommendations	46
Annexes	
Annex 1: Assessment Tool	48
Annex 2: List of partners contacted and/or participated in the CSO consultative meeting	56

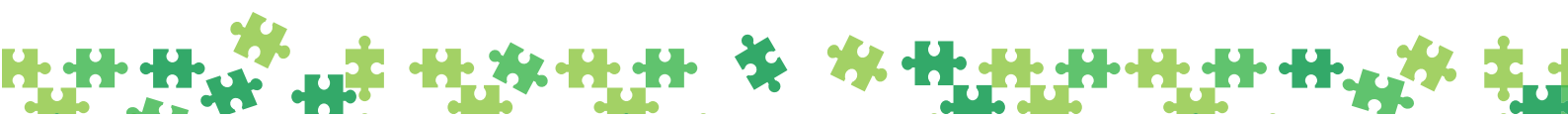
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Special thanks go to the leadership and staff at NECDP, specifically Dr. Anita Asiimwe, NECDP Coordinator, and Alexis Mucumbitsi, for their collaboration and openness to dialogue. The meetings conducted were a spark for constructive feedback and for informing future strategic interventions.

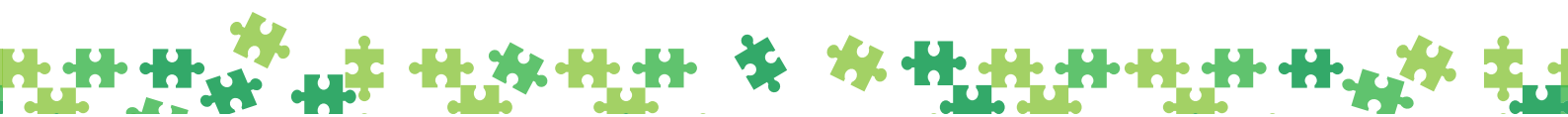
It is quite hard to single out all stakeholders and partners who responded and shared valuable information for the survey through various consultations, in consultative meetings, in person with the consultant and via electronic means. Though we are not able to mention each partner and stakeholder by name here, know that we are very grateful for the effort invested by each one of you.

The support of the team at HDI is much appreciated for steering the study with the operational support of Honnete Isimbi for assembling all the necessary operations and logistics. Special gratitude also goes to the consultant, Andrew Gasozi Ntwali for his support conducting the study.



List of abbreviations

ADRA	Adventist Development and Relief Agency
AEE Rwanda	African Evangelistic Enterprise Rwanda
ASOFERWA	Association de Solidarité des Femmes Rwandaises
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHW	Community Health Worker
CNFA	Cultivating New Frontiers in Agriculture
CRS	Catholic Relief Services
DHS	Demographic Health Survey
EDPRS	Economic Development and Poverty Reduction Strategy
EWEC	Every Woman Every Child
FAO	Food and Agricultural Organization
GFF	Global Financing Facility
HDI	Health Development Initiative
IDA	International Development Agency
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NISR	National Institute of Statistics Rwanda
NST	National Strategy for Transformation
PAD	Project Appraisal Document
PBF	Performance Based Financing
PSC	Project Steering Committee
RBC	Rwanda Biomedical Center
RMNCAH-N	Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition
SDGs	Sustainable Development Goals
SFH	Society for Family Health
SPIU	Single Project Implementation Unit
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WR	World Relief
WVI	World Vision International



Executive Summary

The results presented in this report are from a study commissioned by the Health Development Initiative (HDI) to evaluate the engagement and readiness of stakeholders/partners in providing support for the processes and implementation of the Global Finance Facility (GFF) supported project on reduction and prevention of stunting in Rwanda. The GFF was launched at the Financing for Development Conference in Addis Ababa in July 2015 as part of a global conversation about how to finance the SDGs, which requires a shift from thinking about billions of dollars to recognizing that we need trillions to achieve the ambitious targets that we have agreed upon. This shift is only possible through new approaches to financing that recognize that countries themselves are the engines of progress and that the role of external assistance is to support countries both to get more results from the existing resources and to increase the total volume of financing¹.

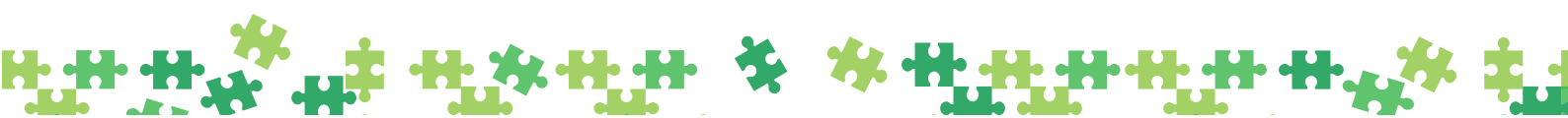
The major objective of this study was to assess the level of engagement and readiness of stakeholders and partners to provide support in the processes and implementation of the GFF supported project on stunting reduction and prevention in Rwanda.

The study used a qualitative research approach, targeting a purposive sample of stakeholders and partners from GFF, government institutions, NGOs, CSO platforms and representatives from CSOs who contribute to the implementation of nutrition, food security and Early Childhood Development (ECD) related programmes. Respondents were purposively selected based on their experiences in the implementation of health and ECD related programmes, with a specific preference for nutrition programmes. A snowball technique was used to identify partners with relevant information about the project, their interventions in related programmes and those that are considered to be more active. A desk review was conducted to collect secondary data. Primary data was also obtained from interviews and from a questionnaire distributed among different stakeholders.

Results from the study show that stakeholders from ministries within the social cluster were initially engaged under the integrated social protection system—which had been established to address cross-cutting challenges that impede human capital development. However, the active engagement of other partners has been minimal.

Additionally, findings reveal that mainstreaming strategies on nutrition within multi-sector plans, particularly those within the social cluster will be very key. NECDP could imitate the ways in which other successful initiatives respond to cross-cutting challenges like gender and HIV/AIDS.

¹ *Global Financing Facility: <https://www.globalfinancingfacility.org/introduction>*



The decision to build on the existing health structures and experiences from the successful implementation of other health-related programmes including the fight against HIV and AIDS is commendable. This will not only contribute to strengthening the health system and ensuring sustainability, but also to reaching out to those most in need are targeted by the project.

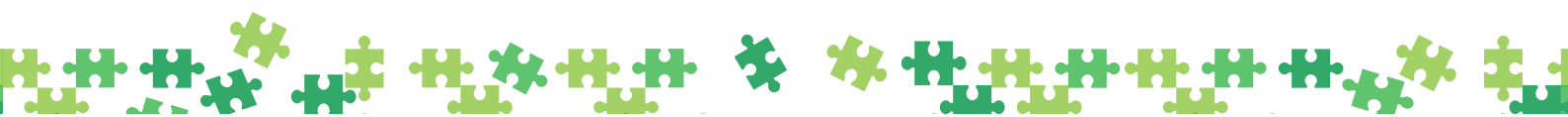
It is equally commendable that the investment case for the project has been an integral part of the overall NECDP NSP—whose principle among others is the delivery of integrated ECD services. The integration of services not only demonstrates strategic intent and commitment, but also reveals an early indication of sustainability of strategies. It is also an indicator for potential effective and efficient use of resources.

It was noted that not all stakeholders and partners were actively and meaningfully involved in the initial processes of the project. They are, however, gradually becoming more engaged in these early stages of the project. There is still time to do it properly if all stakeholders and partners quickly come together and are able to coordinate their interventions, as well as avoid the duplication of the already hard earned resources.

While it was not possible to engage all partners—including the CSOs—in the early processes due to time constraints building up to the project proposal, efforts are currently being invested in ensuring that different partners are involved in the ongoing processes and that they can meaningfully contribute, based on their diverse expertise and comparative advantage. The NECDP in collaboration with some development partners has established coordination structures in form of TWGs: Donors' TWG, ECD TWG, Food, Nutrition and WASH TWG, which could urgently provide space for effective coordination.

The project coordinating partner (NECDP) together with other key stakeholders and partners continue to explore strategies for meaningfully engaging different partners at both national and subnational levels (district, sector and villages levels). There is also a need to emulate what countries in earlier waves of GFF support have done and consider some lessons learned from their implementation of GFF funded projects, which could inform the implementation strategy for Rwanda.

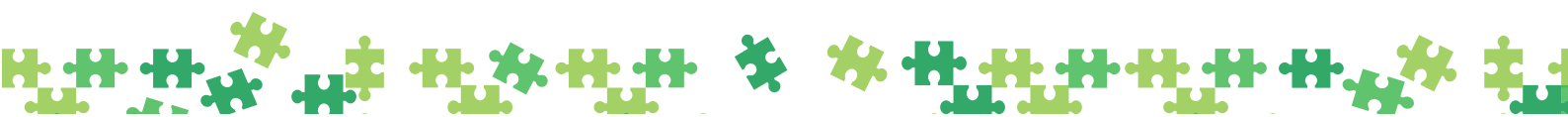
Based on the multi-sector nature of the response to nutrition and the need to have a coordinated response by all stakeholders, the NECDP must urgently operationalise the coordination platform/national steering committee suggested in the NECDP NSP at both the central and decentralized levels. This will steer implementation and allow close follow up with the multi-sector partners to monitor progress. Previous experiences during the implementation of the Global Fund to fight Malaria, Tuberculosis and HIV/AIDS have demonstrated the added value of well-resourced, coordinated partners including CSOs. There is therefore a need to follow the



approaches used in previous successful health sector interventions by tailoring the project to those approached and using the existing systems and/or structures.

The urgent need for reviving the coordination of efforts by CSOs was also noted. Considering the traditional role of CSOs in advocacy and their natural role in reaching out to the communities, the GFF should consider setting some resources aside for CSO capacity building. to support the coordination of partners, particularly CSOs and the development of an engagement strategy for the newly established coordination platform to allow CSOs to speak with one voice and reach out to the general population with cost effective and meaningful interventions and that they can use the full breadth of their skills and expertise to contribute to achieving mutual goals and targets.

In the drive for the engagement and readiness of stakeholders and partners to support the implementation of the GFF project for Rwanda, the role of the private sector is not ignored in the NECDP NSP. Mobilisation of the private sector on a win-win basis should be strengthened together with the ongoing urgent response to the challenge and to ensure sustainability, based on the understanding that early investment in child health can ensure a safe and meaningful citizen contribution to national development.



Background

The Global context of the Global Financing Facility

According to the World Bank, malnutrition is one of the world's most serious developmental issues; however, it is also one of the world's least-addressed issues. The costs of this health crisis are huge and fall hardest on the poor, women, and children. In 2017, 151 million children were stunted due to poor nutrition. Stunting indicates low height for a child's age and can also lead to many health problems in the child's future including cognitive deficits. It also impacts a child's education, income, productivity, and economic potential. The economic costs of under nutrition, in terms of lost national productivity and economic growth, are significant—up to 11% of GDP in Africa and Asia each year.

The losses caused by stunting are preventable, the World Bank has noted, if investment is made in proven interventions, especially those that focus on adequate nutrition for women and children in the first 1000 days of a child's life².

In September 2014, the World Bank Group and the governments of Canada, Norway and the United States announced the Global Financing Facility (GFF) for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) to support the Every Woman Every Child (EWEC)³ initiative in mobilising support for developing countries to end preventable maternal, newborn and child deaths by 2030.⁴ The GFF is a multi-stakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents in support of the United Nations Secretary-General Global Strategy for Women's, Children's and Adolescents' Health and the SDGs.

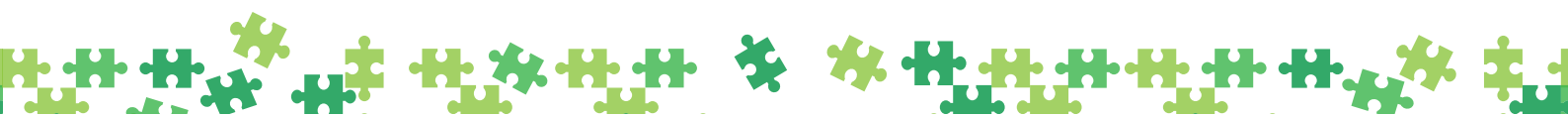
Launched in 2015, the Global Financing Facility (GFF) is a new financing mechanism, led by countries, that brings together multiple sources of financing in a synergistic way to support national reproductive, maternal, newborn and child health (RMNCAH) priorities.

A total of 62 lower-middle income countries, including Rwanda are eligible to receive grant resources from the GFF Trust Fund.

²The World Bank and Nutrition: <https://www.worldbank.org/en/topic/nutrition/overview>

³Every Woman Every Child: <http://www.everywomaneverychild.org/about/#sect1>

⁴International Planned Parenthood Federation (IPPF), Advance Family Planning (AFP); and Reproductive Health Supplies Coalition (RHSC), 2016. Global Financing Facility (GFF) country consultations fact sheet: Lessons learned from GFF front runner countries – Kenya and Tanzania. https://www.ippf.org/sites/default/files/gff_country_factsheet.pdf



The initiative was subsequently launched at the Financing for Development Conference in Addis Ababa, Ethiopia, in July 2015. At the conference, additional donors were announced, including the Government of Japan and the Bill & Melinda Gates Foundation (BMGF). The highlight was that up to \$12 billion in domestic and international, private and public funding had already been aligned to country-led five-year investment plans for women's, children's and adolescents' health in the four GFF "front-runner" countries of Democratic Republic of the Congo, Ethiopia, Kenya and Tanzania where GFF started in 2015.

In support of Every Woman Every Child (EWEC) initiative, the GFF has mobilised support for developing countries to end preventable maternal, newborn, and child deaths by 2030, and finance SDG3 (Ensure healthy lives and promote well-being for all at all ages. In driving achievement of SDG3, the GFF envisions that between 2015 -2030; scale up in high burden countries could prevent up to 4 million maternal deaths, 107 million child deaths, and 22 million stillbirths. The GFF plans to achieve its vision through scaled, smart and sustainable financing approaches at the country level⁵.

The road to the GFF for Rwanda

Rwanda is one of the 36 countries that are recipients of support through the GFF. Following its replenishment in November 2018, the GFF is now aiming to expand its support to the 50 countries with the greatest health and nutrition needs. A total of 67 countries are currently eligible to receive GFF support⁶.

The Government of Rwanda has emphasised the need to address issues related to early childhood development, eliminate stunting, improve food security and nutrition in both medium and long term development strategies, and other development agenda particularly the Economic and Poverty Reduction Strategy (EDPRS 2013-2018) and the National Strategy for Transformation (NST1 2017-2024).

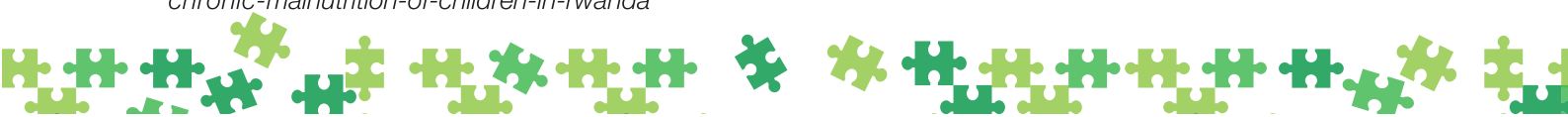
The World Bank, in an effort to reduce stunting rates among children under the age of 5 in 13 of Rwanda's most-affected districts, approved USD 55 million for the Rwanda stunting prevention and reduction project. Of the approved USD 55 million, USD 25 million credit is provided by the International Development Association (IDA), USD 20 million and USD 10 million grants provided by the The Power of Nutrition⁷ and the GFF respectively⁸.

⁵IPPF, AFP & RHCS, 2016, *Ibid*.

⁶Global Financing Facility, 08 July, 2019: <https://www.globalfinancingfacility.org/where-we-work>

⁷The Power of Nutrition: <https://www.powerofnutrition.org/>

⁸The World Bank, 08 July, 2019: <https://www.worldbank.org/en/news/press-release/2018/02/28/the-world-bank-the-power-of-nutrition-and-the-global-financing-facility-invest-55-million-to-reduce-chronic-malnutrition-of-children-in-rwanda>



Different national population-based studies show that there has been a gradual reduction in the rate of stunting at the national level from 43% in 2012, 37% in 2015 and 35% in 2018. Nevertheless, the Comprehensive Food Security and Vulnerability and Nutrition Analysis 2018 survey notes that this remains a serious concern considering the WHO stunting threshold of 30-39%. In addition to the decrease in stunting, there has been a decrease in wasting and being overweight; however, being underweight remains a serious concern.

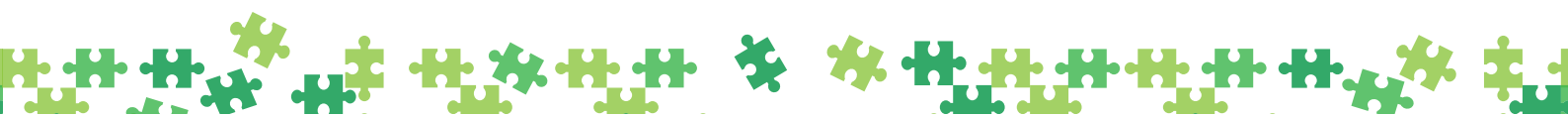
According to the World Bank, the project will support the government to adopt and implement a bold, new national strategy for community-based approaches, improve the delivery of high-impact nutrition and health interventions, incentivize frontline community health workers and health personnel, strengthen accountability mechanisms, and promote a learning-by-doing approach to draw lessons on what works and how it can be scaled up⁹.

The project is aimed at preventing stunting at community and household levels by improving awareness of stunting, and delivering harmonised behaviour 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). It will support the Ministry of Health (MoH) and Rwanda Biomedical Center (RBC) to implement, monitor and evaluate the revamped national, multi-sectoral behavioural change communication strategy, building on work funded by the United States Agency for International Development (USAID) and the European Union.

This component will boost the productivity and performance of Community Health Workers (CHWs) and explore options for professionalising them. CHWs will benefit from enhanced training on a curriculum focused on reinforcing household behaviour change, complementary feeding, early childhood stimulation, and hygiene. The training will also include improved supportive supervision and mentorship, innovative technologies to enhance their effectiveness and strengthen links to the health system, and strengthening of the commodity supply chain. They will be incentivised through the Performance-Based Financing (PBF) scheme. These interventions, to be supported at scale by both the World Bank and other partners, are critical for enhancing performance of CHWs and for driving the programme.

As part of ensuring the meaningful involvement of all stakeholders for the effective implementation of the project, the Health Development Initiative (HDI) has conducted a rapid assessment on the engagement and readiness of national stakeholders/partners in the implementation of the project to inform future plans on the engagement and capacity building of stakeholders for effective implementation of the project.

⁹Global Financing Facility, *Ibid.*

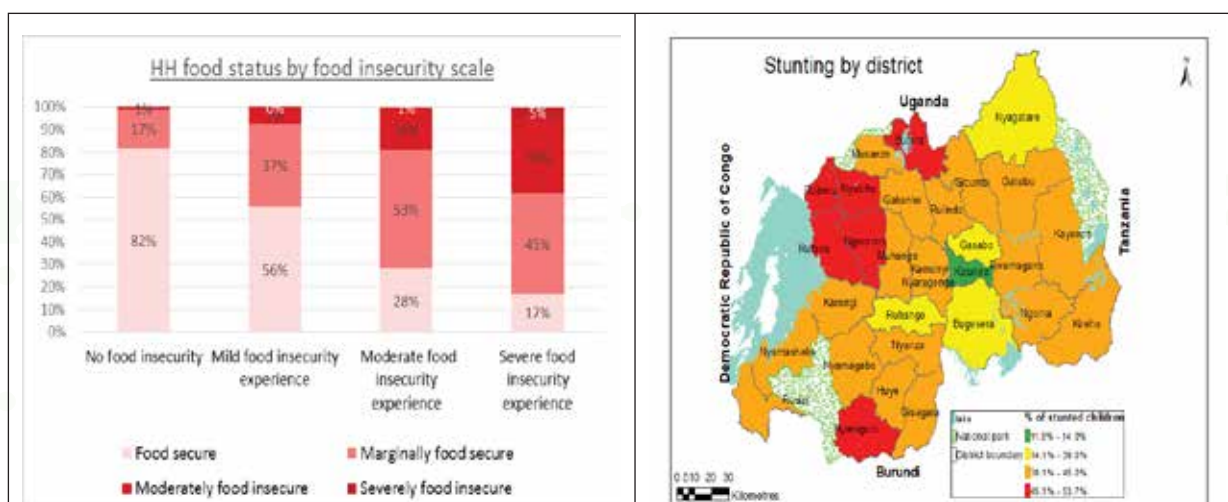


Nutrition in Rwanda

Rwanda has made considerable progress in terms of socio-economic development with impressive progress made in human development including an economic growth of about 8%. This economic growth is well on the way to meeting most of the MDGs and with particular progress registered under RMNCAH development-related indicators. The recorded increase in access to basic health services and the other living and economic conditions of the population have contributed to the dramatic decline of in mortality rates of children from infancy to age five from 196 to 50 per 1,000 live births and from 107 to 32 per 1000 live births, respectively between 2000-2015¹⁰. Maternal mortality ratio also dropped from 1,071 (2000) to 210 (2014) per 100,000 live births. The increase in the use of family planning services, combined with delayed childbearing, has resulted in a remarkable drop in the fertility rate during the same period, from 6.0 to 4.6.

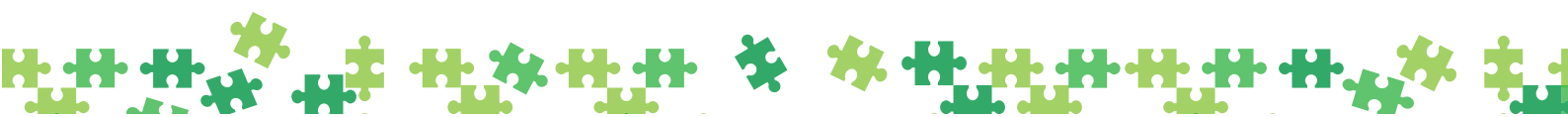
However, during the previous years, there has been growing concern related to food security. The Government of Rwanda has stepped up efforts to address the underlying challenges related to food security. The efforts mentioned above have contributed to the growing increase in the percentage of Rwanda households with acceptable food consumption from 74% in 2015 to 82% in 2018, with 17% believing to be marginally food insecure (CFSVA 2018). In March-April 2018, more than one in four households (23.8%) had inadequate food consumption, with 3.8% of them consuming a poor diet and 20% consuming a borderline diet. Food consumption slightly deteriorated in 2015, but the situation in 2018 significantly recovered. According to the same report, districts with the highest rates of stunting are Rutsiro (54%), Nyabihu (53%), Rubavu (50%), Burera (49%), Ngororero (48%), Nyaruguru (48%) and Nyamagabe (43%). Districts in the City of Kigali remain with low rates of stunting as in the earlier 2018 CFSVA report.

Figure 1: Food security and stunting by District



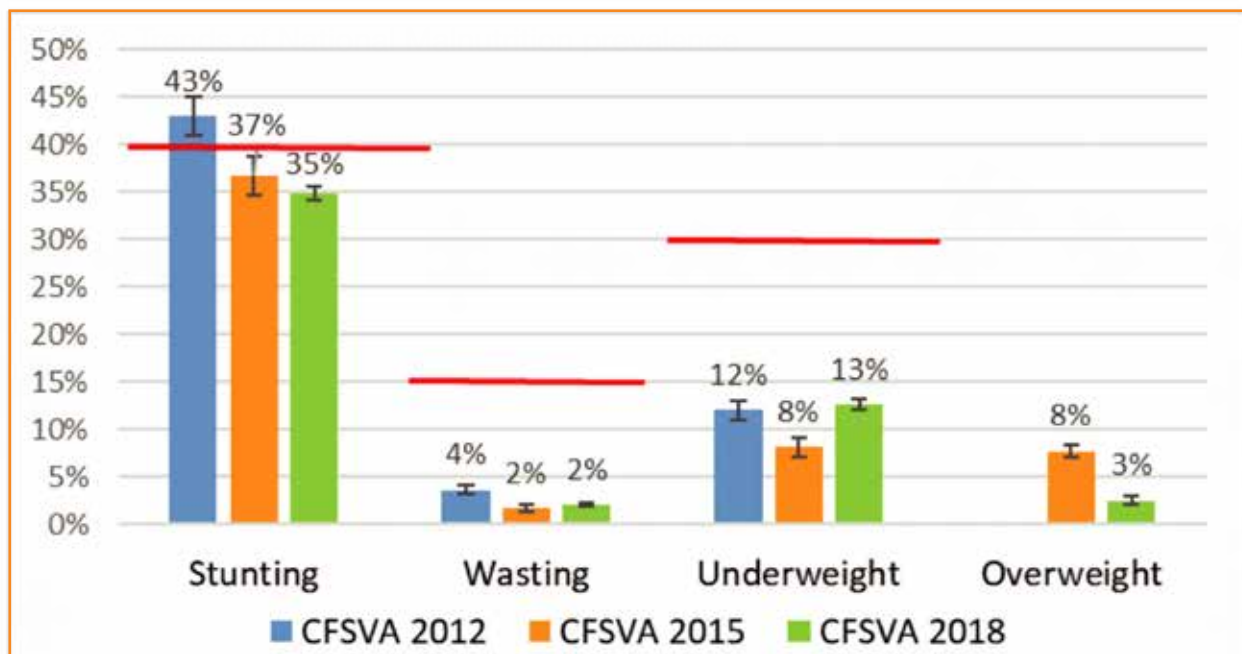
© World Food Programme, Vulnerability Analysis and Mapping (VAM)

¹⁰NISR, RDHS 2000, 2015



Different national population-based studies show that there has been a gradual reduction in the rate of stunting at the national level from 43% in 2012 to 37% in 2015 and 35% in 2018. See figure 2 below. The average annual reduction rate for stunting decreased from -1.7 % per year in 2015 to -0.6 % per year in 2018 (CFSVA 2018). Nevertheless, the CSFVA 2018 survey notes that stunting remains a serious concern, considering the WHO threshold is 30-39%. In addition to the decrease in stunting, there has been a decrease in wasting and being overweight; however, being underweight remains a serious concern.

Nevertheless, the level of stunting remains 'serious' according to the WHO threshold (30-39 percent), there has been a reduction of stunting prevalence over the last few years, from 43.4 percent in 2012 to 36.7 percent in 2015 (Figure 60). The average annual reduction rate for stunting decreased from -1.7 percent per year in 2015 to -0.6 percent per year in 2018 (CFSVA 2018).



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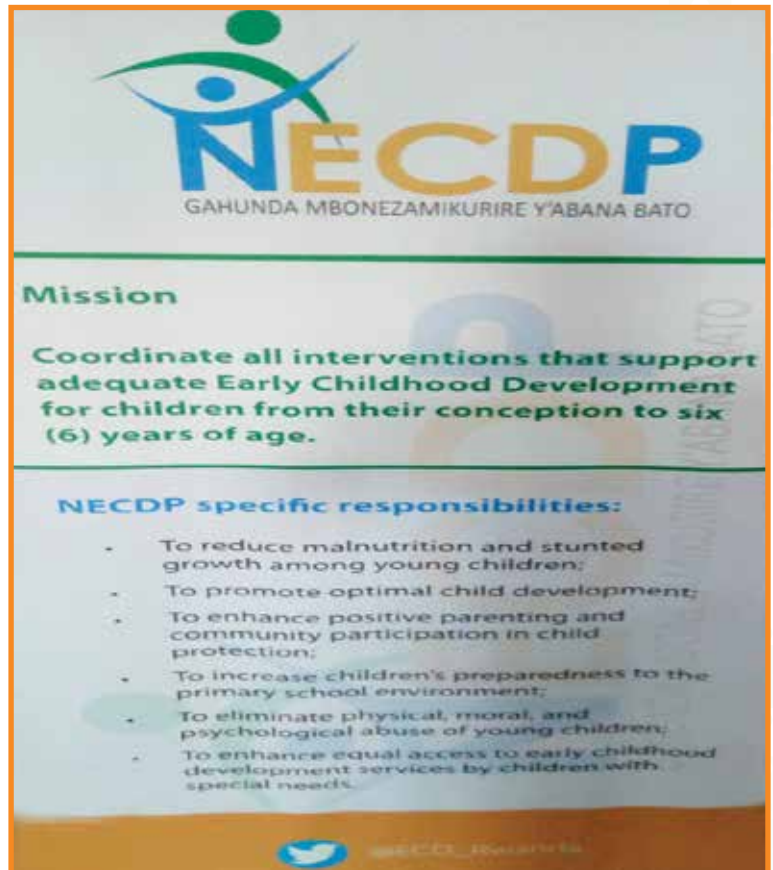
Rwanda has demonstrated strong political commitments to improving the living conditions of its people, ranging from poverty reduction in all its forms to the reduction of acute malnutrition. Even though stunting stands at 35% among children under five, there is hope that this number will be significantly reduced in the future given different programmes that are in place to fight malnutrition, including the establishment of the National Early Childhood Development program, whose priority amongst others, is to improve nutrition among children particularly those from households that are most in need.

Building the Rwanda Investment case for the GFF

To ensure strategic alignment with the nutrition policy and strategies, the MoH ensures oversight and coordination among health sector actors and development partners and a member of the Project Steering Committee (PSC) together with other partners. The Rwanda Biomedical Center (RBC), an executive arm of the MoH policy and strategies, was initially responsible for overall project management and implementation, including through its Single Project Implementation Unit (SPIU).

The RBC actively engaged with and sought strategic guidance from the NECDP through the PSC to ensure promotion and use of best buy evidence-based interventions; development and refinement of nutrition guidelines, BCC materials and the communications strategy; provision of technical

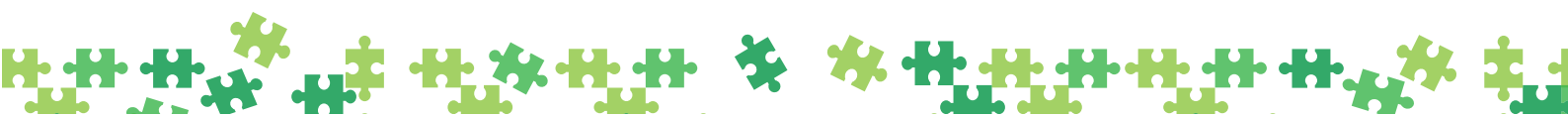
guidance to the targeted districts; and collaboration in conducting joint supervision. The Health Sector Working Group and related technical working groups which handle issues related to nutrition, were kept informed about project activities, and consulted, as needed through the PSC.



The NECDP, through the PSC, ensures national multi-sectoral coordination across all ministries involved in the implementation of the nutrition policy related programmes, as well as interventions by development partners, NGOs, civil society organisations and others¹¹.

Recognising that nutrition and stunting is linked to other multi-sector challenges, the Government of Rwanda through its social cluster considered a multi-sector response to malnutrition and stunting. This brought together different government sectors that were the custodians of the different initiatives related to responses to all challenges for early childhood development together with their respective development partners and CSOs. The need for a multi-sector response therefore necessitated an integrated

¹¹World Bank, GFF PAD Rwanda, 2018



delivery of all services related to nutrition and stunting among children and this formed the genesis of the integrated delivery of ECD services.

While this demonstrated a promising approach, there was however need for strategic guidance on how to harmonise the delivery of these urgently needed services. Initially, a Single Action Plan (SAP) that harmonised all activities implemented by different national socio-economic development sectors particularly those under the social cluster together with their respective partners, was developed and approved by the cabinet to urgently respond to the prevailing problem.

To further strengthen and sustain the response to the urgent concern, the Government of Rwanda has established the National Early Childhood Development Program (NECDP) within the Ministry of Gender and Family Promotion (MIGEPROF). Article 4 of the Prime Minister's Instructions N°003/03 of 23/12/2017 determines the organization and functioning of the NECPD, its mission is to coordinate all interventions that support adequate early childhood development for children from their

conception to six (6) years of age as outlined in the Early Childhood Development Policy, and key among whose responsibilities is the reduction of malnutrition and stunted growth among young children, particularly those under five years of age and as an integral part of the overall strategy for ECD.

2018 was devoted to the initial efforts of building the system and the institutional strategic framework but still with the implementation of activities to respond to the earlier identified challenges as a measure for mitigation of consequences. Part of the development of the strategic framework included an extensive consultation of all key stakeholders and partners and the development of the NECDP strategic plan that was validated by all stakeholders in May 2019. The SAP that was earlier approved by the cabinet is part of this NSP.

The validation of the NSP that is based on a harmonised approach for the response to malnutrition and stunting by all stakeholders and partners presented a perfect timing for Rwanda's investment case. It therefore doubles as the NSP and the investment case for Rwanda presented as the 'stunting reduction and prevention project'.

An Investment Case is a description of the changes that a country wants to see with regard to reproductive, maternal, new-born, child, and adolescent health (RMNCAH) and a prioritized set of investments required to achieve these results.

It presents a compelling case for how a limited number of priorities will put the country on the path to improve the health of women, children, and adolescents over the long term and thereby contribute to the achievement of the Sustainable Development Goals.



Since communication forms one of the biggest components for the NSP regarding sensitisation and mobilisation of the population for improved nutrition and proper feeding practices and promotion of community and household based practices, the Social Behaviour Change Communication strategy for I-ECD, nutrition and WASH (2018-2024) has also been developed during the same period.

Understanding of key terms

Engagement: Different sources define engagement as the arrangement to do something. In this study, engagement is used as a general term to mean the involvement, commitment and participation of different stakeholders in the processes of design/development, implementation, monitoring, evaluation and accountability for the GFF project.

Readiness: According to the Cambridge English dictionary, readiness means the willingness or state of being prepared to do something. In this study therefore, we sought to assess the stakeholders' and partners' appreciation about their preparedness and capacity to support the implementation of the GFF project for Rwanda.

Stakeholder: A person, group or organisation that has interest or concern in an organisation. They can affect or be affected or assume to be affected by the organisation's actions, objectives and policies¹².

Partner: a person or institution which shares or is associated with another in some action or endeavor to achieve a common goal.

¹²<http://www.businessdictionary.com/definition/stakeholder.html>

Methodology and approach

This study is a rapid assessment on the engagement and readiness of national stakeholders/partners to provide support in processes and implementation of the GFF-supported project on stunting reduction and prevention in Rwanda.

The study used a qualitative research approach targeting a purposive sample of different stakeholders/partners from GFF, government institutions, development partners, NGOs (both international and local), CSOs platforms and representatives from CSOs who contribute to the development and implementation of health-related programmes. Respondents were purposively selected based on their previous experiences in the development and implementation of health and ECD related programmes, with a specific preference for nutrition. A snowball technique was used to identify partners with relevant information about the project, their interventions in related programmes and those that are considered to be more active.

A desk review was conducted to gather background information about the project, the current situation in Rwanda, as well as plans and progress for implementation of the project, with particular focus on the engagement and readiness of all stakeholders in the implementation of the project.

Primary data was also collected from the consultative meeting with CSOs held on July 11, 2019, interviews with recommended key stakeholders/partners (using a pre-designed tool and telephone interviews). Face-to-face interviews were conducted where possible, particularly with key stakeholders. Some partners were also contacted via electronic means (email and telephone interviews). Feedback from those who responded was considered (a full list of those who were contacted is included in the annex). A validation workshop was also conducted to adapt the preliminary findings, gather more information from a wider group of stakeholders and partners, agree on the recommendations for the way forward and finalize the report.

The major objective of the study was to assess the level of engagement and readiness of stakeholders and partners in providing support in the processes and implementation of the GFF supported project on stunting reduction and prevention in Rwanda.

Specifically, the study was aimed at:

1. Assessing the appreciation of stakeholders and partners on their involvement and commitment to support the implementation of the GFF supported project on reduction and prevention of stunting in Rwanda; and
2. Assessing the willingness, preparedness and capacity of stakeholders and partners to support the project.



Scope

The study targeted stakeholders and partners involved in the coordination and implementation of the integrated ECD programmes, with particular attention to those involved in nutrition related programmes. A cross-section of actors was identified from available rosters, as well as references made by other actors during multiple consultations. The study measured the stakeholders' and partners' appreciation of their engagement and readiness to support the implementation of the investment case for the GFF project on reduction and prevention of stunting in Rwanda.

Limitations

The examples of programmes and activities catalogued in this report are only snapshots of the many activities at the community and national levels that cut across the different aspects of engagement and readiness to respond to the challenge of malnutrition in Rwanda.

While readiness may also include the mapping of all commitments and the available resources, this study limited the assessment to the appreciation of respondents about the readiness of people and the system to respond, citing some examples. The study did not map all commitments and available technical and financial resources.

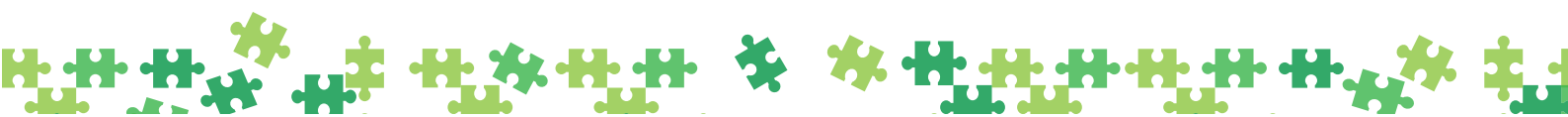
This report is therefore not intended to be an exhaustive compilation of all indicators for engagement and readiness, but simply to briefly underline the personal appreciation of a cross-section of stakeholders and partners about the level of engagement in all the processes and readiness to support the implementation of the project.

This study therefore recommends a future, thorough mapping of the available resources to identify gaps and inform strategies for covering the gaps.

Engagement in processes

Conceptualisation process of the project

Most stakeholders within ministries that form the social cluster for the social protection system participated in the different NECDP strategy development stages, which was also conceived to double as the investment case for Rwanda. Under this overall strategy, nutrition is prioritized as a primary intervention to contribute to improved integrated ECD services for Rwanda. However, the majority did not have knowledge about the GFF processes, particularly the processes related to the conceptualisation and application for funds for the project on reduction and prevention of stunting in Rwanda.



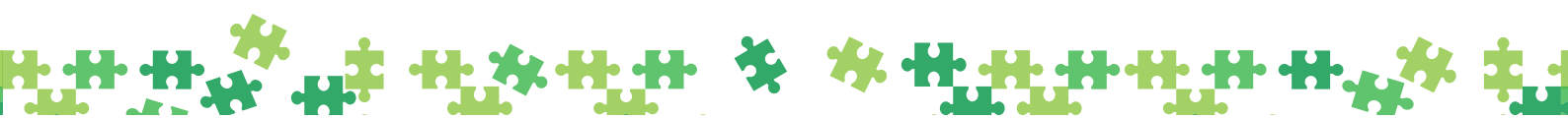
Other partners agreed that they neither had knowledge about the GFF nor were they involved in the conceptualisation process for the application for GFF funds. The majority believe that this is a completely government-led process and that no other partners were consulted. Mr. Emmanuel Dusabinema from Gasabo District, Kigali City said that, though he was consulted during the conceptualisation process, other stakeholders representing children, parents, care givers, other local government institutions, NGOs and CSOs should have also been involved. He also noted that, until now, he does not know how the GFF project is coordinated and that going forward, they need some training to be able to apply all GFF conditions accordingly.

Mr. Ildephonse Hitimana, a community mobiliser at Imbuto Foundation recommended that there be a specific workshop to explain more about GFF coordination mechanisms in Rwanda and how organisations contribute to GFF activities in Rwanda.

Planning and implementation process

The NECDP established within the Ministry of Gender and Family Promotion (MIGEPROF) assumes the overall coordination and implementation of the project, with the technical support of the RBC.

Participants in the first awareness and consensus building meeting about the GFF project were informed that following the validation of the NSP, partners are in the initial stages for the development of the IECD financing strategy to make a case for the government and all stakeholders/partners to finance the strategy on stunting and malnutrition.



Experiences from stakeholders/partners

The fight against stunting remains multi-sectoral. The social cluster ministries with stakeholder in nutrition such as: the WHO, UNICEF, USAID, WFP, FAO, World Vision, World Relief, European Union Delegation, ADRA, Concern, Global Communities, SFH, FXB Rwanda, CRS, Access to Health, ADRA, Plan International, CNFA and AEE Rwanda have all invented different initiatives to tackle stunting and malnutrition in Rwanda. Some of the initiatives include village-based early child development centers, behaviour change activities like emphasizing kitchen gardens and cooking demonstrations, and educating Rwandans on nutrition and breastfeeding.

The World Food Programme is providing support in four strategic areas:

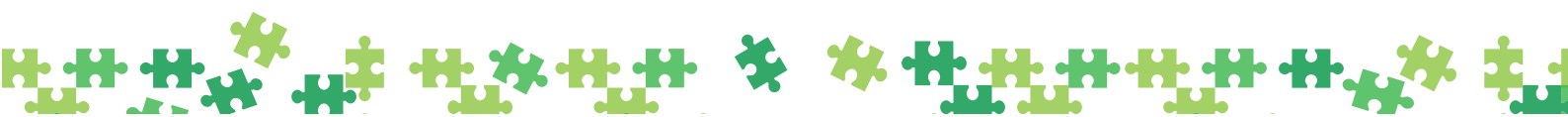
1. Access to adequate and nutritious food to refugees and returnees;
2. Improved access to adequate and nutritious food to vulnerable populations in food-insecure communities/areas all year;
3. Improved access to nutritious foods and services for children under five, adolescents, and PNW/Gs to meet their nutritional needs all year;
4. Smallholder farmers, especially women, have increased marketable surplus and can safely access agriculture markets through efficient supply chains by 2030

WFP has also been actively providing technical support to the development of the overall national policy and strategic framework including the development of a nutrition policy and strategic plan, as well as the review of the Social Behaviour Change Communication strategy for IECD, the strengthening of government systems and improvement of coordination, particularly of the supply chain system.

WFP believes that there is still need to support districts to strengthen their coordination, particularly the development and implementation of their plans, oversight and orientation of partners to avoid duplication of efforts and resources. They further recommend that the government document best practices in target areas most in need for replication and scale up in other non-targeted areas to ensure that they are not left behind and to reduce the risk of the same happening in these areas in the future.

To ensure sustainability of all the initiatives and interventions, there will be a need for the government to gradually take full ownership at the different levels as well as engage the private sector through introduction of win-win approaches to attract private sector investments in food and nutrition programmes.

WFP also recommends the establishment of a parliamentary committee on nutrition to ensure that authorities at the highest levels are informed about the progress made to eradicate malnutrition and formulate policies accordingly. It is also recommended to improve communication at both horizontal and vertical levels to ensure that all stakeholders and partners are informed about all the process and interventions, as well as the needs.



UNICEF has supported the Government of Rwanda through the provision of funds, materials and technical knowledge needed to establish ECD model “centers of excellence” in each district. These centres provide the infrastructure and environment a young child needs to develop to their full potential. Support for training of ECD caregivers for these facilities has been provided. To support parents and other caregivers as they strive to provide quality child care, UNICEF and the government have developed a National Parenting Curriculum. UNICEF is also supporting the initiation of a parenting education program at national, district, and community levels¹³.

The integrated ECD program in GASABO District, City of Kigali

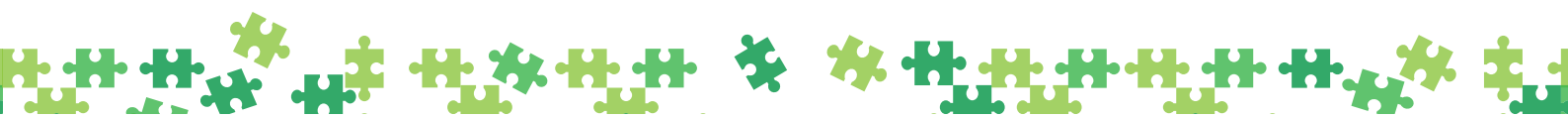
The ECD and Family Program was introduced in Gasabo District in June 2015 through the Gikomero District Model ECD center under the partnership between Gasabo District, Imbutu Foundation and UNICEF. The aim of the program is to:

1. To improve school readiness for children;
2. To make sure all stakeholders work with parents to improve the health and hygiene for children and their families;
3. To improve nutrition to combat stunting among children and to improve child safety.



This program is a local government-led initiative that brings together local leaders and parents in the community with the support of development partners to support the initiation, implementation and scale up of what works at the community level.

¹³UNICEF: <https://www.unicef.org/rwanda/early-childhood>



According to Mr. Emmanuel Dusabinema, the district coordinator in charge of IECD, the innovation for this program is that parents in the community use the available resources—including their homes—to conduct activities at the village level. Some of the activities he mentioned are home-based visits to pregnant expecting parents and sensitisation about the wellbeing of pregnant mothers, especially with regards to nutrition.

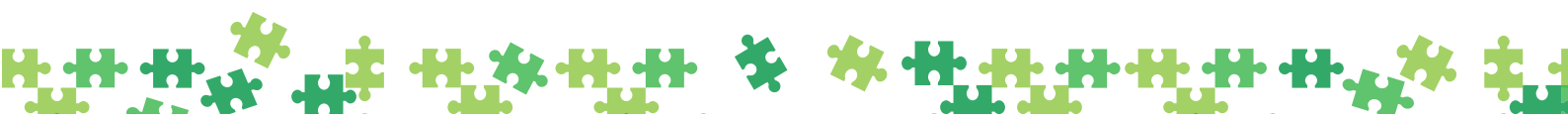
Regarding nutrition, parents make contributions for the daily meals of their children while at the center. While the NECDP allocates and supports these children in need with food and milk distribution packages, parents can be trained on how to develop and maintain kitchen gardens.

In partnership with the health center and community health workers, they are able to organise monthly cooking demonstrations, as well as educational sessions on nutrition for parents and the local community in the village hosting ECD (ECD centre igikoni cy'umudugudu), and monthly weight/height monitoring for children.



Children aged 3 to 6 years and living in a distance less than or equal to one kilometer from the center, come at the center from 7:40 am to 11:40 am from Monday to Friday to benefit from ECD services. Currently, the center is serving 120 Children.

To ensure that no child in need is left behind, the center has adapted the home-based care approach. In this approach 10 to 15 children aged 3 to 6 years from 10



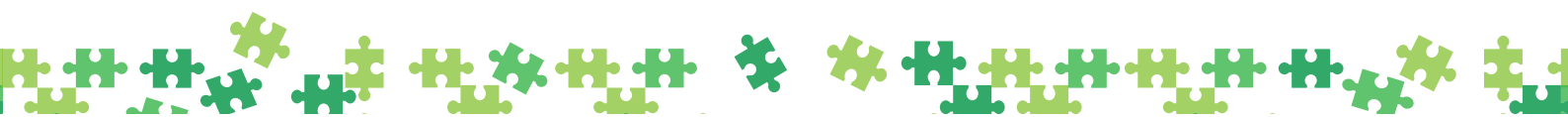
families living far from the ECD center (1 km and more) gather in one selected home provided by a parent. To implement the program, cognizant of the available resources, two parents are chosen to be in charge of the 10 to 15 children selected within their catchment area and trained as primary caregivers who take care of the children from Monday to Friday with the support of parents of the children enrolled in the program.



The services provided in home-based care centers are similar to those provided at the ECD center, apart from the fact that the services provided in home-based centers are provided by trained parents themselves on a rotational basis. Parents are trained on ECD service delivery and group management based on the ECD curriculum developed by the Rwanda Education Board and the Essential Package for ECD&F program developed in partnership with Imbutu Foundation, UNICEF Rwanda and Aga Khan University.

Under the same program, parents learn to use locally-available resources and materials to develop teaching aids for collectively supporting teaching and learning of their children. Currently, there are 383 children covered under this approach.

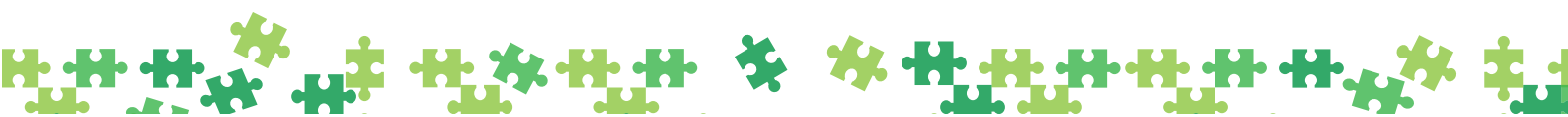
World Vision Rwanda has also been providing support for the establishment of Village-Based Child Nutrition Centers (VCNC) in some target areas in Rutsiro District to address malnutrition. In VCNCs parents learn to prevent and manage malnutrition, prevent child abuse and neglect, apply child brain stimulating activities, and learn life skills. Parents have enough time to attend to other activities as well including income-generating activities (IGAs), and learning about savings, better nutrition and hygiene practices. The centers thus promote community ownership.



Mrs. Nyirabahire Languida, the Vice Mayor of Gasabo District, said, "We must eradicate stunting in our country with the contribution of each and every one. Policies have been talked about by different presenters, but what we intend to share with you are the practices of what we usually do. We are working with young people, including young men to demonstrate that even men have a meaningful contribution to the nutrition of the child." With the support of JICA and UNICEF, we have equally been able to support our communities to implement community based initiatives. With the support of churches and community members, including the creation of ECD centers and sensitizing parents in communities to take care of their children, we have been able to improve nutrition in the community.

According to Verdianne Nyiramana of BENIMPUHWE Association, Partners have demonstrated a willingness to establish ECD centers, but the challenge is finding responsible caretakers of children in ECD centers. They need training and careful selection to ensure the security of children.

According to Rukabu Benson of WATOTO Vision Africa, there is need to support all partners in understanding the concept of ECD, since a number of people do not yet know what it is. If there is any investment to make, partners should be aware of what, where and how they invest resources.



FINDINGS

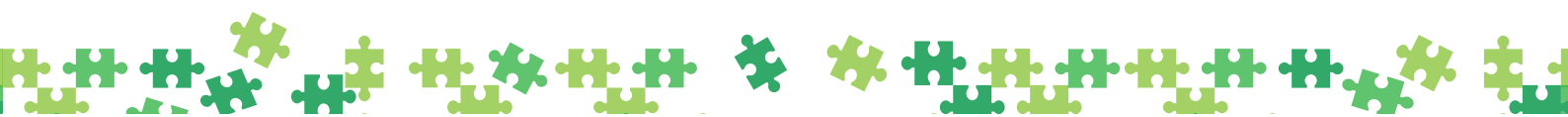
The Government of Rwanda has developed key policy instruments and has established good coordination structures. Through these structures, particularly in the health sector, partners have demonstrated the capacity to jointly and successfully implement government-led programmes. It is through the same structures that the capacity of partners, particularly CSOs, was built to support the coordination of responses to challenges particularly in the health sector, which also comparatively contributed to implementation of programmes that showed the near achievement of all the MDGs. Therefore, there is a need to revive this experience and the lessons learned if Rwanda is to register the same achievements or more. At this initial stage of implementing the project, there is a need to assess the capacity of all stakeholders and partners either through conducting a capacity needs assessment or mapping of their capacity to support the implementation of the project.

The initiative to bring all ECD-related services under one coordination unit is very commendable for efficient and effective response to related challenges, given the cross-cutting nature of these services. A number of stakeholders have been involved in the implementation of ECD-related activities, but separately. The NECDP still has a very critical task of bringing all the stakeholders together to map out how each can actively and comparatively contribute to the implementation of the NSP especially with regards to nutrition.

Nevertheless, the involvement of all stakeholders and partners—particularly CSOs—in the development and roll out of the GFF project remains unclear. A cross-section of stakeholders are not fully aware of the processes and plans for the implementation of the project. Very few partners have heard about the existence of the project. Those who have, heard about it through some representatives at the coordination platform, but have not fully and formally been briefed/informed about the decisions taken, processes, or how they can meaningfully contribute.

Some efforts also need to be invested in adapting the strategies set forth in both the NECDP NSP and the National Behaviour Change Communication Strategy for I-ECD, WASH and nutrition to ensure consistent and timely communication to stakeholders and partners about all the stages of planning and implementation of the NSP.

While the contribution of stakeholders and/or partners in responding to previous challenges in the health sector is commendable, some potential partners—particularly CSOs—will need financial support for their program and operational activities that could contribute to implementation of the GFF project.



There are still challenges related to mapping out the contribution of different potential partners—particularly CSOs and LNGOs—and their capacity to meaningfully contribute to the planning and implementation of the project. In the sections below, we highlight the general situation among the different categories of stakeholders.

Government

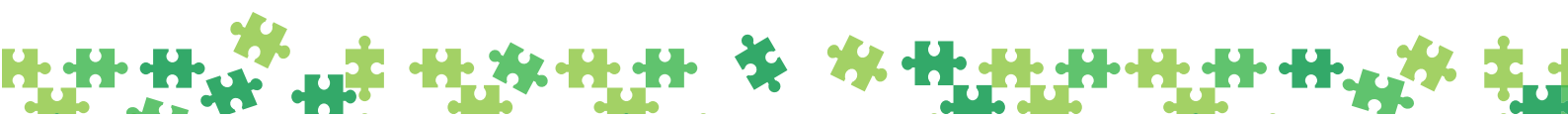
Efforts by the Government of Rwanda to respond to social shocks date back to when the Government—through its social cluster which brings together different ministries, departments and agencies in the social sector—decided to develop an integrated social protection system to ensure a minimum standard of living and access to core public services, boost resilience to shocks, promote equitable growth, and strengthen opportunity through increased human capital development at the village level. It is under this initiative that the Vision 2020 Umurenge Project was born. Under this project, the most vulnerable households at the sector level were identified through the Ubudehe (social stratification system) for support.

In the same integrated response to social challenges, specifically the efforts to combat malnutrition, the government, with the support of the World Bank, implemented the Strengthen Social Protection Project (SSPP) targeting the most vulnerable households which have since been followed with the initiative to bring together cross-cutting issues under one coordination body. The initiative pays particular attention to investment in the early years of a child's growth, and therefore the birth of the NECDP.

This experience demonstrates the strong political will and efforts by the Government of Rwanda to urgently respond to the socio-economic challenges faced by the people. It also provides a promising picture of the willingness to respond to the challenge and how the government could efficiently and effectively implement the project. According to Mr. Moses Tumusiime, Partnership and Resource Mobilization Officer at NECDP, “Investing in the early years of the child's growth greatly influences the contribution of the child to the overall development of the country. Currently, NECDP is trying to involve all stakeholders including all leaders at the community level and in all community based structures to ensure that we reach the set targets”.

“NECDP, and particularly this project, can rely on existing political will, the joint efforts of different government institutions under the social cluster, and previously established administrative structures at both the national and decentralized levels to swiftly implement the project and ensure that the furthest is reached first”, said Mr. Alexis Mucumbitsi, the Head of Nutrition and Hygiene Department at NECDP.

Regarding the engagement of all stakeholders and partners, Mr. Mucumbitsi contended that NECDP is interested in engaging and working with all stakeholders and partners, however the complex challenges faced by some partners are



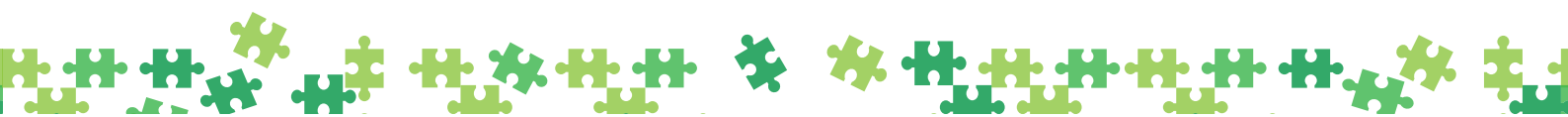
coordinating their efforts, speaking with one voice and demonstrating their capacity to support the ongoing interventions, particularly reaching out to those most in need located in the most hard to reach areas. In addition, he emphasized that they work with government institutions at different levels. NECDP is practicing an open door policy of working with partners whom they can hold accountable and whose mandate and portfolio demonstrate the capacity to contribute to the set strategic goals. Mr. Mucumbitsi is also aware that NECDP cannot reach out to all targeted beneficiaries alone and acknowledges the role of different partners including development partners, NGOs, CSOs and others in supporting the ongoing interventions.

Regarding readiness, NECDP is undergoing a transition period, bringing together all the interventions related to IECD previously implemented by different institutions in the social cluster under one roof. The biggest challenges are coordinating them all from national to decentralized levels and ensuring that they are mainstreamed across the different sectors and partners' plans to avoid duplication of effort and resources. Currently, the existing coordination platforms chaired by NECDP are being strengthened to play this role. These platforms include: the Food, Nutrition and WASH TWG co-chaired by USAID (convenes monthly), the ECD TWG co-chaired by SUGIRA MURYANGO (convenes monthly) and the Sub Cluster co-chaired by UNICEF (convenes quarterly). With the ongoing transition, Mr. Mucumbitsi thinks that it is not a surprise that some partners are not fully aware about the different operations, including the GFF project, and thinks that partners through these platforms will gradually be informed.

In addition to the above platforms, MINALOC is chairing the Social Cluster, whose members contribute to the implementation of the multi-sector Joint Action plan. This is an opportunity for strengthening synergies for a joint response to the challenge based on the different comparative strength of each Ministry in the social cluster. There is also room for better/stronger coordination, efficient use of the available resources and holding each other accountable. As highlighted in the NSP, the need to have coordination structures is very important to ensure implementation, monitoring, evaluation, accountability and learning and this is one of the biggest challenges faced by the NECDP and partners. With the support of development partners, NECDP is continuously strengthening the capacity of stakeholders at both national and decentralized levels.

Development partners

The important role and contribution of development partner (DPs) is considered in the NECDP NSP especially in relation to human capital development in line with the previous midterm development strategies-EDPRS and currently the NST1, and particularly for this assessment, addressing challenges related to chronic malnutrition. DPs including the World Bank, USAID, UNICEF, WFP, WHO, DFID, the EU, JICA. Kingdom of the Netherlands and others have played a pivotal role of providing catalytic technical and



financial support for some initiatives ranging from support to the development of policy and strategic frameworks, systems strengthening in relation to social protection from the National to the decentralized levels, particularly their contribution to the fight against chronic malnutrition.

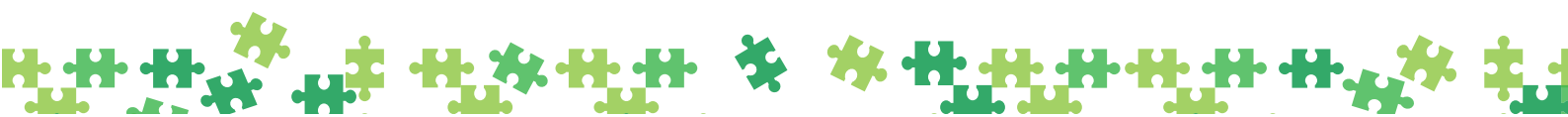
The support and alignment of DPs' plans to the overall National socio-economic development strategies in relation to food security and nutrition also demonstrates their commitment to support the Government to overcome the challenge of stunting and food insecurity. DPs are knowledgeable about the development needs and trends for nutrition in the country and well positioned and ready to continue the provision of the required support to the Government and partners, particularly in the development of national strategic development frameworks and the overall systems strengthening. The position of some development partners as co-chairs on some technical working groups with NECDP like the Food, Nutrition and WASH TWG co-chaired by USAID, the sub cluster co-chaired by UNICEF, the One UN results/theme group and others gives them with the space and voice to provide informed strategic and coordinated response to challenges, while ensuring monitoring, evaluation, accountability and learning from their support to the government and interventions.

DPs have variously contributed to the fight against malnutrition, including the campaign against stunting both at National and district levels. The National Social Behavior Change Communication strategy has been developed with the support of DPs. Equally, USAID and UNICEF have supported NECDP and RBC to update the 2012 National, Maternal, Infant and Young Child Nutrition Behavior Change tools. With the support of USAID, a monitoring mechanism for Community Health and Improved Nutrition (CHAIN) has been developed. Recently, they have advocated for the inclusion of nutrition commodities on the essential commodities list and the list has been harmonized for approval.

Through different initiatives and programs, DPs are supporting districts to improve coordination of investments at the district level, particularly the capacity to assess needs to inform the development of the DPEMs and structuring of packages for service delivery at the district level.

DPs are optimistic that the integration of services within the existing structures, capacity building of partners at different levels and strengthening of government systems to gradually ensure responsibilities provide a promising window for sustainability of interventions.

Much commended by DPs is the government's home grown solution of planning and implementation based on performance contracts by all government officials. This is a good indication of accountability and ownership of these programs and commitment to address the challenge.



However, some DPs remain concerned about the scale of interventions only focusing on priority districts, with the risk that districts that are relatively better today could face the same challenges in the future, if nothing is done. With this, there is need to document and replicate high impact interventions in non-focus districts.

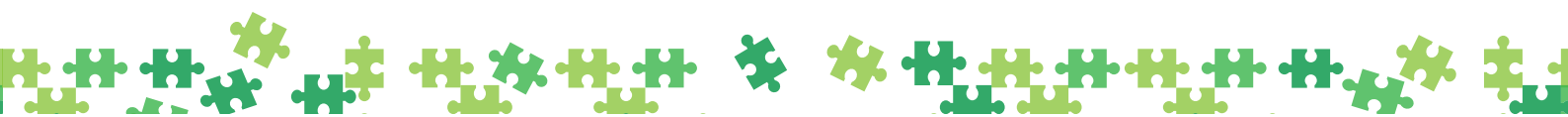
Wider engagement of civil society organizations in GFF at the national level

Strategic engagement of CSOs in service delivery platforms and accountability for convergence is critical. CSOs have the unique role of building the bridge between duty bearers and rights holders at the community level. They remain the eyes, ears and heart of the community. According to the NSP for the NECDP, a clear pathway to empower and improve access of CSOs to funding thus enabling them to play a pivotal role in service delivery and accountability of integrated ECD services at community level will be explored (NECDP NSP, 2018-2024). The NSP further states that CSOs in Rwanda have established an ECD platform to coordinate and inform their actions in supporting the delivery of integrated ECD services and that capacity building of CSOs with accountability tools is vital in harnessing better accountability for resources and results.

HDI in collaboration with the RNGOF on HIV/AIDS and Health organised a consultative meeting for CSOs on ECD integrated services for Rwanda on 11th July 2019. The purpose of this workshop was to engage partners and stakeholders in Kigali City to share updates on current national priorities and programs on integrated ECD services and subsequently discuss the contribution of CSOs in integrated ECD interventions towards stunting prevention and reduction in Rwanda. This meeting informed this rapid assessment and was a perfect timing for gathering specific information about what CSOs have done and how they can contribute to the implementation of the project based on their comparative advantages, identify gaps and challenges and how they can be addressed.

According to the representative from HDI in the consultative meeting for CSOs, Dr. Rukundo Athanase, this is an opportunity for the CSOs who did not have a chance to participate the earlier processes of the project to find out how they can contribute to the implementation of the project at the community level.

In the opening remarks of the Representative of the National Coordinator for NECDP and the liaison officer for the GFF project at the NECDP, Mr. Canut Dufitumukiza, Rwanda has made different strides in improving the wellbeing of its population, but still the human capital development index places Rwanda at a very low level. It is therefore very important to invest in the development of Human capital, as elaborated in the national development strategies, to promote ECD. Building on the experiences of CSOs in other health related areas, particularly in the fight against HIV/AIDS, there is hope that a lot can be done to equally fight malnutrition in Rwanda.



Like in the frontrunner countries, some partners, particularly CSOs in Rwanda were not actively/meaningful involved in the initial processes for the inception of the project. Very few had heard about the GFF and others felt that they were not fully informed about all the processes nor consulted. These few have not had clear communication about plans and their expected roles as partners both for representation at the coordination platform as well as involvement in the implementation of the project.

Nevertheless, representatives from both the GFF and NECDP together with representatives of different CSOs present agreed that CSOs have inadequately been engaged in the initial processes of conceptualisation of the project and application for the GFF funds but that there is still a lot of room to catch up with the processes building on their respective experiences and capacities. They equally believe that some CSOs have innovatively implemented some promising practices of reaching out and supporting communities at the community level and that to fast track the implementation of the project, there will be need to strengthen and scale them up.

The GFF coordination partners in collaboration with HDI and the RNGOF are exploring possibilities of strengthening the CSO coordination platform chaired by HDI. The platform, with the support of the RNGOF, will primarily build on previous successes registered in advocacy and coordination of CSO initiatives related to health and the fight against HIV and AIDS in Rwanda. It is understood that this coordination platform will play an important role in the development of the CSO engagement strategy and mobilise informed technical support in the implementation and monitoring of activities as laid down in the NSP.

Sustainable financing of the GFF project

Rwanda is referred to as one of the leading countries in Sub-Saharan Africa with promising approaches to Universal Health Coverage, due to the different homegrown solutions including the Community Based Health Insurance (CBHI) scheme commonly known Mutuelle de Santé, the one cow per poor household commonly known as GIRINKA, Community Based Health care and others. To sustain these gains, there is a need for the government together with its development partners to invest in effective and efficient sustainable health care financing approaches including these novel approaches for addressing the challenge of stunting reduction and prevention in Rwanda.

One of the key aspects of the revised Health Financing and Sustainability strategy (MoH, 2015) is mobilization of domestic revenue and the private sector contribution to financing health programs including nutrition. While this provides a ray of hope for sustainability of investments and interventions, there is need for additional active engagement of communities to raise their demand for services and the private sector to contribute through availing and investing resources in nutrition related interventions to respond to the needs or supply commodities and services to the communities. Such services that are considered important for elimination of stunting could be tax exempted to attract investors from the private sector.



Building on this, the NECDP NSP (2018-2024) acknowledges that to ensure program sustainability, integrated interventions must be supported by sustainable financing modalities beyond the current fragmented finance approaches, also coupled with the complex nature of integrated ECD.

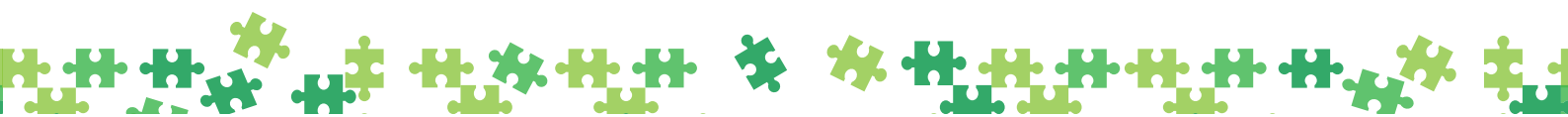
It further states that there is an opportunity for a broad range of interventions to be reflected in an annual single action plan (SAP) where all government institutions commit resources for I-ECD services within the institutions and periodic monitoring of the implementation of SAP is under the Leadership of the Prime Minister with Management and Technical coordination aspects under NECDP¹⁴.

In consideration of the above, the NECDP has proposed a financing framework for the IECD based on the funding portfolio for both domestic and external sources that varies across the components of integrated ECD package including health, food security, nutrition, WASH, social protection and ECD domains. As integral components to the conventional modalities for resources mobilization through the public and external financing sources for the I-ECD, the NECDP NSP has not ignored the major contribution of the different sources of funds for I-ECD services and has described the following: public financing, domestic funding, local government financing, funds generated by health centers, community participation, funds generated through community health workers (CHWs) and other frontline workers, the contribution of both faith based organizations (FBOs) and CSOs, engagement of the private sector, purchasing, payments and services through strategic purchasing, health insurances schemes, special programs for the poor, integrated planning and budgeting for I-ECD services and finally external funding through either Direct budget support, Sector budget support, Projects and off budget support.

While all the above are derived from the conventional financing sources, the challenge to be faced by the NECDP is ensuring that the Government allocates a substantial amount of its budget to I-ECD including nutrition since it's a national human capital development priority, the mainstreaming of nutrition and stunting in sector budgets, particularly those classified in the social cluster at both national and decentralized levels in alignments with respective needs per district and follow up to ensure value for money and that those most in need are reached first.

But according to Mrs. Nyirabahire Languida, the Vice Mayor of Gasabo District, development partners have only contributed to the initiation of activities and the District is doing more to sustain these initiatives, including engaging communities based on the capacities of communities within their respective resources.

¹⁴NECDP NSP (2018-2024)



The Government of Rwanda is continuously mobilising the private sector to engage in financing health initiatives through their contribution to expanding access to health services. For nutrition, there is increasing awareness about the need to avail improved nutritious feeding and the government is attracting investors from the private sector to investment in production of fortified foods, improve access to milk and others.

Readiness of stakeholders and partners

To assess the readiness of stakeholders and partners for support to the implementation of the project, the study focused on identifying the existing stakeholders and partners, their capacity to support the implementation of the project and the existing systems and structures that could support effective implementation of the project. After the 1994 genocide against the Tutsi, the Government with the support of its development partners, had a paramount task of rebuilding the national infrastructure and systems for all sectors including the health and food security systems to address issues related to nutrition, from the central to decentralised levels.

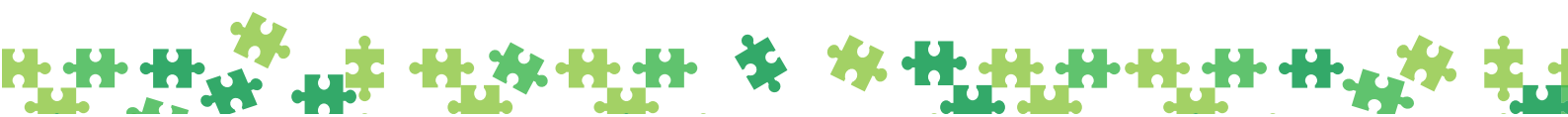
The specific interventions of priority area 2 of the NST1 on eradication of malnutrition are:

1. Strengthening multi-sectoral coordination through the Nutrition Secretariat and strengthening Social Cluster coordination at decentralized levels up to the village;
2. Ensuring and sustaining food security (covered under Economic Transformation pillar)— distributing food and vitamin supplements using Fortified Blended Food (FBF), one cup of milk per child, to those already affected;
3. Promoting the 1,000 days of good nutrition and care at the village-level as well as sensitizing households on good nutrition practices through ECDs and health centres.

As noted in the earlier sections of this report, the NECDP has been established to support institutions in the social cluster in the implementation of the integrated strategies for ECD.

The NECDP NSP acknowledges that advancing a systems approach is critical to the successful implementation of IECD interventions. The NSP will focus on the development of an IECD service system, covering both universal and targeted support and services, across the key sectors and levels of government, including non-government agencies. It will also enhance multi-sectoral partnerships recognising that the provision of ECD services is a multi-sectoral responsibility involving government, the private sector, civil society organisations, and other key stakeholders. District-level management of and community-based involvement in ECD services is also considered an effective strategy for advancing sustainable, holistic child development actions, ownership and accountability.

¹⁵NECDP NSP 2018-2024



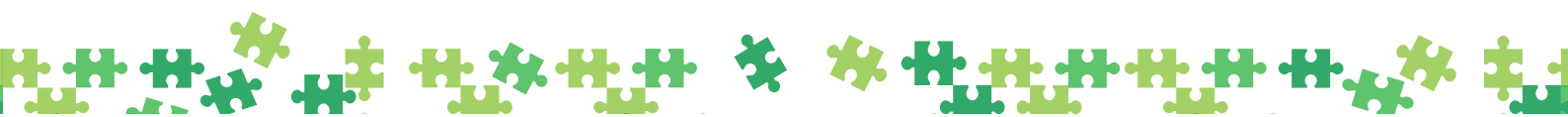
Equally, one of the priorities for the new agriculture strategy is the promotion of nutrition-sensitive agriculture (NSA) and among the key priority interventions are:

1. Increasing local nutrient-dense, rich food production among vulnerable households for own consumption (all-year productive kitchen gardens, fruit trees);
2. Increasing coverage of vulnerable households supported to produce animal-sourced foods for own consumption;
3. Sustaining Effective Food Consumption practices in vulnerable households;
4. Increasing access to fortified foods to vulnerable households;
5. Ensuring that all 30 districts have up-to-date nutrition and food security emergency preparedness and response plan;
6. Scaling up food fortification and bio-fortification efforts (protein iron rich beans, orange sweet potatoes, widely consumed food stuffs); and
7. Improving family resilience and food availability during emergencies.

Strategies for the above priority interventions include:

1. Scaling up new and existing innovative programmes that promote access to and consumption of nutritionally diverse foods and fortification efforts;
2. Increasing access of vulnerable households to subsidized agricultural inputs such as non-chemical fertilizers, seeds, lime and small-scale irrigation kits to improve production of high nutrient dense food crops;
3. Promoting the production, consumption and access to animal-sourced proteins through improved access to educational tools and modern technologies supporting agricultural practices;
4. Creating and supporting market initiatives for fortified food, including aligning national-level purchase of food with nutrition needs;
5. Generating reliable nutrient data to inform adequate fortification and other interventions;
6. Building family resilience to face emergency situations;
7. Strengthening emergency preparedness and responses in areas of nutrition and food security and post-harvest processing in vulnerable families and individuals;
8. Building local capacities on nutrition sensitive agriculture programming;
9. Conducting operational research on food needs and deficits in the country;
10. Increasing the capacity of the National Strategic Food Reserve to deal with potential sudden food shortages and emergencies;
11. Developing and enforce food fortification standards;
12. Increasing access of bio-fortified foods to vulnerable poor household;
13. Building capacities for food safety and packaging of nutritious food

The NECDP NSP has described institutional arrangements for the implementation of strategies from the central level up to the community level. At the central/national level, the NECPD has the mission of coordinating all interventions that support adequate early childhood development for children from their conception to six years of age as outlined in the Early Childhood Development Policy.



Therefore, NECDP is at the centre of multi-stakeholder interventions, Government of Rwanda institutions and from other stakeholders¹⁶ as illustrated in the figure below.

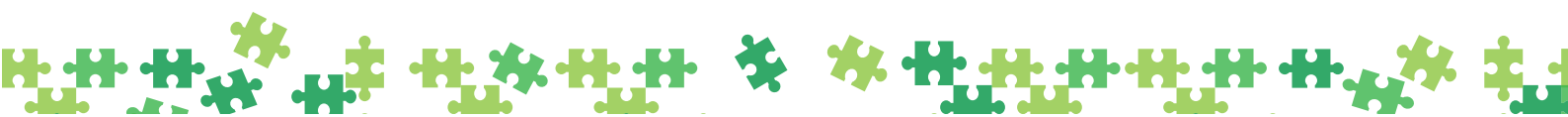


At the decentralised level, every district has established a coordination platform that is in charge of oversight, management and operationalisation of the NECDP NSP at the district level. The NECDP NSP also recommends the establishment of a coordination platform that collaborates with the district committee for the development and implementation of the District Plan to Eliminate Malnutrition (DPEM), which provides a coordinated strategic response to malnutrition at the district level. Implementation of this plan is also among the responsibilities of subordinate administrative levels of the sector and the cell.

The NECDP NSP also acknowledges the need to strengthen community-based platforms to enhance demand for and use of effective frontline service delivery systems of integrated quality high impact Integrated ECD services, including:

1. Creation of community-based quality Integrated ECD services demand;
2. Improved capacities and professionalisation of frontline workers (CHW, friends of family, and agriculture promoters) to effectively deliver and coordinate high impact quality Integrated ECD services;
3. Strengthened referral and follow-up mechanisms of children to primary health, nutrition and social protection services;

¹⁶NECDP NSP 2018-2024

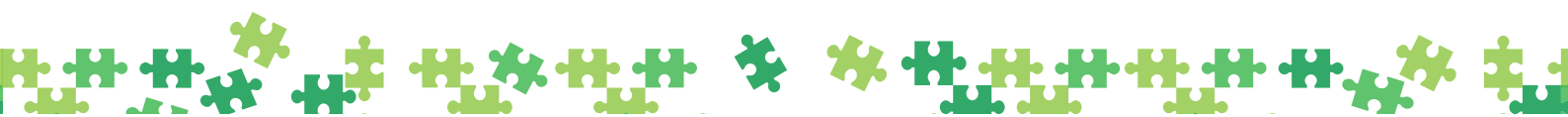


4. Improved quality of measurements and reporting systems for child growth monitoring and promotion at community level;
5. Improved community health information system, data quality (accuracy and completeness) and interoperability.

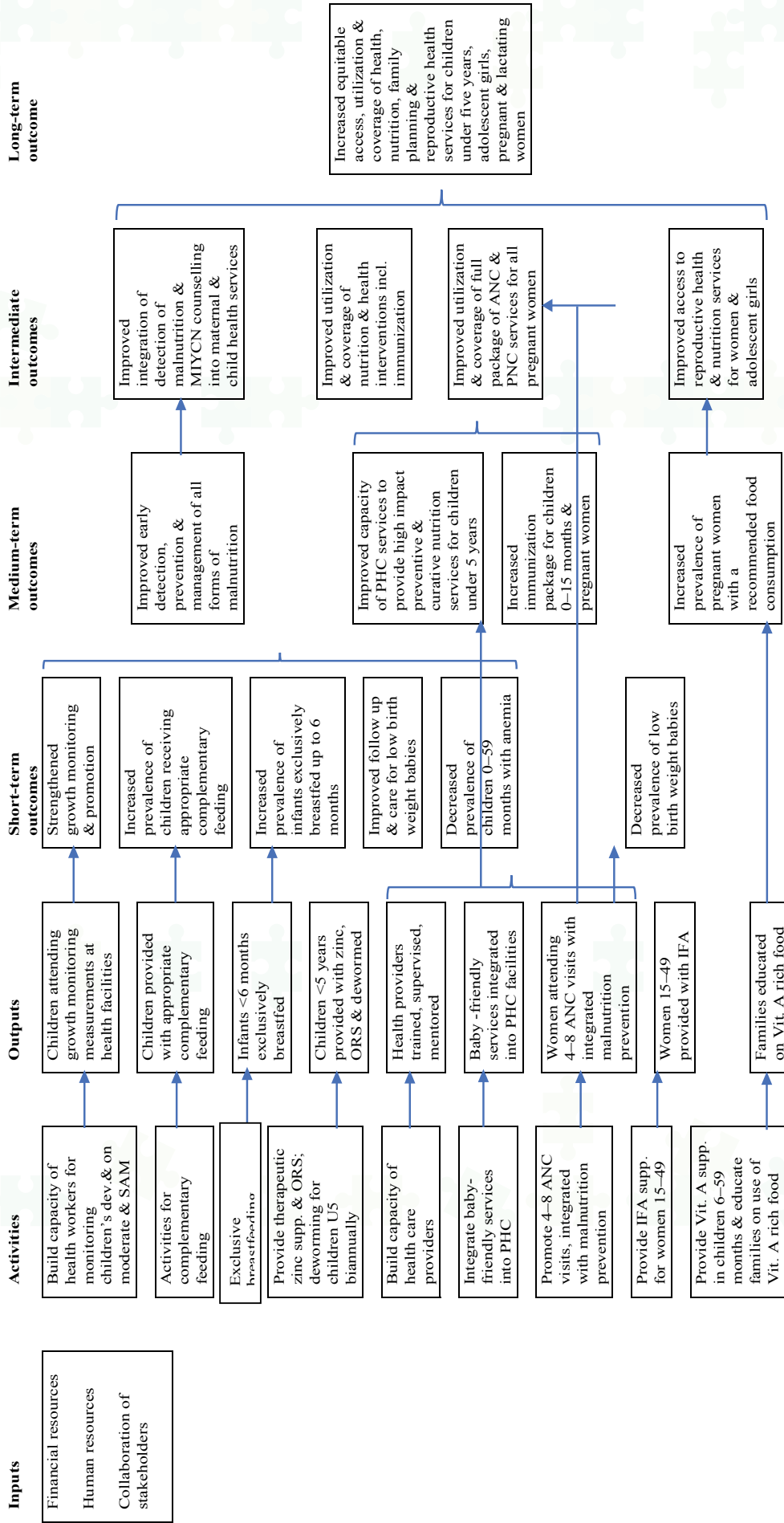
The government in collaboration with different stakeholders and partners is scaling up the establishment of community-based ECD centres to reach out to the children most in need, with community-based integrated ECD services including nutrition. The district WASH Boards have been established to support districts in conducting more focused interventions related to water treatment, sanitation and hygiene. Primary health care workers in health centres have been trained to provide services including sensitisation of parents about feeding and care for their children, and management and distribution of fortified food to target beneficiaries.

The new health communication strategy that will support awareness and communication about prevention and response to stunting has been developed and validated. Guided with this communication strategy, the NECDP is currently conducting mass mobilisation and sensitisation campaigns on awareness about responsible quality nutrition, care for children, and response to chronic malnutrition.

In 2013, the government under the leadership of the Ministry of Health together with the ministries in the Social Cluster launched a national campaign themed “A thousand Days in the Land of a Thousand Hills”, aimed at improving the nutrition status of vulnerable populations (children under five years, pregnant and lactating mothers, and school-going children) in Rwanda in order to reduce morbidity and mortality related to malnutrition through a multi-sectoral approach. The campaign was named "1000 days" because it focuses on the first 1000 days in a child's life; from pregnancy through the first two years of a child's life. This period is critical to a child's long-term mental and physical development. Since then, the First 1000 Days have become an integrated strategic direction for the policy and strategic frameworks for the social cluster ministries, and particularly the NECDP NSP 2018-2024.



SD2: Improved and sustained quality health and nutrition status of infants and young children with a focus on the first 1,000 days of life.



Source: NECDP NSP 2018-2024

At the community level, CHWs in all target districts have been mobilized and trained to support their respective communities in responding to issues related to chronic malnutrition and child care practices, providing referral services to their constituencies to health centres for support and follow up. The report on the Comprehensive Evaluation of the Community Health Program in Rwanda¹⁷ will also provide new insights on how to revise and reinvigorate the CHW program.

Experiences and Innovations for potential scale up

Scaling up Nutrition (SUN) Alliance

Scaling Up Nutrition (SUN) Alliance is a joint alliance of 79 CSO's in Rwanda, which was legally registered in 2016 to fight against malnutrition.

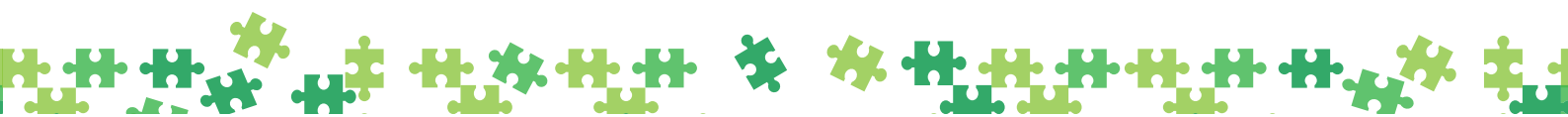
The primary purpose of the SUN Alliance is to strengthen the coordination between nutrition actors, through tracking results and aligning strategies, programs and resources of its members with country plans to eliminate all forms of malnutrition. Since its establishment, SUN Alliance has helped facilitate a rich knowledge exchange among member CSOs using other SUN Alliances in other countries as a foundation for sharing and learning. Guided by this exchange, more practical leadership and support is envisioned to be generated to help inform the paths CSOs choose to take.

The Alliance's approach has helped raise awareness about the vital importance of nutrition and the Sustainable Development Goal (SDG) to have a world without hunger and malnutrition. To date, SUN Alliance includes 79 civil society members from all CSOs and academia, who are actively engaged in scaling up nutrition for both specific and sensitive interventions at national and districts level.

The Alliance has supported the establishment of the District SUN Committees which have supported districts in the development of District Plans to Eliminate Malnutrition (DPEMs). They have equally contributed to advocacy and mobilisation of stakeholders to implement DPEMs of their respective districts.

To inform advocacy efforts and enable informed interventions, SUN Alliance together with other partners, have also conducted a mapping exercise on nutrition across Rwanda.

¹⁷Comprehensive Evaluation of the Community Health Program in Rwanda, Liverpool School of Tropical Medicine, November 2016.



The mapping study examined the organisations active in nutrition in each district, coverage of interventions, and key nutrition actions to be scaled up. Findings were used to enhance advocacy efforts by showing where intervention coverage gaps existed, as well as technical coverage gaps of essential nutrition actions. Local advocacy meetings for mayors and other officials provided a forum for presenting and discussing the results specific to each district. The overall results were later useful in planning nutrition advocacy meetings with Members of Parliament.

In addition to working with and advocating amongst decision makers, the SUN Alliance also directly mobilised communities in partnership with local CSOs. Twenty-four community mobilisation events advanced nutrition awareness through cooking demonstrations and interpersonal communication strategies. Additionally, seven mobile video unit sessions reached a large audience with behaviour change messages in video formats. These events delivered messages on maternal and child nutrition, while at the same time increase the visibility of the SUN Alliance countrywide¹⁸.

Feed the Future Rwanda Hinga Weze Activities

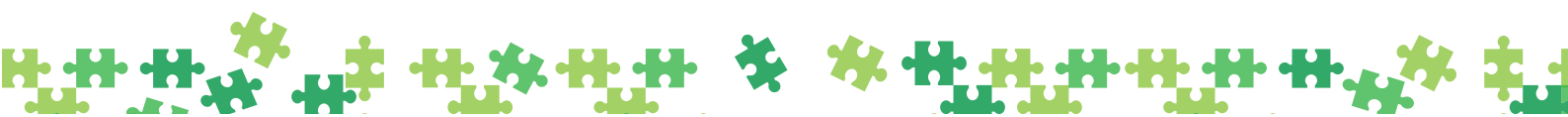
The Feed the Future Rwanda Hinga Weze Activity is a five-year USAID-funded project whose goal is to increase smallholder farmers' income, improve women and children nutrition, and increase the climate resilience of Rwanda's agriculture sustainably. By 2022, the project will have benefited over 700,000 smallholder farmers in ten target districts: Bugesera, Gatsibo, Kayonza, and Ngoma (Eastern Province); Karongi, Ngororero, Nyabihu, Nyamasheke, and Rutsiro (Western Province); and Nyamagabe (Southern Province) and across five value chains: high-iron beans, orange flesh sweet potato (OFSP), Irish potato, maize, and horticulture¹⁹.

One of the key interventions for the project is Improving Nutritional Outcome of Agriculture Interventions. Hinga Weze is focused on strengthening the link between agriculture and nutrition to improve the nutritional status of its communities and families.

Hinga Weze uses Care Groups model (CGs) and Community-Based Volunteers (CBVs) to reach families. These are encouraged to form or join clusters. Through these groups, members receive messages on behavioural change and are encouraged to adopt better nutritional practices. Beneficiaries are also coached on how to provide care for children aged 0-5 years old and adopt non-gendered roles in the households.

¹⁸ <http://www.sunalliancerwanda.org/index.php/en/template-features-3>

¹⁹ <https://www.cnfa.org/program/feed-the-future-rwanda-hinga-weze-activity/>



In 2018, Hinga Weze reached out to over 34,000 most vulnerable households to improve food security. Through CBVs, the households were able to establish 2,530 home gardens. 21,510 benefited from integrated approaches, demonstrations and trainings on nutrition and adoption of new low-cost technologies in the 10 target districts²⁰.

Young Women's Christian Association, Rwanda

The Young Women's Christian Association (YWCA) of Rwanda is a non-governmental, non-profit organisation that was established after the 1994 genocide against the Tutsi, in response to the rising concern for the children and widows who were left behind. The YWCA works at the grassroots level. The organisation became affiliated to the World YWCA movement in 1999 and was legally recognised by the Rwandan government in September 2005. YWCA Rwanda currently works across 8 districts²¹.

YWCA Rwanda promotes nutrition using Village Nutrition Schools(VNS) for Nutrition of children under five years and Village Nutrition Schools. The main activities include malnutrition screening, growth monitoring and counselling, nutrition education, nutrition rehabilitation and monthly cooking demonstrations. YWCA Rwanda supports 473 VNS from which a total of 1,685 children have been rehabilitated from malnutrition, while 1,940 pregnant and lactating women and 956 role model parents (parent lumière) have been trained and attend regular VNS Sessions²².

YWCA also boosts food security and nutrition through the promotion of food production, food processing, access to food and food utilisation/consumption. YWCA uses bio-intensive agriculture techniques in Farmer Field and Learning Schools, and promotes nutrition using Positive Deviance / Health groups for Nutrition for children under 5 years old.

YWCA Rwanda has so far supported 553 Farmer Field Learning Schools with 2,212 members throughout our programs, 15,095 small livestock have been distributed to the most vulnerable households. A total of 119 agro-cooperatives is also being supported by YWCA Rwanda to increase production and gain income through market linkage.

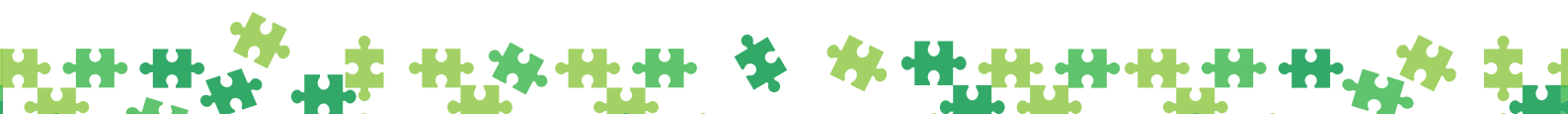
In Nutrition, through 473 PD/H's 1,685 children have been rehabilitated from malnutrition while 1,940 pregnant and lactating women and 956 role model parents (parent lumière) have been trained and attend regularly PD/H Sessions²³.

²⁰ <https://www.cnfa.org/success-story/rwanda-families-empowered-to-curb-malnutrition-and-stunting/>

²¹ <http://ywcaofrwanda.org/spip.php?page=profile>

²² http://www.ywcaofrwanda.org/spip.php?page=pro&id_article=119

²³ http://www.ywcaofrwanda.org/spip.php?page=pro&id_article=40



Building on existing initiatives and homegrown solutions

The aftermath of the 1994 genocide against the Tutsi that subjected people to all socio-economic and physical vulnerabilities, necessitated monumental efforts and resources to stabilize the country. Considering the urgent need to respond to all existing challenges and the resources available, the Government of Rwanda in consultations with all its administrative levels took a bold decision of borrowing from its traditional practices of finding lasting solutions to its challenges. Among the many in relation to the topic under the study are:

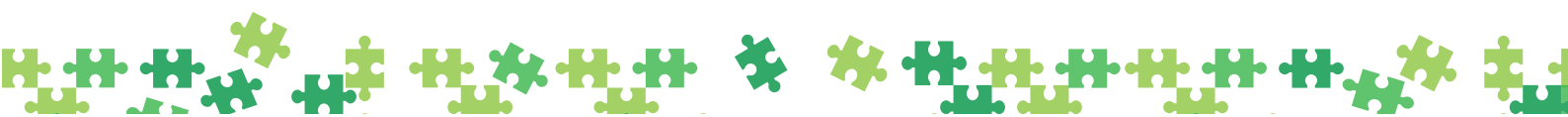
One cow per poor family program: this government led program, locally known as ‘Girinka’ is aimed at reduction of poverty and improving health and nutrition; targeting households that are most in need, particularly focusing at the wellbeing of children and women. With a cow, families can get milk for their consumption, take the surplus to the market and use manure for their farms/gardens. Poor households receive cows and each recipient passes on the first female calf to another poor family in the neighbourhood. It is estimated that over 150, 000 cows have been distributed to poor households to date.

Kitchen gardens: locally termed as ‘Akarima k’igikoni’. This is a multi-sector led initiative aimed at contributing to the fight against malnutrition at the household level through increased access to vegetable food nutrients at a very low cost.

Mutuelle de Santé (Community-based health Insurance): in a bid to ensure Universal Health Coverage, the Government of Rwanda established a community-based health insurance scheme commonly known as ‘Mutuelle de Santé’. This health insurance has contributed to the increase in health-seeking behaviours and access to medical health services by the people, particularly the most in need and the most rural areas.

UMUGANDA (Community work): Umuganda is based on the Rwandan cultural practice of cooperation and community. In the past, members of the community would call upon family, friends, and neighbors to help them complete tasks such as farming, building houses, and providing transportation to health centers for those in need. Today, Umuganda is a day once a month when the community comes together to work on neighborhood projects in order to build Rwandan society and nurture a national shared identity. Umuganda has also proven to be a very effective channel for communicating to people countrywide about prevailing challenges and existing programmes or means for sensitising the general population about a national issue²⁴.

²⁴Rwanda Governance Board: <http://www.rgb.rw/index.php?id=37>



UBUDEHE: Ubudehe is one of Rwanda's core development practices. The word comes from the Rwandan tradition of collective action and mutual support to solve community problems. In the past, this involved house building activities and assistance with agriculture as those were the major activities in the community at the time. Today, this practice refers to Rwandans coming together in mutual support to solve their development problems and reduce poverty using a participatory approach. In 2008, Ubudehe received the United Nations Public Service award for excellence in service delivery. It is clear that this is one of Rwanda's most well-known homegrown solutions²⁵.

Vision 2020 Umurenge Program: Vision 2020 Umurenge Program (VUP) is an integrated local development program led by MINALOC and supported by MINECOFIN intended to reduce poverty, accelerate rural growth, improve social protection in Rwanda using the existing decentralised system. The program leverages existing technical and financial assistance to eradicate extreme poverty by 2020²⁶.

AGACIRO Development Fund: AGACIRO Development Fund is an independent fund initiated in 2011 at the 9th National Dialogue Council intended to build Rwanda's sustainable socio-economic development. The goal was to build up public savings in order to accelerate Rwanda's socio-economic development and maintain stability in times of shock to the national economy. The Fund was officially launched on August 23, 2012 and is unique in that it was created with voluntary contributions from Rwandan citizens at home and abroad, as well as friends of Rwanda. For sustainability of this initiative, considering that this is one of the key pillars for human capital development, the Government could in the future explore possibilities for contributions from this fund together with other sources²⁷.

IMIHIGO: Imihigo is a Kinyarwanda word meaning setting goals upon which "Kwesa imihigo" (evaluation) can be conducted in the future. Imihigo was established based on a traditional Rwandan cultural practice where two parties would publicly commit themselves to achieving a certain demanding task. Those who succeeded in meeting their goals would become role models in the community. However, failing to meet these commitments would usually lead to community and individual dishonor and shame.

²⁵Rwanda Governance Board: <http://www.rgb.rw/index.php?id=35>

²⁶ NISR: <http://www.statistics.gov.rw/survey/vision-2020-umurenge-program-vup-baseline-survey>

²⁷AGACIRO Development Fund: <http://agaciro.rw/index.php?id=34>



In order to evaluate the commitments made by the two parties, a public ceremony was organized. This allowed them to assess the outcomes of the agreed upon undertaking with the community as a whole. The hard work, persistence, and courage served as examples for others in the community. The spirit of Imihigo in the Rwandan cultural context embodies the principles of goal setting and mutual respect between individuals²⁸.

In the quest to respond to the overarching challenge of stunting in Rwanda, stakeholders could devise means of emulating these homegrown strategies for responding to emerging challenges, to fit the purpose and context for fighting malnutrition and stunting. These strategies/solutions have demonstrated that with limited resources, there are always a number of possibilities for addressing considerable challenges and the shared responsibility and accountability by all people at different levels in Rwanda.

Monitoring, evaluation and research

The Comprehensive Monitoring and Evaluation Plan (draft CMEP, 2019) for the NECDP NSP recognises the contribution of different stakeholders and partners including Government at central and decentralized levels, Development partners (DP) and donors, Civil Society organisations (CSOs), International and National Non-Governmental organisations, Private Sector, etc.

It further outlines how all stakeholders and partners including Government, partners and stakeholders involved in ECD and Nutrition will contribute and in agreement with the outcomes (results) envisioned in the NSP envisioned and how they will be achieved and documented.

²⁸ African Development Bank, *Performance Contracts and social service delivery-Lessons from Rwanda, 2012*

For meaningful contribution to monitoring, evaluation and learning, there is a need to keep all the stakeholders informed and engaged in all processes and interventions at both horizontal and vertical levels of the project.

Due to the multi-sector nature of the interventions, mapping the capacities and comparative advantage of all stakeholders and partners could inform the process of clearly cutting out the roles and responsibilities and commitments towards elimination of stunting in Rwanda and most important among all, holding them accountable. This can greatly ease coordination and monitoring of all interventions at different levels.

Due to the urgency to respond to the challenge and mitigate more potential consequences, the NECDP and partners need to quickly shift and adapt the culture of learning by doing, in addition to what has been proven to work. All stakeholders and partners will have to document/learn from what works and what does not work in order to inform further interventions and also ensure that what is working could be replicated in other district that are not targeted by the GFF project. This will also mitigate the spill over of potential consequences of malnutrition to other non-targeted districts.



Conclusions and Key recommendations

Conclusions

Coordination

The efforts invested in laying ground for NECDP, the host for the project, to start its operations including setting up the requisite structures and the strategic framework subsequently with the urgent need to address the growing concern in a very short period of time is very commendable. The NECDP NSP provides a strong foundation for the programmes and operations to address the challenges at both the central and decentralised levels but there is an urgent need to mobilise support and build the capacity of all partners across the sectors to respond.

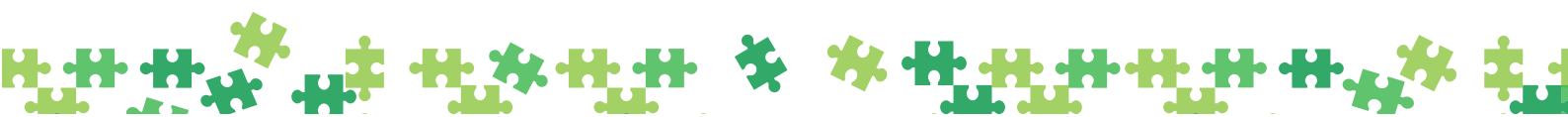
Meaningful engagement of stakeholders and partners

While some stakeholders and partners were not actively involved in the initial processes of the project and that the project coordinating authorities together with some key stakeholders are only planning to do so in these early stages for the initiation of the project, there is still room for doing it in a coordinated manner if all stakeholders and partners quickly put their act together, with the leadership of NECDP and to be able to coordinate their interventions as well as avoid the duplication of the already hard earned resources.

This assessment was good timing for the initial stages of establishing a coalition and informing partners about the GFF. A majority of partners, particularly CSOs, did not know about the project nor the existence of the newly established CSO coordination platform. It is also not clear how many resources have been allocated to partners other than the NECDP to support the implementation of the project. In addition, these other partners were not informed about other sources that could be reached to access technical and financial resources to support the implementation of the GFF project in Rwanda.

The uncertainty about who should be contributing to what and how, based on the different comparative capacities and interests, makes it even more challenging to meaningfully engage partners.

The involvement of CSOs in the conceptualisation of the project for Rwanda remains unclear. Only a few confirmed to have informally heard about the project through their connections with representatives from other key institutions, but they have not been officially invited to actively participate in any official capacity as representatives of CSOs at any point of the conceptualisation and planning processes building to the application for funding of the GFF project.



While it was not possible to engage all partners including the CSOs in the early processes due to time constraints building up to the project proposal, efforts are currently being invested in ensuring that different partners are involved in the ongoing processes and that they can meaningfully contribute based on their expertise and comparative advantage. The NECDP has recruited a technical team that is urgently providing the technical lead for this process.

In the drive for the engagement and readiness of partners to support the implementation of the GFF project for Rwanda, the role of the private sector is not ignored in the NECDP NSP.

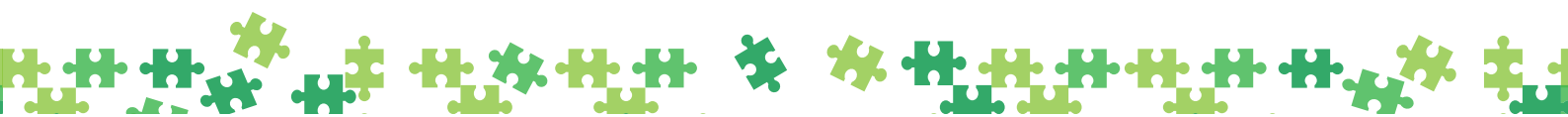
Readiness of stakeholders and partners

The decision to build on the existing health structures and experiences from the successful implementation of other health-related programmes, including the fight against HIV and AIDS, is commendable. This not only provides a promising window for strengthening the health system and sustainability of interventions, but also for reaching out to and following up with the targeted populations most in need.

It is equally commendable that the investment case for the project is an integral part of the overall NECDP NSP; which has among its principles, the delivery of integrated ECD services. The integration of services not only demonstrates strategic intent and early indications of sustainability, but also serves as an indicator for potential effective and efficient use of resources.

An opportunity exists in the administrative structures at the district level which are already in place. If the strategies in the NECDP NSP could be transformed into actionable plans at the respective levels—including the capacity to identify and target households that are most in need with quality nutrition interventions (coordination, implementation and monitoring of interventions)—this would address the barriers in respective districts.

All partners acknowledged the challenge of capacity to implement the set strategies at both vertical and horizontal levels. It was also noted that there is a lack of trust amongst stakeholders and partners, particularly towards CSOs. Even with the existence of some coordination structures, most of them are still operating and implementing in isolation from each other.



Recommendations

There is an urgent need to mobilise support and build the capacity of all partners across relevant sectors to facilitate response to existing challenges at both the central and decentralised levels.

The multi-sector nature of the response to nutrition and the need to have a coordinated response by all stakeholders has prompted NECDP to suggest... the NECDP must urgently operationalise the coordination platform/national steering committee suggested in the NECDP NSP at both the central and decentralized level to guide the implementation and must closely follow up with the multi-sector partners to monitor progress. Previous experience from the implementation of the Global Fund to Fight Malaria, Tuberculosis and HIV/AIDS has demonstrated the added value of well-resourced and coordinated partners—including CSOs. NECDP should therefore emulate the approaches used for previous successful health sector interventions by tailoring the project to these approaches and using these existing systems and/or structures.

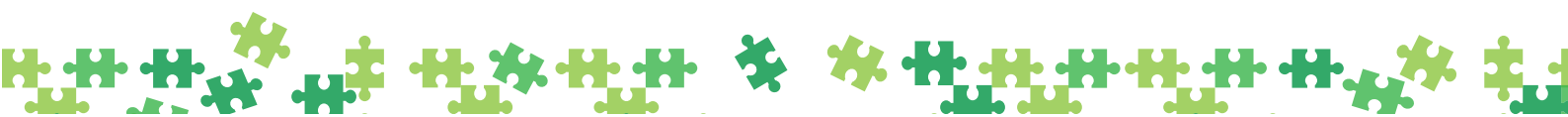
Through the leadership of NECDP, there is a need to consolidate efforts of all partners and stakeholders including CSOs to ensure efficient and effective coordination of all interventions, and most importantly, avoid the duplication of already hard-earned resources.

Mainstreaming of strategies on nutrition within multi-sector plans—particularly those within the social cluster—will be very key. NECDP could replicate how other successful initiatives for cross-cutting challenges like gender and HIV/AIDS were mainstreamed across different development sectors in order to ensure ownership of the challenge and respond appropriately.

NECDP, with the support of partners, should conduct a thorough mapping exercise across all concerned sectors within the social cluster targeting all active/potential stakeholders in order to identify which are contributing, potentially able to contribute, or planning to contribute. The mapping should indicate stakeholder experiences, interests, capacities, and commitments already made, as well as their available technical and financial resources.

The NECDP therefore remains with the task of verifying how to improve partner representation at the coordination platform and implementation of the project based on their comparative advantage. A mapping exercise amongst different stakeholders/partners led by NECDP could support the identification of stakeholders' comparative capacities for coordination, implementation, M&E, accountability and learning.

Given the understanding that early investment in child health can guarantee a safe and exceptional citizen contribution to national development, it is imperative that the private sector is strengthened and made sustainable, along with the ongoing urgent response



to the challenge. This will maintain a win-win strategy and ensure ownership, and a lasting, meaningful contribution to national development.

Considering the complex challenge of coordinating a large number of partners and stakeholders, they must demonstrate to NECDP their capacity and willingness to support the implementation of the project, based on their comparative advantage, previous experiences, best practices and expertise.

All stakeholders and partners have acknowledged the need to be well-resourced, both financially and technically, in order to operationalise the plans and efficiently support the implementation of the program.

ANNEXES

Annex 1: Assessment tool

Rapid assessment questionnaire

ENGAGEMENT AND READINESS OF NATIONAL STAKEHOLDERS/PARTNERS IN THE PROCESSES AND IMPLEMENTATION OF THE GLOBAL FINANCE FACILITY FOR THE PROJECT ON STUNTING PREVENTION AND REDUCTION IN RWANDA

This short questionnaire has been developed to support the collection of information about the engagement and readiness of national stakeholders/partners in the processes and implementation of the Global Finance Facility (GFF) for the stunting prevention and reduction project for Rwanda, commissioned by the Health Development Initiative (HDI). It specifically seeks to identify the levels of appreciation of the stakeholders and partners' collective engagement in all the processes, how they are all contributing to the implementation of the project and their readiness to ably contribute and actively participate in the implementation of the GFF supported project.

Its findings will be used to inform future plans for better and meaningful engagement and capacity building of stakeholders for effective implementation of the project.

Please answer the questions below as thoroughly as possible to the best of your knowledge. Noting the sources of the information you share will be very much appreciated.

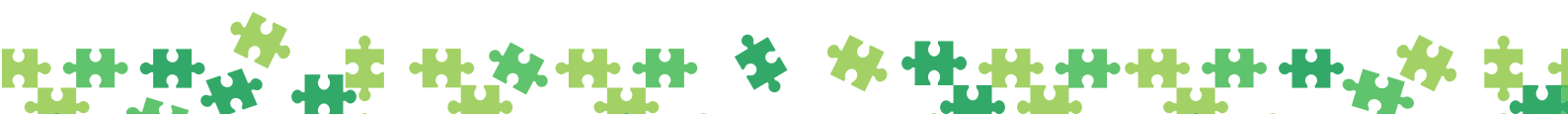
1. Engagement

1.1 Conceptualization of the project

a) What do you know about the conceptualization and negotiation processes and terms for the application for GFF project for Rwanda on reduction and prevention of stunting? Including the interest rates for the loan and disbursements?

b) Where you involved in the conceptualization process of the application to the GFF for Rwanda? Please tick () the appropriate box: YES NO

c) If yes, may you briefly describe how you were involved in the conceptualization process of the GFF project?



d) Which instruments facilitated the conceptualisation process for the application to the GFF?

e) How is the GFF project aligned to national development priorities? Which ones?

f) What were the requirements for accessing GFF funds?

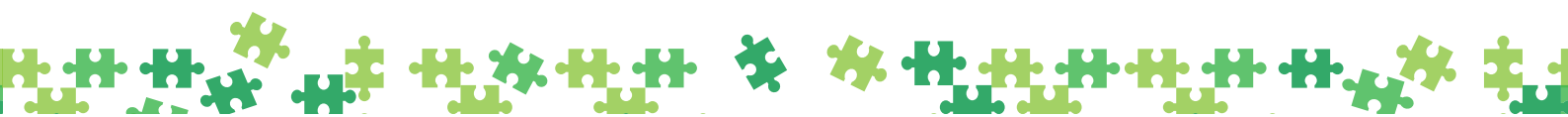
g) Which other partners were involved in the process and how many (i.e. government, parliament, development partners, NGOs, local government institutions, health officials, CSOs)?

h) To your knowledge, which other stakeholders should have been involved in the conceptualisation process?

i) What was the contribution of different stakeholders in the conceptualisation process of the GFF project for Rwanda?

j) Was there a consensus amongst all stakeholders about the GFF project for Rwanda?

k) Is there an engagement plan for all stakeholders?
Please tick () the appropriate box: YES NO



1.2 Coordination of the Project

a) How is the GFF project for Rwanda coordinated?

b) Is there a coordination platform for the GFF project?

Please tick () the appropriate box: YES NO

If yes, what is the coordination platform called?

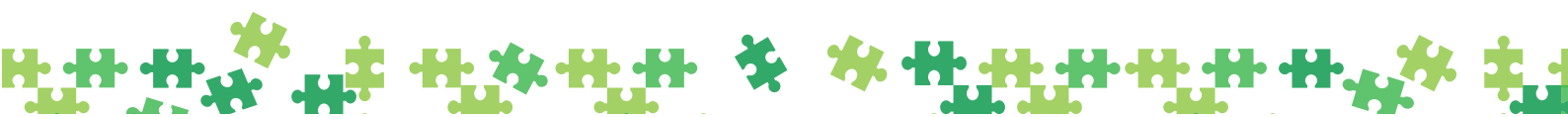
c) Who are the key members of the coordination platform?

d) Who are the representatives of different stakeholders at the coordination platform?
What are their respective roles?

e) What was the criteria for selection of the coordination platform members?

f) To your knowledge, which other stakeholder/partners should have been members of the coordination platform? What could be their added value?

g) Who chairs the platform? What are the roles of different stakeholders in coordination of the GFF project?



1.3 Planning and implementation of the project

a. Is there an implementation plan for the GFF project?

Please tick () the appropriate box: YES NO

b. Where you involved in the development of the plan?

Please tick () the appropriate box: YES NO

c. Which other stakeholders/partners were involved in the development of the plan?

d. Which institution assumes oversight for the implementation of the GFF project?

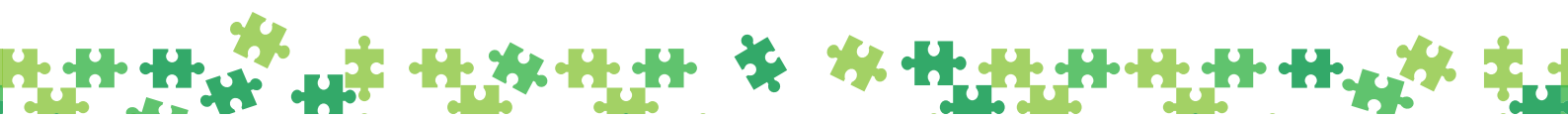
e. Which stakeholders/partners are involved in the implementation of the plan?

f. What was the process for selection of implementation partners?

g. What were the criteria for selection of implementation partners?

h. To your knowledge, which other partners should be involved in the implementation of the project?

i. What could be their role (added value) in the implementation of the project?



1.4 Wider engagement of civil society organisations in GFF at the national level

- a. Is there a coordination platform for CSOs on the implementation of the GFF project?

Please tick () the appropriate box: YES NO

If yes, how does the CSO coordination platform convene and how often?

- b. Who oversees the activities for the CSO coordination platform?

- c. Are there accountability frameworks of the platform to the wider Civil Society?

Please tick () the appropriate box: YES NO

If yes, what are they?

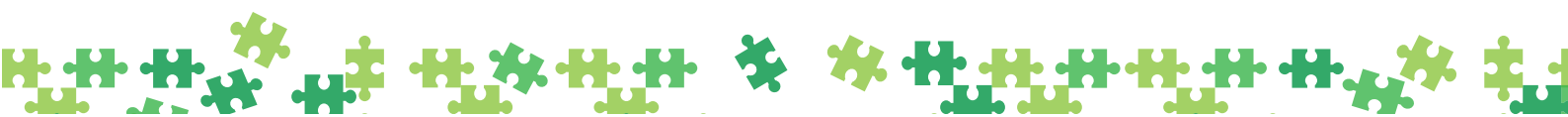
- d. Which other CSOs have been actively involved in the coordination of the platform?

- e. How has each of them been involved in of the following: conceptualisation, coordination, planning and implementation of the project?

- f. Do you think it is important to actively involve CSOs in all the processes and implementation of the project? Please tick () the appropriate box: YES NO

Why?

- g. How do you think CSOs should be more meaningfully involved?



h. To your knowledge, which other CSOs do you think should be involved and how?

i. Which CSO(s) do you think would be most suitable for engagement in each of the following: conceptualisation, coordination, planning and implementation of the project? Why?

j. From your experience, how have CSOs been engaged in other health development programs in either conceptualisation, coordination, planning or implementation?

k. Do CSOs have an engagement strategy for the GFF at the National level? Please tick () the appropriate box: YES NO

l. What kind of support do CSOs need to ably and actively engage in the implementation of the GFF project?

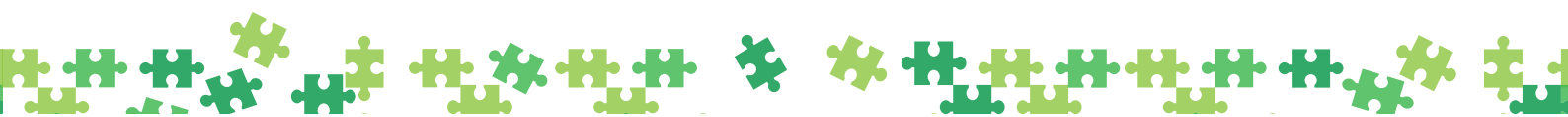
a. Building strategic partnerships

a) Are there strategic partnerships for the implementation of the GFF project?

Please tick () the appropriate box: YES NO

If yes, please mention them below:

b) If yes, how do these partnerships contribute to the implementation of the project?



2. Readiness

- a) To your knowledge, how do you measure the preparedness of stakeholders/partners at different levels to implement the GGF project?

- b) What are the existing key indicators for the preparedness of stakeholders/partners to implement the GFF project?

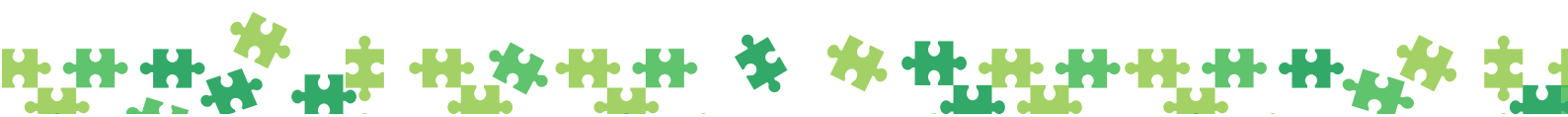
- c) What structures have been established to support the implementation of the GFF project at all levels?

- d) What are the skills of the technocrats involved in the implementation of the GFF project?

- e) Are there any otherspecial/expert skills required for the effective implementation of the project? Please tick () the appropriate box: YES NO
If yes, please mention them below:

- f) So far, what has been done to ensure preparedness of stakeholders to implement the GFF at all levels?

- g) Are there any plans for building the capacity of stakeholders/partners to ensure efficient and effective implementation of the project? Please tick () the appropriate box: YES NO
If yes, please mention them below:



3. Sustainable financing of the GFF project

a) What is the long term financing strategy/approach for the GFF project?

b) Is there any catalytic support for development of a sustainable financing strategy/ approach for the project? Please tick () the appropriate box: YES NO
If yes, please mention it below:

3. Monitoring, evaluation and research

a) Are there any structures for monitoring, evaluation and research?

Please tick () the appropriate box: YES NO

If yes, please mention them below:

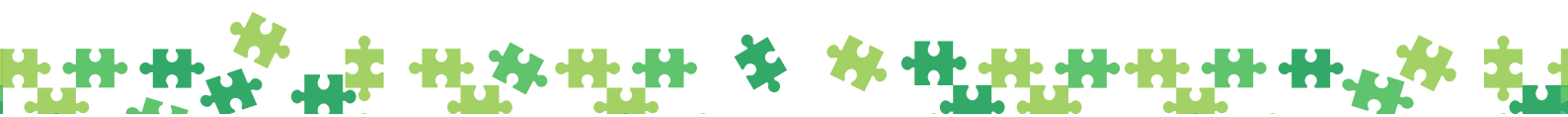
If no, are there any plans?

Please tick () the appropriate box: YES NO

If yes, please mention them below:

b) Who are the stakeholders/partners involved in M&E and Research?

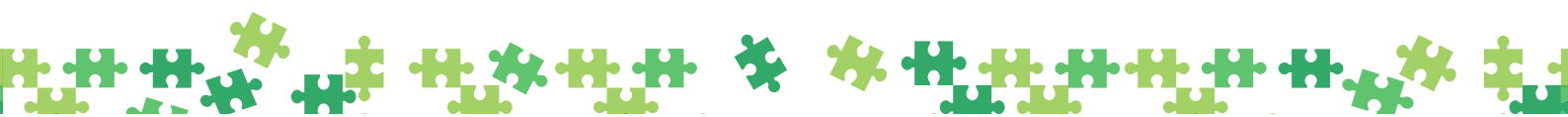
c) So far, what lessons have been learned?



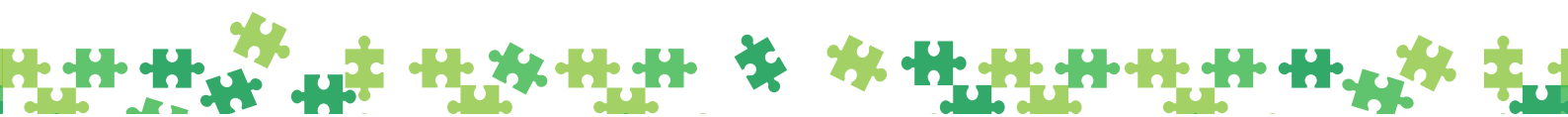
Annex 2: List of partners contacted and/or participated in the CSO consultative meeting

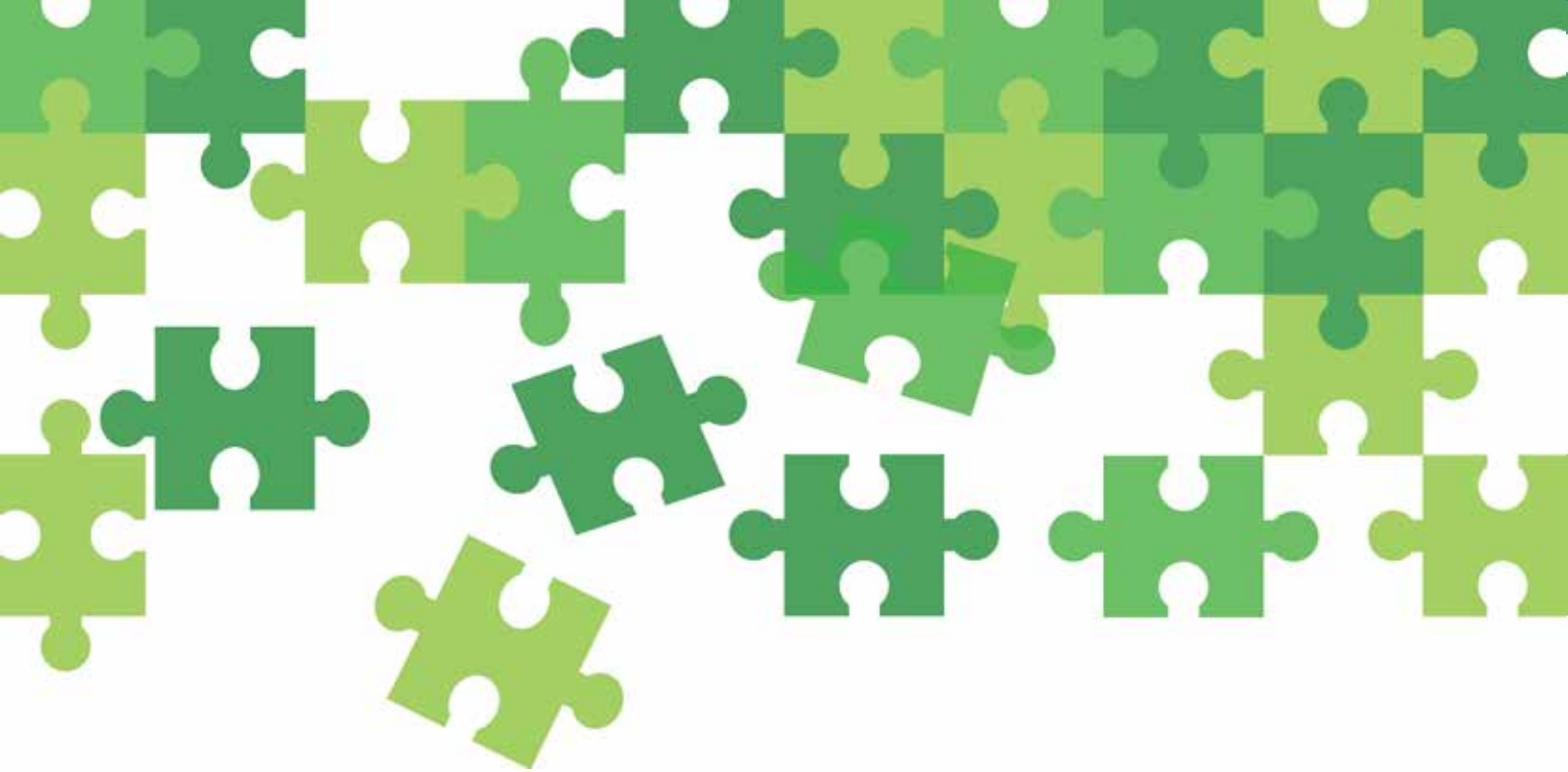
NO.	INSTITUTIONS
1	NECDP
2	MoH
3	UNICEF
4	CIP
5	AIF
6	Childfund Rwanda
7	Imbutu Foundation
8	UN Women
9	Caritas Rwanda
10	World Vision International
11	WHO
12	WFP
13	AEE
14	Save the Children
15	NCC
16	SWISS TPH
17	SUN Alliance
18	USAID
19	R.I.C.H
20	UNFPA
21	CARE International
22	ActionAid
23	Partners in Health
24	ADRA
25	World Relief
26	World Vision Rwanda
27	Access to Health
28	Food for Hungry Rwanda
29	Plan International Rwanda
30	Compassion International
31	Peace Plan
32	Anglican Church
33	Water Aid
34	Feed the Future Program/ USAID Twiyubake Program

35	Family Health Association Rwanda
36	One Cup of Milk
37	Send a Cow Rwanda Program
38	Strong Family Strong Society
39	Heifer international Rwanda Program
40	Zoe International-orphans and Vulnerable Children (ovc) Empowerment Program
41	Good Neighbours
42	Rwanda Stiftung
43	Union des Cooperatives Agricoles Integrees
44	Community Development/ Urugo Rw'amahoro
45	Veterinaires sans Frontieres Belgique
46	Strengthening School Readiness in Rwanda
47	Water for People
48	Resilience for Food and Nutrition Security/ Technical Program
49	Concern Worldwide
50	Give Direct
51	Medicus Mundi
52	TWIYUBAKE
53	DUHAMIC-ADRI
54	SMAP JICA
55	Action Aid Rwanda
56	AIDS HEALTHCARE FOUNDATION (AHF) RWANDA
57	AJPRODHO/JIJUKIRWA
58	William J. Clinton Foundation
59	Clinton Health Access Initiative (CHAI)
60	DIRECT AID
61	Developpement Rural Durable (DRD)
62	EPR
63	Humanity and Inclusion
64	SOS
65	IHANGANE
66	Agro Forestry Rwanda
67	TANGIRANEZA
68	International Committee of the Red Cross
69	ASSOCIATION BAMPOREZE
70	Strive Foundation Rwanda
71	DUTERIMBERE



72	Hope and Homes for Children
73	SFH Rwanda
74	Help a Child
75	CRS
76	BAMPORERE
77	YWCA
78	WATOTO VA
79	FXB Rwanda
80	YWMNET
81	RDO
82	City of Kigali
83	AFP
84	SUN Alliance
85	IMRO
86	Vision Jeunesse Nouvelle
87	Gasabo District
88	RNGOF
89	USADEC
90	FVA
91	Chance for Childhood
92	WE ACTX
93	BARAKABAHO
94	BENIMPHUWE
95	FIOM Rwanda
96	ASOFERWA
97	Child Care Organisation
98	Poor Women Development Network
99	ARAMA
100	FIYO





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