



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
RWANDA STUNTING PREVENTION AND REDUCTION PROJECT  
APPROVED ON FEBRUARY 28, 2018  
TO  
MINISTRY OF FINANCE AND ECONOMIC PLANNING

HEALTH, NUTRITION & POPULATION

AFRICA

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**ABBREVIATIONS AND ACRONYMS**

AARR	Average Annual Rate of Reduction
AIDS	Acquired Immune Deficiency Syndrome
ASM	<i>Agent de Santé Maternelle</i> [Maternal Health Agent]
BCC	Behavior Change Communications
CBO	Community Based Organization
CFSVA	Comprehensive Food Security and Vulnerability Analysis
CHW	Community Health Worker
CIAT	International Center for Tropical Agriculture
CIP	International Potato Center
CPR	Contraceptive Prevalence Rate
DA	Designated Account
DHS	Demographic and Health Survey
DPEM	District Plans to Eliminate Malnutrition
DPs	Development Partners
ECD	Early Childhood Development
EKN	Embassy of the Kingdom of the Netherlands
GDP	Gross Development Progress
GFF	Global Financing Facility
GRS	Grievance Redress Service
HC	Health Centre
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
ICB	International Competitive Bidding
IDA	International Development Association
IEC	Information, Education, and Communication
IFA	Iron/Folic Acid
IFC	International Finance Corporation
IFI	International Financial Institutions
IFPRI	International Food Policy Research Institute
IFMIS	Integrated Financial Management Information System
IPF	Investment Project Financing
IYCF	Infant and Young Children Feeding
JAPEM	Joint Action Plan to Eliminate Malnutrition
KPIs	Key Performance Indicators
M&E	Monitoring and Evaluation
MCCH	Maternal, Child and Community Health
MDGs	Millennium Development Goals
MDTF	Multi-Donor Trust Fund for Achieving Nutrition Impact at Scale
MIGEPROF	Ministry of Gender and Family Promotion
MICS	Multiple Indicator Cluster Survey
MINAGRI	Ministry of Agriculture and Animal Resources



MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MNP	Micronutrient Powders
MoH	Ministry of Health
MoU	Memorandum of Understanding
MWMP	Medical Waste Management Plan
NCB	National Competitive Bidding
NFNCS	National Food and Nutrition Coordination Secretariat
NGO	Non-Governmental Organization
NIRP	National Independent Review Panel
OAG	Office of the Auditor General
ORS	Oral Rehydration Solution
PBF	Performance Based Financing Program
PDO	Project Development Objective
PIM	Project Implementation Manual
PNC	Postnatal Checkup
PPSD	Project Procurement Strategy for Development
PRAMS	Procurement Risk Assessment and Management System
PSC	Project Steering Committee
QCBS	Quality and Cost-Based Selection
RAB	Rwanda Agriculture Board
RBC	Rwanda Biomedical Center
RPPA	Rwanda Public Procurement Authority
SBDs	Standard Bidding Documents
SDG	Sustainable Development Goal
SDR	Special Drawing Rights
SPIU	Single Project Implementation Unit
SSP	Strengthening Social Protection
STEP	Systematic Tracking of Exchanges in Procurement
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAD	Vitamin A Deficiency
WASAC	Water and Sanitation Corporation Ltd
WB	World Bank
WFP	World Food Program
WHO	World Health Organization



**BASIC DATA**

**Product Information**

Project ID P164845	Financing Instrument Investment Project Financing
Original EA Category Partial Assessment (B)	Current EA Category Partial Assessment (B)
Approval Date 28-Feb-2018	Current Closing Date 30-Apr-2023

**Organizations**

Borrower MINISTRY OF FINANCE AND ECONOMIC PLANNING	Responsible Agency Rwanda Biomedical Center
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**Project Development Objective (PDO)**

Original PDO

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

**Summary Status of Financing**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IDA-61870	28-Feb-2018	07-Mar-2018	05-Jun-2018	30-Apr-2023	25.00	4.40	19.96
TF-A6567	28-Feb-2018	07-Mar-2018	05-Jun-2018	30-Apr-2023	20.00	2.69	17.31
TF-A6783	29-Jan-2018	07-Mar-2018	05-Jun-2018	31-Dec-2021	10.00	3.85	6.15



**Policy Waiver(s)**

Does this restructuring trigger the need for any policy waiver(s)?

No



## I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

### Project Status

1. The Stunting Prevention and Reduction Project (SPRP) continues to enjoy high-level political commitment and strong multisectoral coordination under the leadership of the National Early Childhood Development Program (NECDP). The SPRP has been under implementation for over one year and progress towards achieving the Project Development Objective is steady. Progress has picked up in recent months and disbursements are on track with roughly US\$11 million or 20 percent of the US\$55 million disbursed to date. The latest ISR archived in May 2019 rated both progress on implementation and towards achievement of the PDO as “satisfactory”.

2. The main achievements to date are as follows: (i) finalizing the *National Integrated ECD, Nutrition and WASH Social and Behavior Change Communication Strategy* (2018-2024) and receiving endorsement of both the NECDP and MoH senior management; (ii) initiating a reform of the *Community Health Worker* (CHW) program (e.g. introducing a certification scheme; developing and providing training on a new integrated curriculum); (iii) mobilizing and empowering the 13 *target districts* to carry out activities at local level through funding of the District Plans to Eliminate Malnutrition; (iv) finalizing guidelines for the *early childhood development* (ECD) interventions and conducting training of trainers for ECD caregivers, district officers and friends of the family ('Inshuti z'Umuryango'); (v) initiating procurement of WASH materials; (vi) financing of *high impact health and nutrition interventions* through the national Performance-based Financing program; and (vii) getting the baseline survey for the impact evaluation underway, with a firm recently contracted by the World Bank.

### Rationale for Restructuring

3. The rationale for restructuring is three-fold. First, Rwandan authorities expressed concerns with the pervasive levels of food insecurity which can impede progress on reducing stunting. According to the 2018 Comprehensive Food Security and Vulnerability Survey, almost 20 percent of all households are food insecure. Food insecurity has risen since 2015 in the 13 target districts, and are very high in some districts, including Rutsiro (49 percent), Ngororero (41 percent), and Kayonza (33 percent). Similarly, in 2018, 20 percent of households had borderline food consumption and 4 percent had poor food consumption, which reflects an extremely unbalanced diet. While food consumption improved in 17 districts since 2015, it seriously deteriorated or remained inadequate in many of the target districts. In 2018, 40 percent of households, compared to 27 percent in 2015, reported having experienced at least one shock or an uncommon situation during the last 12 months that affected its ability to provide food for itself or eat in a manner it is accustomed to. Second, the government underscored the importance of identifying other strategies for accelerating progress towards stunting reduction, and shared preliminary results from a mid-line evaluation of a program that provides a fortified blended food product (FBF) that appears to reduce stunting more rapidly. Third, the government team explained that funding for some activities initially planned under the SPRP will now be provided through other ministries, agencies, and home-grown solutions, hence freeing up some resources.

4. The proposed restructuring agreed upon with Rwandan authorities is based on the following principles: (i) maintaining the integrity of the original design that was based on best buy interventions; (ii) protecting critical areas of the project that require catalytic external funding, such as the CHW program, behavior change communications, district-level convergence agenda; and M&E; (iii) adopting a gradual and phased approach to the provision of FBF, which involves monitoring, measuring impact, making course corrections, and scaling up what works; and (iv) limiting the restructuring to the IDA credit that has a large undisbursed balance and several activities now covered by the government.



5. The proposed restructuring will build and improve on the ongoing FBF national program supported by the government and several development partners (e.g. CHAI, DFID, WFP). Based on technical discussions with key stakeholders, it was noted that the current FBF program aims to enhance impact through the large-scale provision of high-quality complementary foods to the poorest and most vulnerable households (i.e. ubudehe 1). The current program has several strengths, including: (i) a supply chain that is working well, providing the FBF to nearly 500 health centers nationwide; (ii) limited leakages in terms of the sale of the product on the local market; and (iii) strong policy, programmatic and M&E support from development partners.

6. Building and leveraging on these investments, the government now aims to further improve the effectiveness and impact of the program by: (i) increasing the ration sizes to bolster coverage; (ii) strengthening the enrollment process through automatic enrollment of eligible pregnant lactating women and children 6-23 months, using multiple entry points (e.g. antenatal, maternity and vaccination services); (iii) outsourcing the delivery model through the NECDP, as this is considered to be less costly; and (iv) raising awareness among beneficiaries and providers on the appropriate quantity of FBF to prepare per day; how to prepare and serve FBF; how to minimize intra-household sharing; and why it is important to maintain current breastfeeding practices. The Bank team has reviewed and endorsed these strategies that will be partly funded through the proposed restructuring.

7. The restructuring will also involve the establishment of a Contingency Emergency Response Component (CERC). This is triggered by the ongoing Ebola outbreak in neighboring Democratic Republic of Congo (DRC) and the elevated risk of cross border transmission, considering the porous nature of borders, cross border economic activity, and widespread population movements. The Ministry of Health, supported by partners, has developed and is implementing an EVD preparedness and contingency plan to strengthen outbreak preparedness for prevention, early detection, response and rapid containment of potential cases. While there have been several alerts and suspected cases, there are no EVD confirmed cases in Rwanda. Nevertheless, Rwanda continues to have important gaps in outbreak response capacity and in financing. The latest Joint External Evaluation score for Rwanda was 59 percent (average score of 2.9 on the 5.0 scale), which illustrates the persistent gaps that need to be addressed. The inclusion of the CERC will allow the country to respond quickly and efficiently.

## II. DESCRIPTION OF PROPOSED CHANGES

8. **Component and Cost.** The proposed changes involve the introduction of a new sub-component under Component 1 (Prevention of Stunting at Community and Household Level) to support the government's FBF program in the 13 target districts under the project. The US\$8 million equivalent FBF sub-component provides an opportunity to get more evidence on two critical aspects of the program that will improve effectiveness and equity, namely: (i) testing higher rations of FBF for children 6-23 months; and (ii) expanding support to pregnant and lactating women in ubudehe 2 households (i.e. the program currently supports only ubudehe 1 households). To this end, the project will fund the *procurement of goods* (FBF), *consulting* (i.e. recruitment of technical experts) and *non-consulting services* (i.e. logistical support), and *training* related to *sensitization/awareness raising* on proper utilization of FBF.

9. The proposed restructuring also involves inclusion of a CERC as a new Project component (with a US\$0 allocation) to support a rapid response to disease outbreaks, as per the government's request to the Bank to access the Pandemic Emergency Financing Facility. The objective of this component is to improve Rwanda's response capacity in the event of an emergency, following the procedures governed by Bank Policy on Investment Project Financing, paragraphs 12-14, regarding "Projects in Situations of Urgent Need of Assistance or Capacity Constraints." There is a moderate to high probability that during the life of the project the country may experience a natural or man-made disaster or crisis, including a disease outbreak of public health importance or other health emergency, which has caused, or is likely to imminently



cause, a major adverse economic and/or social impact. In anticipation of such an event, the CERC provides Rwanda with rapid reallocation of undisbursed funds from other project components following an emergency to address immediate financing needs to mitigate, respond and recover from the potential harmful consequences arising from such emergency. The availability of immediate financing is critically important in: (a) supporting the first response; (b) helping to coordinate the early recovery phase; and (c) bridging the gap to longer term recovery and reconstruction phases.

10. The CERC Annex to the Operations Manual (CERC-OM) lays out the general provisions for activating and implementing the CERC. Disbursements will be made against an approved list of goods, works, and services required to support crisis mitigation, response and recovery purposes. A new disbursement category will be added for expenditures related to emergency response activities.

11. **Technical Analysis.** The Bank team carried out an analysis of the technical merits of the FBF sub-component and concluded that it was justified, in light of the: (i) persistent and pervasive nature of food insecurity in the 13 target districts; (ii) growing global evidence that when given during pregnancy and used consistently, fortified supplementary foods have shown to have positive effects on maternal health and pregnancy outcomes, including preventing anemia and iron deficiency among mothers, increasing mean birthweight by approximately 60-73 grams, and increasing birth length and reducing pre-term delivery (Yang, Z. Huffman SL., 2011. Review of fortified food and beverage products for pregnant and lactating women and their impact on nutritional status); and (iii) importance of testing higher ration sizes to enhance impact. Finally, the strong government commitment and complementary support from other development partners augur well for strengthening the institutional framework, generating new evidence of what works to reduce stunting at an accelerated rate, and bolstering the probability of sustainability.

12. The Bank team agreed with the government on the theory of change/results chain for the FBF sub-component which depicts the activities to be supported, along with expected outputs and outcomes (Annex I). Finally, the technical analysis included a review of key issues and risks associated with the FBF program and systematic identification of mitigation measures, as well as inclusion of key program indicators to monitor progress. These include issues related to the: efficiency of the supply chain and distribution system; systematic utilization and consumption of the FBF by key beneficiaries; and program sustainability, including government financing, which is part of the Bank's ongoing policy dialogue with Rwandese authorities with a review of allocative efficiency currently ongoing (Annex II). Similarly, the inclusion of the CERC is deemed technically sound, as it will allow Rwanda to rapidly access undisbursed IDA funds to address immediate financing needs in the event of a crisis and/or emergency.

13. **Reallocation between Disbursement Categories.** To facilitate the introduction of the FBF sub-component, an amount of 5.62 million SDR (US\$8 million equivalent) has been reallocated from Category 4 (Goods, non-consulting services, training and incremental operating costs under Part 1 (iv) and (v) and Part 3 (iii) of the project to a new Category 6 (Goods) under Part 1 (vii) of the project (FBF sub-component).

14. **New Disbursement Category.** A new disbursement category with a US\$0 allocation has been established for CERC. Disbursements under the CERC will be contingent upon the fulfillment of the following conditions: (i) the Borrower has determined that an eligible crisis or emergency has occurred and the Bank has agreed and notified the Government; and (ii) the Borrower has prepared and adopted the CERC-OM. For the purposes of disbursement, the CERC-OM would include a menu of eligible expenditures; i.e. either against a positive list of critical goods and/or against the procurement of works, and consultant services required to support the immediate response and recovery needs. Emergency expenditures required for the CERC will be procured in accordance with the procurement methods and procedures set forth in the CERC-OM.

15. **Procurement.** As part of the restructuring, the Project Procurement Strategy for Development (PPSD) of the project has been updated by the government. The updated PPSD includes a provision for the procurement of Fortified Blended Food (FBF) from the Africa Improved Foods (AIF) corporation in Kigali for an amount up to US\$8 million using the Direct Contracting (DC) Procedure. The Borrower provided a justification for DC as part of the PPSD. The Bank reviewed





the proposed procurement of Fortified Blended Food from the Africa Improved Food Ltd, following Direct Contracting and noted that there are two more suppliers who produce a similar FBF. To avoid disruption in the supply of this important food supplement and based on the justification provided, the Bank agreed to procure the product for the first 12 months (considering procurement and supply lead time of 9 months) following the DC procedure. For future procurement of FBF, the SPIU has been advised to initiate a competitive procurement process with agreed technical specifications.

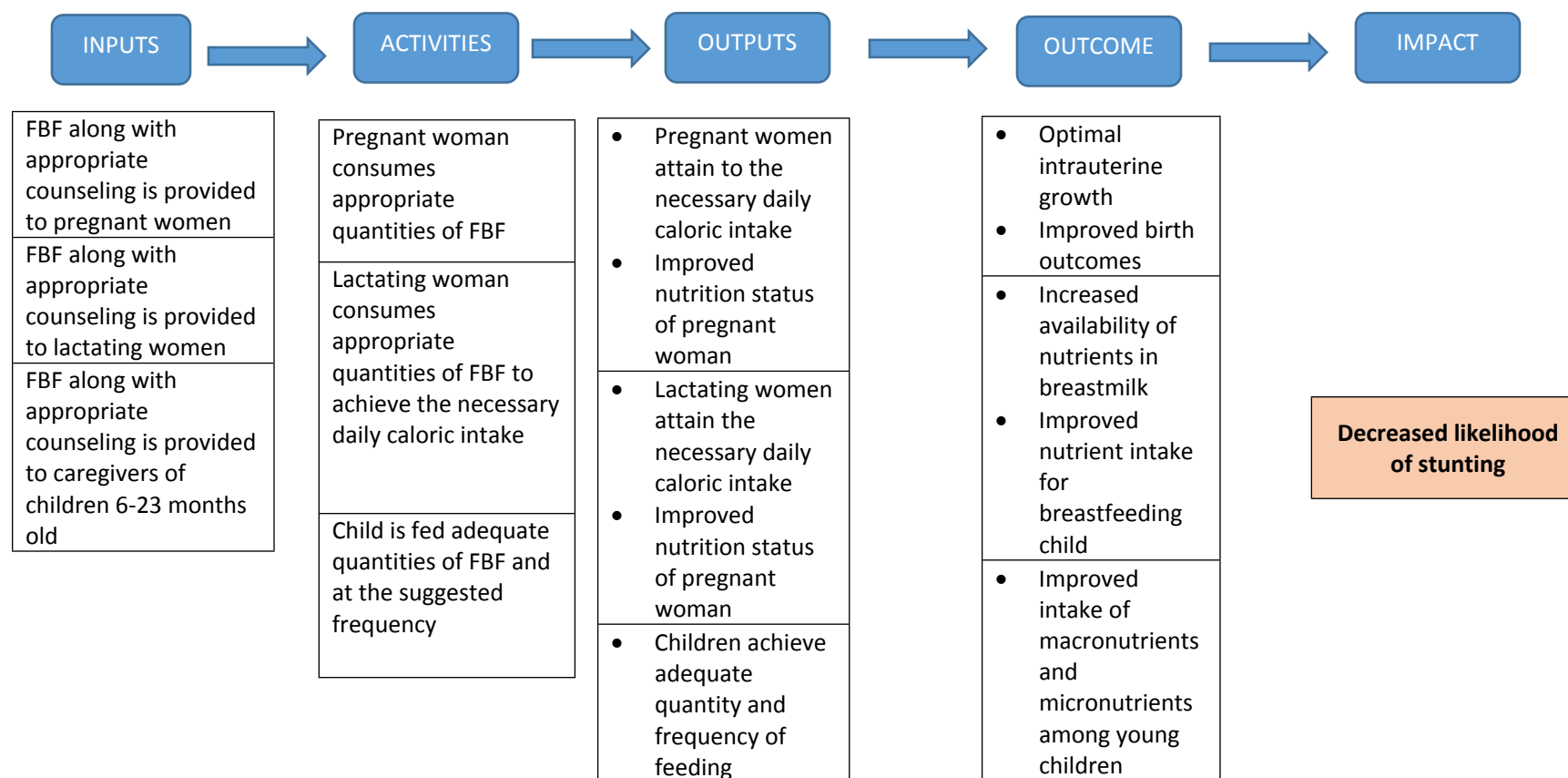
16. The IFC has a stake in AIF and we have consulted with the inter-institutional COI committee. The advice the team received is that there might be a perception but probably not an actual COI. The Regional Directors reviewed the matter and provided the following guidance: (i) IFC's involvement in AIF precedes the Bank's engagement with the entity (i.e. IFC has been supporting the expansion of a private sector entity, working with national and foreign investors while the WB will now procure FBF from the factory to support the government's stunting reduction program, in line with the national strategy); (ii) the roles and responsibilities of AIF and the activities to be supported under the Bank-funded project have been reviewed and there does not appear to be an actual conflict of interest, given the strong direct contracting justification provided by the government, and agreed by the Bank for the first 12 months, underscoring the need for continuity in the supply and reasonable value for money; (iii) going forward, the potential inter-institutional COI is being handled by a proposed joint WB/IFC working group to be chaired by management with a view to coordinate the dialogue with the Government on the process for the two reviews and the discussion on their findings and next steps.

17. **Results Framework.** The Results Framework has been revised to include two additional indicators related to the FBF sub-component: (i) proportion of distribution sites with stock outs during the past three months; and (ii) proportion of ubudehe 1 and ubudehe 2 pregnant and lactating women reporting consumption of FBF in the last 24 hours. The current impact evaluation will be amended to measure the impact of the FBF intervention on children (by comparing outcomes for children in ubudehe 2 households with that of children in ubudehe 3 households from the 13 target districts).

18. In addition, beyond the current evaluation, two key impacts of the FBF intervention to be monitored and evaluated are: (i) improved nutritional status of pregnant women; and (ii) improved birth outcomes (i.e. lower probability of having a low birth weight baby). The Bank is also supporting the government to develop a sound methodology for evaluating the impact, cost and cost-effectiveness of the FBF intervention, which would inform the scale up in subsequent years. The Bank has mobilized additional resources for analyzing behavioral issues that facilitate or impede consistent use of appropriate FBF portions and determining how to lower the cost of adherence to FBF and other beneficial feeding practices. This qualitative study will promote, and measure behavior change related to the FBF product and complementary feeding practices more generally (e.g. acceptance of product; any perverse effects on breast feeding patterns; risk of substitution of local foods; changes in social norms regarding FBF consumption, as well as other nutrition practices; habit formation; long-term behavior change). Finally, the restructuring also involves several changes in the original set of intermediate and outcome indicators, as included in the data sheet.



Annex I: FBF Theory of Change/Results Chain





**Annex II: Technical Analysis of FBF Sub-Component:**  
Main Issues & Risks, Mitigation Measures & Key Program Indicators

<b>Main Areas</b>	<b>Key Issue/Risk</b>	<b>Mitigation Measure</b>	<b>Main Program Indicator</b>
<b>Supply chain &amp; distribution</b>	<b>-Stock outs of FBF</b>	-Maintain coverage of distribution centers and introduce/strengthen systems for efficient management of supplies	'% of distribution sites with stock outs in the last 3 months
	<b>-Diverted products</b>	-Mobilize district authorities to conduct periodic spot checks in local markets and to educate the public about the risk of diversion	-% of product diverted
	<b>-Contaminated products</b>	-Maintain high quality standards and regulatory capacity	-% of reported cases of contamination
<b>Utilization &amp; consumption</b>	<b>-Inaccurate understanding of FBF</b>	-Provide training/counseling to caregivers and to pregnant and lactating women about appropriate feeding practices; intra-household consumption; and maintaining high levels of breast feeding	-% caretakers reporting accurate understanding of serving size, portions, storage and preparation
	<b>-Poor targeting of beneficiaries</b> (leakages at household level)		-% of ubudehe 1/2 pregnant and lactating women reporting consumption of FBF in the last 24 hours
	<b>-Inadequate consumption of FBF</b>	-	-Average quantities of FBF reported as consumed by pregnant and lactating women in ubudehe 2 households
<b>Program sustainability</b>	<b>-Government financing of program is reduced</b>	-Secure government commitment that its contribution will be maintained or increased over the course of the project	-% financing of FBF program
	<b>-Absorption of critical personnel is lagging</b>	-Agree on a plan for absorbing key personnel	-% personnel recruited who are absorbed



**I. SUMMARY OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Procurement	✓	
Technical Analysis	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
APA Reliance		✓
Implementation Schedule		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

**IV. DETAILED CHANGE(S)**



COMPONENTS

Current Component Name	Current Cost (US\$M)	Action	Proposed Component Name	Proposed Cost (US\$M)
Component 1: Prevention of Stunting at Community and Household Levels	35000000.00	Revised	Component 1: Prevention of Stunting at Community and Household Levels	35000000.00
Component 2: High-impact Health and Nutrition Services	14500000.00	No Change	Component 2: High-impact Health and Nutrition Services	14500000.00
Component 3: Monitoring and Evaluation, and Program Management	5500000.00	No Change	Component 3: Monitoring and Evaluation, and Program Management	5500000.00
	0.00	New	CERC	0.00
<b>TOTAL</b>	<b>55,000,000.00</b>			<b>55,000,000.00</b>

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed
IDA-61870-001   Currency: XDR				
iLap Category Sequence No: 1	Current Expenditure Category: Gds,NonCS,CS Pt 1(i)			
710,000.00	0.00	710,000.00	25.00	25.00
iLap Category Sequence No: 2	Current Expenditure Category: Gds,NonCS,CS&Trg Pt 1(ii)			
1,410,000.00	0.00	1,410,000.00	0.00	0.00
iLap Category Sequence No: 3	Current Expenditure Category: Performance Based Pymts Pt1iii			
4,450,000.00	0.00	4,450,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: Gds,NonCS,CS,Tr,OC Pt1iv&v &3iii			
9,620,000.00	0.00	4,000,000.00	100.00	100.00



# The World Bank

Rwanda Stunting Prevention and Reduction Project (P164845)

iLap Category Sequence No: 5	Current Expenditure Category: Gds,NonCS,CS&Trg Pt1(iv)			
1,410,000.00	0.00	1,410,000.00	0.00	100
iLap Category Sequence No: 6	Current Expenditure Category: Gds-FBF			
0.00	0.00	5,620,000.00		100
<b>Total</b>	<b>17,600,000.00</b>	<b>0.00</b>	<b>17,600,000.00</b>	



Results framework

COUNTRY: Rwanda

Rwanda Stunting Prevention and Reduction Project

Project Development Objectives(s)

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

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	End Target
<b>To contribute to reduction in the stunting rate among children under five in the target districts</b>			
Indicator 1a: Percentage of children under 5 years with height-for-age z-score below -2 standard deviations (Percentage)		43.60	32.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> 1. The indicator was revised to add definition, data source, frequency, and responsibility for data collection. 2. Corrected baseline and target values. Previous values reflected data for children under 2.		
Indicator 1b: Percentage of children under 2 years with height-for-age z-score below -2 standard deviations (Percentage)		37.10	27.20
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> The indicator was revised to add definition, data source, frequency, and responsibility for data collection.		
Indicator 2: Percentage of children 6-23 months old who are fed a diverse diet (Percentage)		22.90	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b>		



Indicator Name	DLI	Baseline	End Target
<i>The indicator was revised to add definition, data source, frequency, and responsibility for data collection.</i>			
Indicator 3: Percentage of women who attended 4 or more ANC visits during their most recent pregnancy (Percentage)		41.00	55.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The indicator was revised to add definition, data source, frequency, and responsibility for data collection.</i>		
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00	1,660,000.00
<b>Action: This indicator has been Revised</b>			
Number of women and children who have received basic nutrition services (CRI, Number)		0.00	1,660,000.00
Indicator 4a: Number of children under 5 were beneficiaries of project interventions (Number)		0.00	560,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The indicator was revised to add definition, data source, frequency, and responsibility for data collection.</i>		
Indicator 4b: Number of women of reproductive age (including pregnant and lactating women) who were beneficiaries of project interventions (Number)		0.00	1,100,000.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>The indicator was revised to add definition, data source, frequency, and responsibility for data collection.</i>		





Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
<b>Component 1: Prevention of Stunting at Community and Household Levels</b>			
IRI 1: Percentage of children at risk of stunting identified at the health center receiving follow up visits by CHWs (Percentage)		0.00	75.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> After discussions between the World Bank project team and the Government of Rwanda counterparts at the Rwanda Biomedical Center, it was agreed that this is a complex indicator which should be dropped from the results framework because the two-way communication system necessary to facilitate the tracking of follow-up of at-risk children was yet to be implemented. It was agreed that once the communication system has been established, this output should be tracked as part of the project M & E.		
IRI 2: Percentage of home-based ECD centers with satisfactory scores on quality score card (Percentage)		0.00	80.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> Added definition, data source, and responsibility for data collection.		
IRI 3: Number of parenting groups created and functional (positive deviance) (Number)		0.00	0.00
<b>Action: This indicator has been Marked for Deletion</b>	<b>Rationale:</b> Added definition, data source, frequency, and responsibility for data collection.		
IRI 4: % of CHWs who received a quarterly supportive supervision visit from HC (Percentage)		40.00	80.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> Added definition, data source, frequency, and responsibility for data collection.		



Indicator Name	DLI	Baseline	End Target
IRI 5: Percentage of pregnant women who attended the first ANC visit during the first trimester (Percentage)		40.00	70.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li><b>Added definition, data source, frequency, and responsibility for data collection.</b></li> <li><b>Rwanda Biomedical Center revised the baseline based on HMIS data for the 13 project districts. The original baseline was based on DHS estimates. The baseline was revised from 56 percent to 40 percent. Based on HMIS quarterly trend, RBC projected a year 1 target of 46 percent. An annual increase of 6 percentage points was assumed, for a final target of 70 percent.</b></li> </ol>		
IRI 6: Percentage of pregnant women with anemia (Percentage)		2.00	1.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li><b>Added definition, data source, frequency, and responsibility for data collection.</b></li> <li><b>The baseline was revised by Rwanda Biomedical Center based on estimates from the HMIS for the 13 project districts. The baseline was previously based on DHS data, and was revised from 21.9 percent to 2 percent. The target was revised from 15 percent to 1 percent.</b></li> </ol>		
IRI 7: Percentage of participants at CHW education sessions surveyed who demonstrate knowledge of proper care, feeding, and WASH practices (Percentage)		0.00	50.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <p><b>Added definition, data source, frequency, and responsibility for data collection.</b></p>		
IRI 8: Percentage of children 6-23 months old receiving micronutrient powders (Percentage)		0.00	90.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <p><b>Added definition, data source, frequency, and responsibility for data collection.</b></p>		



Indicator Name	DLI	Baseline	End Target
IRI 9: Percentage of children under two with diarrhea treated with ORS and zinc. (Percentage)	0.00		50.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>Based on discussions with Rwanda Biomedical Center, revised the indicator name so as to simplify it. As now defined, this required data can be gathered from HMIS.</li> <li>Added definition, data source, frequency, and responsibility for data collection.</li> </ol>		
IRI 10: Number of Ubudehe 1 households with improved latrines (from project interventions) (Number)	0.00		5,500.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>Added definition, data source, frequency, and responsibility for data collection.</li> <li>Updated target to reflect reallocation of resources as part of the restructuring. Rwanda Biomedical Center indicated that material has already been procured to refurbish approximately 5,500 latrines for ubudehe 1 households. No additional materials for this purpose will be procured.</li> </ol>		
IRI 11: Number of districts with satisfactory ratings on the DPEM activity scorecard (to be developed) (Number)	0.00		13.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p> <p>Added definition, data source, frequency, and responsibility for data collection.</p>		
<b>Component 2: High-impact Health and Nutrition Services</b>			
IRI 12: Percentage of children under 5 with height measured and recorded at health facility (Percentage)	0.00		75.00
<b>Action: This indicator has been Revised</b>	<p><b>Rationale:</b></p>		



Indicator Name	DLI	Baseline	End Target
		<ol style="list-style-type: none"> <li>1. Revised indicator name to reflect availability of data. The previous indicator name included a quality component ('correctly measured') which, after discussion with Rwanda Biomedical Center, would be very difficult to collect and currently no system in place to assess the quality of measurements.</li> <li>2. Added definition, data source, frequency, and responsibility for data collection.</li> </ol>	
IRI 13: Percentage of CHWs with no stock out of Zinc for diarrhea treatment. (Percentage)	0.00		100.00
<b>Action: This indicator has been Revised</b>		<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>1. The name of the indicator was revised to reflect availability of data. While stock outs are tracked at the district hospital and pharmacy levels, health center level stock out is not systematically tracked. However, CHWs report stock outs of commodities, and this data can be sourced from their monthly reports.</li> <li>2. Added definition, data source, frequency, and responsibility for data collection.</li> </ol>	
IRI 14: Percentage of women of reproductive age who are new acceptors of modern contraceptives (Percentage)	0.00		60.00
<b>Action: This indicator has been Revised</b>		<p><b>Rationale:</b></p> <ol style="list-style-type: none"> <li>1. Revised indicator name to reflect how data is collected. The original indicator referred to new users but, according to Rwanda Biomedical Center, this indicator would be capturing women who switched methods. The revised indicator captures women who have newly started using a modern method.</li> <li>2. Added definition, data source, frequency, and responsibility for data collection.</li> </ol>	
IRI 15: Percentage of fortified blended food (FBF) distribution centers with no stock outs in the previous quarter. (Percentage)	0.00		100.00
<b>Action: This indicator is New</b>		<p><b>Rationale:</b></p> <p>The restructuring involves the inclusion of the provision of FBF to pregnant/lactating women, and this is intended to track availability at distribution sites.</p>	



Indicator Name	DLI	Baseline	End Target
IRI 16: Percent of eligible pregnant and lactating women from ubudehe 1 & 2 households who consumed FBF in the past 24 hours. (Percentage)		0.00	80.00
<b>Action: This indicator is New</b>	<b>Rationale:</b> <i>The restructuring involves the inclusion of the provision of FBF to pregnant/lactating women, and this is intended to track consumption by pregnant women.</i>		
IRI 17: Percentage of children 6-23 months old who consumed FBF in the past 24 hours (Percentage)		0.00	75.00
<b>Action: This indicator is New</b>	<b>Rationale:</b> <i>FBF will be included in project interventions as part of the restructuring. As part of monitoring effective implementation, it will be important to ensure utilization of the complementary foods by targeted children.</i>		
<b>Component 3: Monitoring and Evaluation, and Program Management</b>			
IRI 18: Percentage of participating health facilities that receive satisfactory rating from women and caregivers whose children received nutrition services (Citizen Engagement indicator) (Percentage)		0.00	90.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <ol style="list-style-type: none"> <li>1. <i>Added definition, data source, frequency, and responsibility for data collection.</i></li> <li>2. <i>Corrected unit of measure (previously as Amount (USD)).</i></li> </ol>		
IRI 19: Number of peer learning events conducted (within and between districts and sectors) (Number)		0.00	25.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <i>Added definition, data source, frequency, and responsibility for data collection.</i>		



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Indicator Name	DLI	Baseline	End Target

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