



# Rwanda: Cross-sectoral Convergence for Improved Nutrition and Human Capital

Knowledge & Learning Case Study

April 2021

# Before You Begin

## Case Study Purpose & Objectives

The purpose of a Knowledge & Learning Case Study is to impart a country's experience with the GFF process so that other countries can learn from it.

The Rwanda team has reflected upon their GFF experience in order to share with you their successes, challenges, and lessons learned. We hope that you will use and adapt this knowledge in your own country to:

- Gain a view of the GFF approach and process in the context of real-world experiences
- Identify challenges or setbacks you might face when undergoing similar processes or projects
- Consider new ideas and perspectives
- Build competence around a technical topic
- Foster discussion among your country team
- Compare and contrast Rwanda's situation with your own country's context

## Focus Questions

Think about these questions as you review the case study. After reviewing the case study, you will have an opportunity to discuss these and other questions with your country team.

- What **strategies** did Rwanda use to reach their goals?
- What particular **challenges** did they face?
- What were their **keys to success**?

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Rwanda: Cross-sectoral Convergence for Improved Nutrition and Human Capital

# INTRODUCTION



# Program Overview

## Situation

Rwanda has made excellent progress in improving maternal health and infant and child survival, but childhood stunting remains high at 33% of children (DHS, 2019-2020). In the poorest families, stunting affects nearly half of children under five.

Several challenges impede Rwanda's ability to accelerate improvements in nutrition. These include lagging utilization of several key services critical to stunting prevention (e.g., antenatal care, postnatal care, breastfeeding) due to inadequate knowledge and awareness of stunting at household and community levels, socio-cultural factors and geographic and financial barriers.

Progress is also being curtailed by low convergence of priority nutrition-specific services. Less than 4 percent of children under two have simultaneous access to all key services (World Bank, 2017). This is further hampered by the limited ability of Rwanda's information systems to ensure the prompt identification and tracking of vulnerable children and women, including their access to key services.

## Actions (1/2)

Rwanda and its partners are scaling up efforts to combat chronic malnutrition, to include these strategies:

- Implementing a “whole government” approach through a central coordination body, the National Child Development Agency (NCDA)

## Actions 2/2

- Implementing a “convergence” approach to jointly target pregnant mothers and children under two. Coordination among multiple sectors gives these families simultaneous access to interventions that address food adequacy, care practices, and environmental health.
- Implementing financing and system reforms to enhance the alignment of incentives at household, community, service provider and local government levels and ensure high quality service delivery and efficient utilization.
- Improving monitoring systems to track service convergence and enhance accountability for results. This includes strengthening the Civil Registration and Vital Statistics (CRVS) system.

# Program Overview

## Results

Rwanda's renewed efforts to accelerate progress against chronic malnutrition and enhance human capital are already reflected in early improvements in service utilization:

- In 2019, about 315,000 more newborns across the country were breastfed within one hour of delivery, a 15 percent increase from 2018.
- Out of all newborns delivered in a health facility, 93.2 percent were breastfed within an hour of birth, a significant increase from 84.6 percent in 2018. Similar increases were seen in priority districts of the Stunting Prevention and Reduction Project.
- In 13 of the priority districts, pregnant women who attended their first antenatal care visit during the first trimester increased from 42 percent in 2017 to 51 percent in 2019.
- In 2019, almost 220,000 newborns were visited by a community health worker at home on the third day after birth, a 17.6 percent increase from the previous year before. In priority districts, 21 percent more newborns were seen, reaching almost 97,600.
- The number of children receiving fortified blended foods increased by 13.3 percent between 2018 and 2019.
- Over 8,000 home-based Early Childhood Development (ECD) sites, reaching 162,000 children of the most vulnerable households, were established,
- By January 2021, 104,357 beneficiaries in 17 high priority districts, including 25,813 pregnant women and 78,544 children under two years, received cash transfers to incentivize the use of health and nutrition services.
- Birth registration now occurs at 59 public and private hospitals across all districts. As a result, more than 70,000 children were registered in health facilities in less than six months since August 2020.



# Case Study Introduction

## Background

Rwanda is firmly committed to bending the curve on stunting to unlock human capital. Nutrition is not only critical to child development but also enables children to become productive members of society. Investments in nutrition interventions can yield important economic gains and support the long-term development of the country.

Spearheaded by Rwanda's political leadership, this nationwide commitment is reflected in an integrated, evidence-based and multisectoral program to combat malnutrition and invest in early years. This program is overseen by the National Child Development Agency (NCDA), formerly known as the National Early Childhood Development Program (NECDP).

The multisectoral programs aims among others to (i) support cross-sectoral interventions; (ii) improve service delivery and utilization, notably through the alignment of incentives at household, community, service provider and local government levels; and (iii) strengthen systems, including data monitoring systems. It prioritizes high burden districts and vulnerable populations during the critical 1,000 days beyond which stunting becomes largely irreversible.

## GFF-Specific Support

The Global Financing Facility (GFF) provides catalytic financing and technical support to the government (particularly to NCDA) to maximize the impact of the multisectoral program. Its support is helping identify priorities and high-impact interventions to reach the most vulnerable groups in the regions that are lagging the most. It specifically focuses on aligning incentives among households, communities, service providers, and local governments to ensure high quality service delivery and efficient service utilization. It also supports key systems and policy reforms, efficient and sustainable financing, as well as results monitoring.

## Case Study Focus

This Knowledge and Learning Case Study focuses on key components of the program including various innovative policy reforms and tools to drive convergence. It also includes a deep dive on one of Rwanda's key system reforms, namely the strengthening of its Civil Registration and Vital Statistics (CRVS) system to both increase birth registration and improve take up of and access to essential services. It highlights lessons learned and challenges faced, and the unique steps taken to address them.



Rwanda: Cross-sectoral Convergence for Improved Nutrition and Human Capital

# A UNIQUE APPROACH





# A UNIQUE APPROACH

## Convergence Toward Better Child Nutrition

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*"Driving factors for child chronic malnutrition- stunting, are multidimensional. Strengthened convergence of multi sectoral interventions tracked through the child scorecard at the community level for every child in their first 1000 days is an NCDA high priority"*

- Dr Anita Asiimwe, Director General,  
National Child Development Agency  
(NCDA)

”

### What is a convergence approach?

Global and regional evidence found that a “multisectoral nutrition convergence” approach, in which multisectoral interventions are coordinated to jointly target priority geographic areas and beneficiaries, is critical to tackling childhood undernutrition and has been shown to accelerate stunting reduction in countries like Peru, Brazil and Bangladesh.

Based on this evidence, Rwanda shifted from a sectoral approach to a multisectoral convergence approach. While the former entailed individual sectors providing services as per their own mission/in a sector-driven manner, the latter requires all sectors, actors and interventions to coalesce to ensure targeted children and caregivers have simultaneous access to all essential services.

A convergence approach to nutrition requires:

- Careful coordination among sectors, including shared priorities, clear roles and responsibilities, and accountability mechanisms
- Strong accountability system to drive collaborations across sectors and levels of government
- Tracking each child to specifically ensure access to interventions and monitor ongoing health and progress
- Alignment of incentives at household, community, service provider, and local government levels to improve service delivery

# A UNIQUE APPROACH

## Convergence Toward Better Child Nutrition

High-level oversight and coordination

Collaboration across sectors, levels of government,  
and actors

Alignment of supply and  
demand-side  
incentives

Improved service delivery &  
increased demand for  
services



# Convergence Toward Better Child Nutrition

## Key Components

The government of Rwanda operationalized the convergence of **sectors**, **actors**, and **interventions** around the child and caregiver, leveraging and strengthening existing structures to create a comprehensive system capable of addressing stunting.

### SECTORS

Delivering nutrition-specific and nutrition-sensitive interventions to each child and monitoring their health and growth requires coordination among multiple sectors, including:

- **Health.** With oversight from the Ministry of Health, health facilities engage with families during antenatal care visits, hospital births, and ongoing health monitoring of newborn children up to two years. At the village level, community health workers deliver preventive health and nutrition services, including growth monitoring and promotion. The World Bank and the GFF support the government's efforts to enhance the delivery of these high impact interventions, by incentivizing health facility and health personnel to expand the coverage of health and nutrition services, improving the supply chain and strengthening the country's community-based platform. The latter include reform on Community Health Workers (CHW) program by improving the training, certification, accreditation and incentive payment systems.



*Photo by National Child Development Agency, Rwanda*



*Photo by National Child Development Agency, Rwanda*

# Convergence Toward Better Child Nutrition

## Key Components

### SECTORS

Delivering nutrition-sensitive interventions to each child and monitoring their health and growth requires coordination among multiple sectors, including these three sectors:

- **Social Protection.** Under the aegis of the Ministry of Local Government (MINALOC) and the Local Administrative Entities Development Agency (LODA), pregnant women and children under two from poorest households receive nutrition-sensitive direct support co-responsibility cash transfers (NSDS CCT). These cash transfers are linked to antenatal and postnatal visits, regular checkups to measure children's weight and height and are supported through timely registration of birth. Under Rwanda's flagship social safety net program (Vision 2020 Umurenge Program), the government is scaling up innovations in the context of a gender and child-sensitive public works scheme to promote home based early childhood development (ECD). As part of the CRVS reform, the National Identification Agency (NIDA) coordinates efforts to establish a modern, timely, complete and integrated CRVS system to ensure legal identity for all. It also supports the full interoperability of relevant information systems, notably to ensure the efficient enrollment of eligible families into the NSDS CCT program and to monitor compliance with co-responsibilities.

### ACTORS

Rwanda has mobilized all actors to plan and carry out multi-sectoral nutrition initiatives to meet the needs of children and caregivers. In-country and international actors work in partnership.

- **Government.** With strong high level political commitment to dramatically reduce stunting, the country adopted a "whole government" approach characterized by the active and sustained engagement of government actors at central, district, sector, and village levels.
- **Country Platform.** Under the leadership of the government, an inclusive multi-stakeholder platform – composed of development partners, financiers, civil society organizations and the private sector – supports the development, implementation and monitoring of national strategies and programs, including the NCDA Strategic Plan (which doubles as Rwanda's Investment Case, the development of which was supported by the GFF).

# Convergence Toward Better Child Nutrition

## Key Components

### INTERVENTIONS

Rwanda selected a set of high-impact interventions that would work together to reduce stunting. These activities focus on increasing demand for critical stunting prevention services and on strengthening systems required to deliver quality interventions.

### BEHAVIOR CHANGE

**Communication campaigns and community outreach** activities have been rolled out to enhance household and community awareness of stunting prevention measures, appropriate child feeding practices, water sanitation and hygiene, and early stimulation and parenting. Innovative monitoring tools – such as the Child Length Mat – are being used by trained community health workers to help caregivers visualize their child’s milestones and urge them to intervene early to prevent stunting.

### PROTECT & NOURISH

The **nutrition-sensitive direct support program** provides cash transfers to pregnant women and infants in the most vulnerable households. The cash transfers provide incentives for mothers to use key services critical to stunting prevention such as antenatal care, postnatal care, early stimulation, and height for age measurement. Efforts are also made to upgrade the system through the digitalization of payments and the interoperability of systems. In addition, fortified blended foods are delivered to the most vulnerable families to improve access to nutritious food to help address one of the critical determinants of malnutrition.

### CARE & STIMULATE

**Home-based early childhood development** is being expanded to provide poor families, and especially younger children, with basic food, early stimulation, and a play environment with well-trained caregivers. New program sites and caregivers have been designated for each district, and the government has approved the nationwide expansion of this program along with NSDS.

### RESULTS-BASED DELIVERY

**A package of proven health and nutrition interventions was scaled up**, leveraging the national performance-based financing program. The government has intensified its support to health facilities by providing training and incentives to health workers, upgrading information technologies (e.g., use of smart phones and tablets) and ensuring the prompt identification of growth faltering and effective responses at the facility level.

# Convergence Toward Better Child Nutrition

## Key Components

### INTERVENTIONS

Rwanda selected a set of high-impact interventions that would work together to reduce stunting. These activities focus on increasing demand for critical stunting prevention services, as well as strengthening the system to deliver quality interventions.

### PROMOTE GROWTH

**Child growth monitoring and promotion** are conducted at both health facility and community levels. Consistent follow-up and tailored age-appropriate counselling are critical and requires community engagement. To enhance quality preventive and promotive services delivered at community level, Rwanda's community health workers (CHW) program is being reformed to ensure appropriate training, including through certification and accreditation, improve incentive payments and address periodic commodity shortages.

### IDENTIFY & TRACK

The **civil registration and vital statistics system** is enabling each child to obtain a unique identifier at birth. This identifier ensures the timely identification and registration of vulnerable women and children, also ensuring eligibility for social services. In conjunction with regulatory reforms, systemic changes – backed by the amended national law governing persons and family – are allowing birth registrations to occur at the place of the occurrence of an event (e.g., health facilities), thus enabling the child to be registered immediately after birth. To advance implementation, digital birth and death registrations were introduced as part of the reformed registration system.

### FINANCE

The government is enhancing the coordination of sectoral financing and **integrated planning and budgeting to support the convergence of high-impact interventions** and identify **sustainable financing** for it. The government focuses on strengthening the public financial management system to optimize value for money. It is endeavoring to increase the efficiency of Rwanda's community-based health insurance scheme, a program that has historically played a crucial role in expanding access to healthcare and improving health outcomes. Efforts are also underway to make enrollment more equitable and ensure the poorest households do not fall deeper into poverty because of health expenses.

# Convergence Toward Better Child Nutrition

## Key Components

### SYSTEMS, CAPACITY & INCENTIVES

In Rwanda, robust management capacity and accountability systems are needed to help drive collaboration across sectors and government levels, and direct resources toward a shared goal. Multisectoral convergence for improved nutrition also requires the alignment of incentives at household, community, service provider and local government levels to ensure the simultaneous utilization of high-quality services.

### NATIONAL LEVEL

**Coordination and oversight function at national level:** The NECDP (currently NCDA) has been providing strategic guidance on priority interventions, also enabling to track implementation progress and mobilize a full range of multi-sectoral stakeholders (e.g., health, agriculture, social protection, water and sanitation, education, development partners, civil society organizations, the private sector). The NECDP Strategic Plan and Single Action Plan highlight concrete results and targets; identify high impact interventions; clarify how sectors can contribute; and establish a monitoring system and financing strategy to accelerate progress

### SUBNATIONAL LEVEL

**Enhanced capacity and incentives at decentralized level:** Strengthening the coordination, implementation, and monitoring capacity at decentralized level (i.e., district, sector, and cell) is crucial to ensure the effective implementation of the convergence program. Rwanda has leveraged and strengthened existing coordination platform and accountability tools, such as Imihigo (contract between President and local government) and the District Plan to Eliminate Malnutrition (DPEM) to operationalize convergence at local level. Additional tools such as the Early Childhood Development Scorecard and DPEM Scorecard also help strengthening district multisectoral responses.

**Human resources for human capital development:** The government of Rwanda instituted dedicated human capital development officers at cell level to systematically support the coordination and monitoring of services delivery at the lowest administrative level.

# Convergence Toward Better Child Nutrition

## Key Components

### SYSTEMS, CAPACITY & INCENTIVES

In Rwanda, robust management capacity and accountability systems are needed to help drive collaboration across sectors and government levels, and direct resources toward a shared goal. Multisectoral convergence for improved nutrition also requires the alignment of incentives at household, community, service provider and local government levels to ensure the simultaneous utilization of high-quality services.

### INTEGRATION IN NATIONAL PROCESSES

**Integrating the Multisectoral Nutrition Program into national Planning and Budgeting:** Public Financial Management (PFM) reforms are planned to improve nutrition budget oversight and spending efficiency. Notably, a system for budget tagging, tracking and evaluation is being established through the government Integrated Financial Management and Information System. This will help effectively manage spending from multiple sources and further ensure alignment with the NCDA Strategic Plan.

### INTERACTIVE & INTEROPERABLE MONITORING

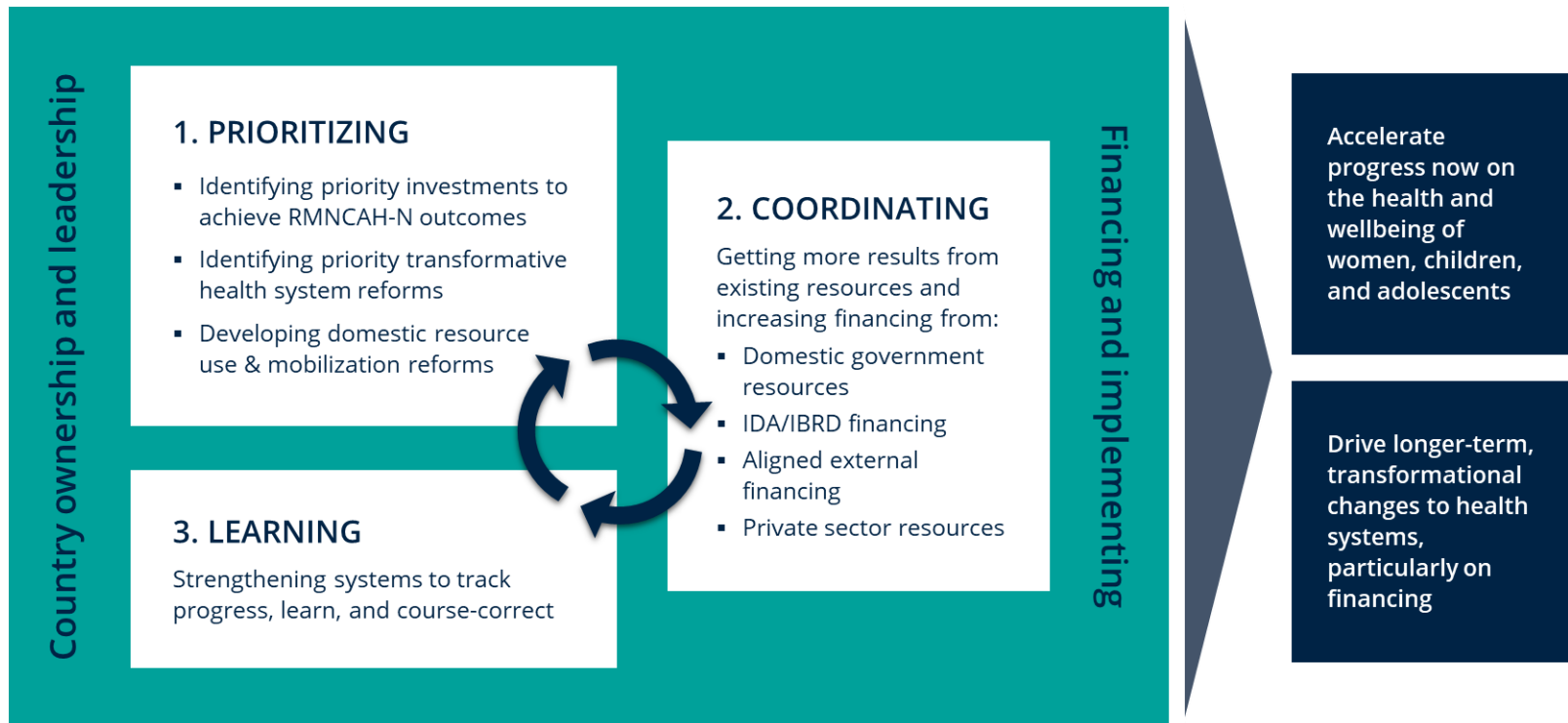
**Interactive and interoperable monitoring system to track progress and improve quality of implementation:** Efforts are underway to establish interactive, interoperable, agile monitoring systems to track the poorest families, including their access to key services, building, and improving on existing social protection and health systems for monitoring beneficiaries. This includes strengthening functionalities inherent to the CRVS information system – and promoting its interoperability with other relevant databases – to allow timely birth registration and certification and help inform the Nutrition Sensitive Direct Support program.



# GFF SUPPORT

## How the GFF Partnership Supports Country-led Convergence

Convergence, which requires purposeful synchronization of sectors, actors, and interventions, is well-supported by the GFF approach. With the country in the lead, the GFF and its partners provide support and expertise in **prioritizing** investments, **coordinating** resources, and **learning** to strengthen systems.



# How the GFF Partnership Supports Country-led Convergence

## PRIORITIZING

*Identifying priority investments and health financing reforms to achieve RMNCAH-N outcomes.*

## COORDINATING

## LEARNING

### **Situation: Rwanda had several sectoral programs, but convergence was low and progress slow**

The development of the new NECDP Strategic Plan 2018-2024 proposes a set of interventions and strategies to help prioritize and consolidate a set of evidence-based and cost-effective activities and strategies, based on available resources. It also supports the development of a financing strategy as well as that of a strong monitoring and evaluation system to track progress, course correct and evaluate impact.

### **Response: Rwanda is prioritizing and consolidating high-impact interventions to accelerate progress.**

A variety of prioritization activities, inclusive of multiple stakeholders, helped Rwanda allocate funds to a limited number of priorities that would have the highest return on investment

- **Analytical work.** Core analytics drive the evidence-based definition of strategic objectives, priority interventions and key financing and system reforms. Analytical work carried out to date includes (i) a global review of sustainable financing for CHWs which helped inform CHW-focused reforms; (ii) a diagnostic analysis focused on the drivers of malnutrition and distribution across regions which helped inform geographical targeting and highlight critical intervention gaps; and (iii) a Nutrition Expenditure and Institutional Review which helped better understand resource availability and explore how to mobilize additional resources and improve spending efficiency.
- **South-South Learning.** Rwanda benefited from facilitated knowledge exchanges with countries having adopted multisectoral and/or “whole government” approaches to address malnutrition, such as Bangladesh, Indonesia and Peru. Learning from the experience of other countries enabled Rwanda to refine and further adapt its approach.
- **Participatory approach.** The government of Rwanda led a participatory process that engages key stakeholders in the development of the NECDP SP, which not only enabled productive discussions and insightful contributions, but also helped enhance ownership.

# How the GFF Partnership Supports Country-led Convergence

## PRIORITIZING

## COORDINATING

## LEARNING

*Getting more results from existing resources*

### **Situation: Multisectoral program requires coordination across sectors and catalytic reforms**

Multisectorality requires coordination across sectors to ensure investment synergies and maximize returns on investment. It also requires catalytic financing and system reforms to strengthen service delivery systems, enhance accountability for results and improve spending efficiency.

### **Response: The country developed structures and processes to strengthen coordination and accountability.**

- **Country Platform.** The Government-led platform serves as a central coordinating mechanism for convergence, engaging and securing commitment from all sectors and all actors. The country platform includes a broad range of stakeholders including community-based organizations and the private sector.
- **District level capacity.** The government is strengthening the capacity of local decentralized entities to coordinate and monitor the multisectoral convergence program. This involves strengthening key management tools such as the District Plan to Eliminate Malnutrition (DPEM) to improve implementation quality. The country has also adapted *Imihigo*, a performance contract between the President and local governments focused on the achievement of predefined objectives, including nutrition improvements.
- **Financing efficiency and sustainability.** A comprehensive multisectoral nutrition budget tracking and evaluation system that links spending to performance is being institutionalized to ensure resources are efficiently used and directed toward the most vulnerable groups. In addition, efforts are being made to increase the efficiency of Rwanda's community-based health insurance scheme, notably by addressing issues pertaining to equity in enrollment, operational management and financial protection for the poorest.
- **Enhancing service delivery system:** A range of catalytic reforms were implemented to improve service delivery system. These include: (i) the improved incentivization and management of the CHW program; (ii) the scale up of home-based ECD centers; (iii) the use of performance-based at health facility to expand coverage of proven interventions; (iv) the provision of enhanced technical and fiduciary support for the social protection program, including the digitization of the safety net payment system (work in progress); and (v) reforming the social registry to improve targeting.

# How the GFF Partnership Supports Country-led Convergence

## PRIORITIZING

## COORDINATING

## LEARNING

*Strengthening systems to track progress, learn and course-correct.*

### **Situation: Limited integrated monitoring system and accountability tools to support multisectoral program**

Rwanda has a functional sectoral monitoring system and is experienced in implementing performance-based decision making. Multisectoral programs require integrated monitoring systems that connects data systems and budget oversight across sectors to enhance implementation and accountability for results.

### **Response: Rwanda is enhancing its integrated monitoring system and use of data for course-correction and improving implementation**

In addition to developing tools to raise awareness on stunting, GFF engagement in Rwanda also encompassed the development of monitoring tools. Data is collected at regular intervals and used for course-correction.

- **Tracking child growth and convergence of services.** The strengthened civil registration and vital statistics system provides data on an individual child's health status and use of nutrition services and, in turn, allows this information to be shared among sectors and actors. In addition, the expanded use of child score cards and length mats enables community health workers and local officials to easily identify malnutrition, track access to priority services and provide tailored advice to parents.
- **Integrated ECD monitoring dashboard and information system.** The integrated system tracks progress toward the achievement of outputs and outcomes against targets. Enhancing data visualization, it promotes the use of data for decision making, notably at country platform and subnational government levels. It also includes efforts to strengthen interoperability across sectoral management information systems and enhance capacity regarding data analytics.
- **Accountability tools.** The government is scaling up various accountability tools such as Early Childhood Development scorecard to gather citizen feedback on services and District Plans to Eliminate Malnutrition Scorecard to enhance the implementation of priority programs at district level. A Child Scorecard is also being rolled out to track service convergence and trigger action at community.



Rwanda: Cross-sectoral Convergence for Improved Nutrition and Human Capital

## **TECHNICAL DEEP DIVE: STRENGTHENING CRVS**



# Strengthening CRVS to Support Convergence

Rwanda's Civil Registration sector became involved in nutrition convergence efforts when Social Protection identified the need for an information system to support tracking, identifying and enrolling NSDS beneficiaries, including through timely birth and death registration and through interlinkages with the Health Management Information System (HMIS). It was not necessary to establish an independent social protection register but to improve and use an existing national systems, including CRVS and HMIS.

## SITUATION

**All children eligible for nutrition services need to be identified at birth.** Birth registration for children under 5 was only at 56%, and households not registered were not receiving nutrition benefits.

**The nutrition program required tracking of each individual child.** Children were being recorded under the mother's name, so a child could not be tracked separately from the mother or from siblings.

**Social Protection needed each child's registration and health information to manage cash transfers.** Parallel information systems were used for civil registration, health, and social protection.

## RESPONSE

**Streamline the registration and certification process for mothers to ensure children are registered immediately after birth.** Providing these benefits sooner—ideally from birth—will have a greater impact on reducing stunting.

**Modify the registration system to give each child a unique identifier.** Placing the child at the center of the process ensures access to his or her social protection rights from birth.

**Link the national identification system to the social protection and health systems.** This provides access to information without duplicating systems and sets up the CRVS to serve as a delivery mechanism for services.

# Strengthening CRVS | One Key Goal

The CRVS project team stayed persistently focused on **one key goal: a mother leaves the hospital with a birth certificate for her child**. This clear focus led to a streamlined birth registration and certification process that safeguards the child's basic human rights, allows parents to complete the process in one step, and issues a unique national identification number for administrative purposes.

## Birth Certification Process: From Convoluted to Seamless

A birth certificate provides legal proof of the occurrence and the registration of birth. From the caregiver's perspective, the process to acquire a birth certificate was laborious and tedious. Only 3 percent of births were being certified due to the complexity of the process, along with knowledge and financial barriers for caregivers.

Key officials from Rwanda participated in a study tour to Peru which showed that birth registration could be done in health facilities right after birth. Inspired by the tour, Rwanda initiated regulatory reform and process changes to allow registrations to occur in health facilities and at the lowest levels of government, addressing the needs of caregivers.

### BEFORE

1. Upon giving birth, the mother would receive a notification from the health facility that confirmed the occurrence of birth.
2. Later she would have to go to a local government office and pay a fee to receive a temporary birth certificate.
3. Obtaining the final birth certificate required a visit to the sector office, along with an additional fee.

### AFTER

Now the mother goes home with a birth certificate with no additional steps or costs. Health facility staff assigned the role of civil registrar have the computers, software, and training to be able to input data in the civil registration system as soon as the child is born.

The next pages illustrate how Rwanda achieved this seamless process.

# Strengthening CRVS | Key Steps

1

## DESIGN & DEVELOP ELECTRONIC SYSTEM

The country designed and developed a new information technology system that integrates the national identification system with the birth and death registration system, to strengthen the national population register of Rwanda.

- **Design Aspirations and Priorities.** Design began with an assessment of the government's plans and aspirations for the CRVS through consultative meetings with key partners, including representatives of the National Identification Agency, Ministry of Health, Local Administrative Entities Development Agency, National Child Development Agency, and National Institute of Statistics. The assessment included review of the national CRVS strategy to prioritize activities related to the nutrition-sensitive direct support initiative.
- **Review of Processes and Existing Systems.** A review was conducted of current CRVS business processes and existing information systems. People managing the various systems came together for discussions to see if the systems were interoperable and if a child's unique identifier could be followed throughout the systems.
- **Technical Assistance.** The project team took advantage of support and expertise from the GFF and World Bank, to include consultations from specialists in CRVS, ID management and social protection, and the recruitment of IT staff to bridge skill gaps.
- **Resources.** The Government supported the changes with resources, to include the purchase of computer equipment and software for health facilities to do the registrations.



# Strengthening CRVS | Key Steps

## 2

### TRAIN PERSONNEL

A variety of audiences were sensitized to the new birth registration process and the importance of its link to social protection services.

- **Health facility personnel** who would carry out birth registrations were trained to enter data into the system appropriately and provide related information to caregivers.
- **Civil registration office staff** were also trained to complete registrations using the new system.
- **Community health workers** were trained to provide women with the right health information and support to care for themselves and their children, and the linkages of birth registration to nutrition.
- **Government decision-makers** such as mayors and directors general serve as advocates for the initiative.

Due to the COVID-19 pandemic, usual training methods had to be adapted to prevent spread of the virus. Training was conducted by videoconference as necessary and tutorial videos will be developed for future capacity building activities.



*Photo by Annette Umugwaneza, Rwanda's National Identification Agency*

# Strengthening CRVS | Key Steps

## 3

### RAISE PUBLIC AWARENESS

Behavioral change communication campaigns are being carried out to raise awareness among the population of the importance of civil registration in general and birth registration in particular.

- A needs assessment was carried out to better understand the information needs of the population in order to target messages.
- Public awareness messages will highlight the relevance of birth registration to the implementation of government programs, including nutrition support, and the importance of vital statistics for informed policy planning and effective service delivery. Several media channels will be used including billboards, digital campaigns, talk shows and cartoons on television.
- Awareness campaigns targeted toward government officials which will highlight their roles and responsibilities and the importance of the CRVS, including links to nutrition sensitive direct support and other programs.



*Photo by Miriam Schneidman*

# Strengthening CRVS | Key Achievements

## Mothers can now register newborns at the place of birth.

Due to the regulatory changes and CRVS system improvements, mothers no longer have to go to a local government office to register newborns. Birth registration now occurs in 59 public and private hospitals across all the districts, increasing awareness and access for mothers. As a result, more than 70,000 children were registered in health facilities in less than six months (August 2020 – January 2021). The objective is to operationalize the new CRVS system in all health facilities (up to the health center level) and in all cells across the country.

“

*"It is a dream come true to hear from mothers who have delivered in hospitals and go home with birth certificates."*

*-- Josephine Mukesha, Director General, National Identification Agency*

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## Beneficiaries are seamlessly enrolled in the nutrition-sensitive direct support program.

The integrated information systems allow social protection services to reach eligible newborns and their caregivers immediately after birth registration. As a result, by January 2021, 104,357 beneficiaries in 17 high priority districts, including 25,813 pregnant women and 78,544 children under two years, received cash transfers to incentivize the use of health and nutrition services.



Photo by Miriam Schneidman



Rwanda: Cross-sectoral Convergence for Improved Nutrition and Human Capital

# COUNTRY TEAM REFLECTIONS



# Reflections | Keys to Success

## What factors were instrumental in the success of this project?

### Commitment from Country Leadership

Rwanda's strong country leadership and commitment to the wider goal of human capital development are thought by various stakeholders as being critical to success. Commitment from high-level government officials to the country's vision provided the support, guidance and encouragement for multiple sectors and actors to engage in the stunting-reduction efforts.

### Coordination

A variety of mechanisms were needed to successfully converge sectors, actors and interventions around the child and caregiver, including a Government-led country platform, a strategic plan that articulates shared goals and priorities, and an annual action plan with clear targets and a concrete results monitoring strategy.

### Accountability

Rwanda's traditional practice of setting and achieving goals, *Imihigo*, set a foundation for accountability among sectors and agencies. Accountability was strengthened through use of tools for monitoring progress against targets, linking spending to performance, and collecting and using data for decision-making.

# Reflections | Keys to Success

## What advice would you give a country considering a similar project?

### **Focus on common challenges.**

In order to gain commitment from multiple stakeholders with diverse interests, start with broader goals—in this case, developing human capital by reducing stunting. Rather than developing individual sectoral programs, work together as one team to address the common problems, like the high stunting rate and low number of certified births.

### **Identify a champion in the system.**

The Director General of Rwanda's National Identification Agency was an enthusiastic advocate for collaboration and coordination with the Social Protection and Health sectors. Her willingness to participate at both a high level and a technical level was instrumental in engaging other stakeholders in order to strengthen the CRVS.

### **Build upon existing structures.**

Leverage existing communication platforms and actors with convening power to widely and efficiently disseminate information. When possible, focus on improving existing work processes and information systems rather than creating something new; this will speed progress and foster sustainability.

### **Consider the unique country context.**

Rwanda's approach to convergence and CRVS strengthening cannot simply be embedded in another country. Rwanda gained learning and inspiration from a visit to Peru and then adapted the approach to work in its unique decentralized government structure and culture of accountability.



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# DISCUSSION



# Discussion Questions

- What aspect of the country's case did you find most interesting? Why?
- What new things did you learn?
- Did this case broaden your perspective about a particular issue or topic? Which one?
- Which of the challenges described could you most relate to?
- What is different from your own situation?
- Which of the strategies employed did you find the most innovative?
- Which strategies could be tried in your country? How would they need to be adapted?
- What GFF resources did this country use? Which of these resources might be helpful for your country's situation?
- What questions do you still have?