

to-population ratio (one doctor per 10,055 people) and its allocation of the national budget to the health sectors was only 9 per cent in 2017/2018.

UNICEF support to Rwanda will focus on strengthening the health system, emphasising the following measures and strategies: ensure the availability of enabling policies; build the capacity of health work force; increase the availability of essential equipment, commodities and job aids; support the development and use of tools for improving information management; develop and strengthen tools to create demand and improve the health-seeking behaviour of communities; identify and demonstrate innovation, differentiated service models and other evidence-based strategies that can reduce the burden on the health care system; and ensure sustainable financing for child health. UNICEF support will be prioritised to districts and facilities that are most deprived. The programme will utilize the lessons learned from the evaluations supported by UNICEF — on community health systems and RapidSMS and the implementation of RapidSMS in Rwanda — and similar platforms elsewhere to improve real-time information management at health facilities and support to health systems.

Wherever possible, efforts will be made to integrate interventions that are delivered through the health system. This integration will take place not only in the priority areas identified above, but also with other priority areas like nutrition, hygiene promotion, sanitation, ECD, birth registration, violence against children, disabilities and gender. Examples of integrated delivery of essential services include integrating campaigns for immunisation, nutrition, hygiene and sanitation; integrating growth monitoring and nutrition counselling into routine immunisation; integrating PMTCT with maternal, newborn and child health (MNCH) services; and integrating HIV testing with management of malnutrition. This approach has resulted in efficiency gains in terms of financial resources and implementation strategies, and has had a cumulative effect on achieving results in other priority areas. In addition, geographic convergence of programmes like WASH promotion, nutrition, ECD, child protection, social protection, and education will also be explored to ensure that the rights of children are fulfilled.

UNICEF support in the previous country programme contributed to strengthening health systems while focusing on supporting MNCH and HIV interventions. Notable examples of success are the introduction of RapidSMS, strengthening of community health systems and promotion of integrated service delivery models. These have resulted in improved efficiency of service delivery and real-time high quality data being made available for most health interventions supported by UNICEF. Efforts to support MNCH and HIV interventions have contributed to near universal coverage in many areas. However, future efforts need to improve the quality of MNCH and HIV interventions so that progress will be sustained and results maximized. Therefore, the country programme for 2018–2023 will represent a transition: the focus on delivering MNCH and HIV interventions will be guided by a greater emphasis on strengthening broader health systems. Given its technical expertise in MNCH and HIV, and experience in strengthening health systems, UNICEF is well positioned to deliver the results identified in this strategy note.

2.3 Theory of Change

UNICEF, as part of the One United Nations framework, will contribute to achieving the UNDAF II outcome on health and HIV, which will in turn contribute to achieving the country's overall priorities, goals and vision related to health, as illustrated below.



With a vision to ensure that every child's right to survival and development is realized, UNICEF will focus on reducing child mortality by increasing use of improved and equitable high-impact health and HIV interventions for young children, adolescents and women. This is aligned to the goal – Every Child Survives and Thrives – of the UNICEF Strategic plan 2018–2021 and the priority – Survive and Thrive – of the UNICEF East and Southern Africa Regional Office. UNICEF support will be prioritized to populations that are most deprived. The following results will contribute to achieve this vision and outcome:

- Health systems provide improved quality of care from pregnancy to adolescence for MNCH and HIV.
- Evidence is generated and policies and strategies on MNCH and HIV are updated to be in line with global recommendations.
- Communities have increased capacity to improve health-seeking behaviour for MNCH and HIV interventions.

Health systems provide improved quality of care from pregnancy to adolescence for MNCH and HIV

Improving the quality of care will contribute significantly to reducing newborn deaths, under-five mortality, AIDS-related mortality and new HIV infections. This approach, in addition to the gains made in the past (through investments by the Government, UNICEF and other partners to increase coverage for antenatal care, care during labour and childbirth, PMTCT, treatment and retention in care for children and adolescents living with HIV, immediate newborn care, care of healthy neonates, and management of common childhood illnesses), will collectively contribute to substantially reducing childhood mortality and new HIV infections.

UNICEF will focus on ensuring that policies and protocols to improve the quality of care are in place, and health facilities and community health systems have essential equipment, life-saving commodities, tools and an enabling environment (including job aids, monitoring, review and

availability of data) to improve the quality of care. This will be achieved through advocacy and technical and financial assistance to strengthen systems such as procurement and supply chain management, training, mentorship and supervisory mechanisms, and quality-improvement processes, including accreditation. Support will be provided to the Ministry of Health and its partners to implement interventions to improve the knowledge and skills of health workers (including training, supervision, and mentoring) and establish systems that will ensure that health workers apply the learning to provide better quality of care. Innovative strategies to identify and link children and adolescents living with HIV to care will be designed, implemented and evaluated for scale-up. UNICEF will also monitor progress and support to further improving the gains made in the past around antenatal care (improve on the indicator that only 44 per cent per cent of women who had a live birth met the standard of at least four antenatal visits), PMTCT (including enhancement of counselling for HIV testing), HIV testing and treatment, immediate newborn care, care of healthy neonates (improve on the indicator showing that only 19 per cent per cent of newborns received postnatal care in the first two days after birth), immunisation (93 per cent of children have received all basic vaccinations by the age of 23 months), integrated community case management, and integrated management of newborn and childhood illnesses. It is assumed that health workers and other duty-bearers will be willing to learn and are able to apply knowledge and skills gained.

Evidence is generated and policies and strategies on MNCH and HIV are updated to be in line with global recommendations

A well-functioning health system is essential to implement high-impact interventions at scale to reduce child mortality and morbidity. The strong leadership and governance by the Ministry of Health has resulted in an efficient health system despite limited resources. It is assumed that the Ministry of Health will maintain this leadership and continue to ensure high coverage of interventions (e.g., protecting newborns from neonatal tetanus, deliveries at a health facility and essential newborn care) that lower maternal and child mortality. UNICEF will continuously monitor and influence policies and strategies to ensure they are relevant, evidence-informed and supportive of realizing a child's right to survival and development.

One of the critical gaps in the health system is the availability and use of real-time data. This will be strengthened so that programmatic implementation and policy decisions are made in a timely manner. UNICEF has supported the Ministry of Health to establish RapidSMS, which provides real-time data from community health workers. To further encourage children and their caregivers to seek services at facilities, UNICEF will focus on establishing innovative web-based patient management systems at health facilities that interface with other health information technologies. These systems, in addition to making data available in real time, will also guide the service provider on the interventions needed to improve quality of care. Emphasis will also be on ensuring that systems are in place to generate adequate strategic information, conduct real-time data analysis and make data available to inform policy and programmatic decisions.

Rwanda has made significant progress towards achieving the Millennium Development Goals and improving its economic status. In line with this, Rwanda has experienced a decline in external resources, which contribute to over 40 per cent of health funding. This volatile funding environment may adversely impact programme implementation, for example, in ensuring the availability of life-saving commodities for MNCH and HIV through advocacy and other measures. Another risk, though remote, is that political instability within the region could affect national capacity to deliver health interventions. These risks will need to be monitored and assessed continuously, and mitigation measures, such as a resource mobilization strategy, will need to be developed.

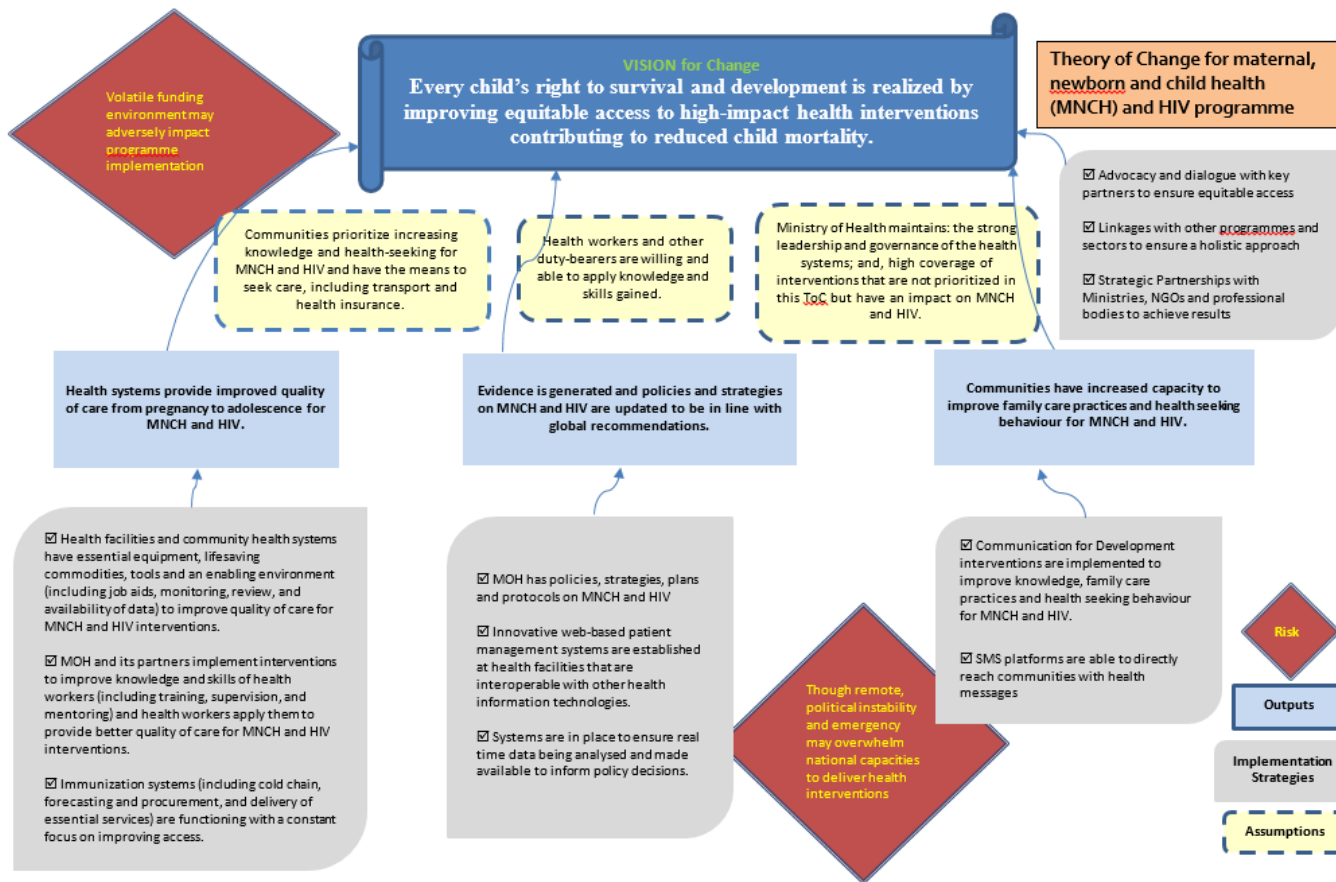
Communities have increased capacity to improve family care practices and health-seeking behaviour for MNCH and HIV

UNICEF and other partners have strengthened Ministry of Health systems to scale up integrated management of childhood illnesses at facilities and integrated community case management at the community level. As a result, the majority of children seeking care from a health facility or provider have received appropriate care. However, this does not apply to children with common childhood illnesses, only about half of whom have sought care from a health facility or provider. Hence, focusing on increasing health-seeking behaviour and ensuring that all children with common childhood illnesses seek care from a health facility or provider will significantly contribute to reducing child mortality.

Though efforts have been made to increase uptake for HIV prevention and testing services among adults, the uptake of these services among adolescents is still low. Increasing access to these critical interventions is essential to reduce new HIV infections and AIDS-related mortality among this age group. Adolescents, having specific needs and barriers that differ from those of adults, require innovative approaches that are targeted towards them. UNICEF will strengthen the capacity for communities to engage adolescents on HIV prevention, demand-creation and participation in improving access to HIV testing services, linkage to treatment and peer-support services for retention in care, particularly in districts and urban areas with a high burden of HIV. Emphasis will also be on improving interpersonal-communication skills of health care workers.

UNICEF will support the Ministry of Health and other partners to design and develop C4D interventions to improve knowledge, family care practices and health-seeking behaviour for common childhood illnesses (pneumonia, diarrhoea, and malaria), and increase knowledge and health-seeking behaviour for HIV prevention and testing services. Innovative approaches such as extending the existing SMS platforms (Rapid SMS) to be able to directly reach communities with health and HIV messages will also be explored. C4D interventions and messaging will be packaged in an integrated way, wherever appropriate, with other components: health (including that for improving antenatal and post-natal care), nutrition, HIV, and WASH. To this end, *Facts for Life* has been translated into Kinyarwanda and will continue to be used to augment the capacity of key influencers for community health. It is assumed that the communities will prioritize health-seeking and have the means to seek care, including transport and health insurance.

To achieve all the results described above, UNICEF will strategically advocate and engage in dialogue with key partners to ensure equitable access (including in humanitarian settings), establish linkages with other programmes and sectors (as mentioned under priorities) to ensure a holistic approach, and promote strategic partnerships with line ministries, civil society organisations and professional bodies. In humanitarian settings, UNICEF will focus on strengthening existing health systems and support critical gaps in terms of capacity, commodities and service-delivery mechanisms. UNICEF will also continue its key role in leading and contributing to various country mechanisms for coordination, including sector working groups, partner forums and various technical working groups related to MNCH, HIV, health systems, and behaviour change.



[REDACTED]

[REDACTED]

Note for the Record

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

