

Rwanda: Socio-economic Inclusion of Refugees and Host Communities Project

Key results:

The objective of the proposed Danida contribution of US\$4.73 million (DKK 33 million) to the ongoing Socio-economic Inclusion of Refugees and Host Communities Project is to “improve access to and quality of health services for refugees and host communities in Kirehe district, Rwanda.” This will be achieved by upgrading the Nyarubuye Health Center (NHC) from level I to II. This would serve 192,000 people (132,000 host community and 60,000 refugees from the Mahama camp).

Justification for support:

- Overcrowding: refugees in the Mahama camp have access to camp-based health services, but they are referred out of the camp to the NHC and Kirehe District Hospital (KDH) for more serious conditions or specialized treatment. The large-scale refugee presence has stretched the capacity of health facilities in Kirehe, causing tensions with local residents. Upgrading the NHC would bring healthcare services closer to refugees and host communities in and around the camp, and reduce pressure on the KDH, which itself is under-equipped.
- There is an urgent need for essential services like dental and ophthalmology services to be provided to refugees and host communities, which are currently not available.
- Upgrading the NHC will align with the Government’s National Strategy for Transformation, Health Sector Strategy, Strategic Plan for Refugee Inclusion and the Kirehe District Development Strategy.
- Promote integration of refugees into national service delivery systems.
- Support social cohesion by responding to host community grievances on overcrowding of health facilities.
- Aligned with Denmark’s Strategy for Development Cooperation, specifically the objectives to “ensure access to healthcare services and quality education in fragile countries and regions of origin,” and to “protect the weakest and most vulnerable people, including refugees and displaced people.”

Major risks and challenges:

- Risks are minor as MINEMA and Kirehe district have demonstrated the capacity to manage procurement, construction and environmental and social risks for infrastructure subprojects.
- Main risks/challenges: (a) costs continue to increase due to inflation. To mitigate the risk, a contingency fund is included and implementation will start quickly to prevent further price increases, as the preparatory studies are complete; and (b) sustainability, which will be addressed through an MoU with the Ministry of Health to provide personnel, medicines and O&M budget.

File No.	23/18850			
Country	Rwanda			
Responsible Unit	Migration Task Force			
Sector	12230			
Partner	World Bank and Ministry in Charge of Emergency Management (MINEMA)			
DKK million	2023	2024	2025	Total
Commitment	33	-	-	33
Projected disbursement	23	0	10	33
Duration	December 2023-October 2026			
Previous grants	N/A			
Finance Act code	§06.32.10.17			
Head of unit	Nicolaj Hejberg Pedersen			
Desk officer	Toke Hauch Arnoldi			
Reviewed by CFO	YES: Andreas Stabursvik			

Relevant SDGs [Maximum 1 – highlight with grey]

 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	

Objectives

The key objectives are: (a) Improved access to health services for population in NHC catchment; (b) Improved quality of care in health services provided at NHC; (c) Improved well-being of workforce at NHC; and (d) High quality construction at the NHC site.

Environment and climate targeting - Principal objective (100%); Significant objective (50%)

	Climate adaptation	Climate mitigation	Biodiversity	Other green/ environment
Indicate 0, 50% or 100%				
Total green budget (DKK)				

Justification for choice of partner:

The World Bank has been funding the implementation of the national Jya Mbera Socio-economic Inclusion of Refugees and Host Communities in Rwanda project since 2019 through the Ministry in charge of Emergency Management. The World Bank is assessed to be the most reliable partner financially and technically for additional financial support to the Jya Mbera.

Summary:

This DKK33 million contribution will support the World Bank-financed Socio-economic Inclusion of Refugees and Host Communities in Rwanda Project, which has been implemented by the Ministry in Charge of Emergency Management since 2019. The DANIDA contribution will fund an upgrading and expansion of the Nyarubuye Health Center (NHC) in Kirehe district. The NHC is located near the Mahama refugee camp, the largest camp in the country, which hosts over 60,000 refugees. The NHC will serve 192,000 host communities and refugees in the area.

Budget (engagement as defined in FMI):

Output 1: Construction & renovation of NHC facilities	18.7 million (incl. contingency)
Output 2: Contractor supervision for quality assurance	2.3 million
Output 3: Diagnostic and medical equipment upgraded and supplied to the health center	8.7 million
World Bank monitoring, supervision and technical support (Bank-executed)	1.5 million
World Bank Program Management & Administration and recovery fee	1.8 million
Total	33 million

Danida contribution to Socio-economic Inclusion of Refugees and Host Communities in Rwanda project (“Jya Mbere”)

1. Introduction

The present project document outlines the background, rationale and justification, objectives and management arrangements for development cooperation concerning the Socio-economic Inclusion of Refugees and Host Communities in Rwanda Project (known in Kinyarwanda as “Jya Mbere”), which will run from December 2023 to October 2026, as agreed between the parties: The World Bank and the Migration Task Force (MTF) of the Ministry of Foreign Affairs of Denmark (MFA). The project document is an annex to the legal bilateral agreement (Administrative Agreement) with the implementing partner and constitutes an integral part hereof together with the documentation specified below.

This document describes a proposed DKK33 million (approximately US\$4.73 million) contribution by the MTF/MFA (hereafter referred to as “Danida contribution”) to the Socio-economic Inclusion of Refugees and Host Communities in Rwanda Project, which has been implemented by the Government of Rwanda (GoR) through the Ministry in Charge of Emergency Management (MINEMA) since 2019. As agreed with the GoR, the Danida contribution will be allocated to component one of the project, Access to Basic Services and Socio-economic Investments. Specifically, the contribution will fund the upgrading and expansion of the Nyarubuye Health Center (NHC) in Kirehe district in Rwanda. The NHC is located near the Mahama refugee camp, the largest camp in the country, hosting over 60,000 refugees. The NHC will provide services to host communities and refugees in the area.

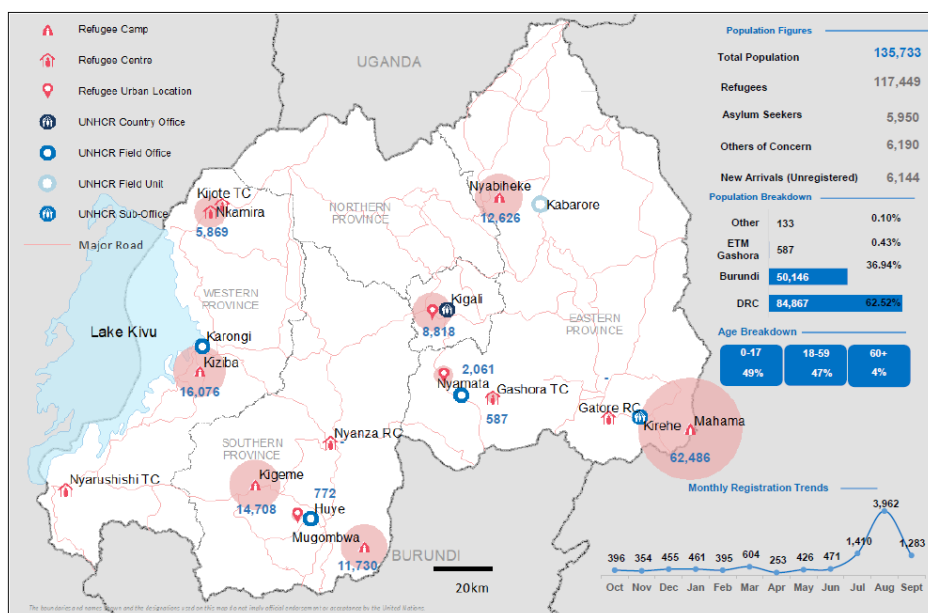
“The Documentation” refers to the partner documentation for the supported intervention, which is the Project Appraisal Document, the Project Paper for the First Additional Financing in 2021 and the future Project Paper for the Second Additional Financing that will be processed once the Danida contribution has been received.

2. Context, strategic considerations, rationale and justification

Context

Rwanda has been receiving refugees since the 1990s. The country is currently hosting app. 135,000 refugees and asylum-seekers (per Oct. 2023), 90 percent of whom live in five camps, with the remainder living in Kigali and other urban centers. Most of the refugees (61 percent) originate from the Democratic Republic of Congo (DRC) and Burundi (38 percent). Refugee numbers have increased in 2023 due to ongoing instability in eastern DRC.

Figure 1: Map of refugee locations in Rwanda (UNHCR, September 30, 2023)



The protracted refugee presence has had mixed impacts at the local level. On one hand, the refugee population can be a burden on a country in which 56 percent of people still live below the international poverty line. The establishment of camps has affected food availability and strained basic services in the districts hosting refugees. Some local school populations have increased by more than 300 percent. Health facilities can be overcrowded. Several camps have been set up in mountainous areas, leading to soil erosion and run-off into agricultural land. Deforestation has also occurred as refugees gather wood and non-timber forest products for cooking fuel and other purposes. Offsetting the negative effects, refugees have contributed to the local economy in the host districts through labor, trade, remittances and access to humanitarian assistance and, increasingly, development resources. Research suggests that the refugee presence in Rwanda has contributed positively to livelihood and economic development in the host districts.¹

Health indicators have improved markedly in Rwanda over the last decade, however, the Government of Rwanda (GoR) recognizes the ongoing need for investment in the health sector. The GoR's *National Strategy for Transformation 1 2017-2024* and the *Fourth Health Sector Strategic Plan (2018-2024)* identify key strategic interventions in the health sector, including: (a) construct and upgrade health facilities with adequate equipment; (b) improve maternal mortality and child health; and (c) Strengthen disease prevention awareness and reduce Communicable and Non-Communicable Diseases (NCDs).

Rwanda has responded progressively to the challenge of forced displacement. Rwanda has signed the 2018 Global Compact on Refugees (GCR). It was an early roll-out country for the Comprehensive Refugee Response Framework (CRRF), a global instrument built around the notion of including refugees in communities from the very beginning of displacement – that they can become self-reliant and active contributors to local economies when they gain access to education and labor markets. The decision to become a CRRF roll-out country flowed naturally from four commitments the government made at the 2016 New York Leaders' Summit, as follows: (i) public launch of a joint government-UNHCR livelihood strategy, with a focus on graduating camp-based refugees out of assistance programs and increasing formal access to work opportunities; (ii) ensure 100 percent of refugees are in possession of valid refugee identity cards; (iii) 100 percent of refugee students in secondary school and 50 percent in primary schools will be integrated into national education systems; and (iv) ensure that 100 percent of urban refugees will have the opportunity to buy into the national health insurance system. In March 2019, the government completed a *Strategic Plan for Refugee Inclusion 2019-2024 (SPRI)*, which spells out how the four commitments will be implemented. Most of the targets in the SPRI have now been met.

The GoR remains committed to the socio-economic inclusion of refugees and a long-term development response to forced displacement. Core elements of the government's response include: (i) a progressive policy framework that includes the right to work and freedom of movement; (ii) integration of refugees into national service delivery systems – particularly health and education – to promote social inclusion and move away from expensive parallel systems; and (iii) a strong commitment to supporting self-reliance to graduate refugees off humanitarian assistance. In May 2021, the GoR issued a joint Economic Inclusion Strategy with UNHCR. A Graduation Strategy is scheduled for release by mid-2024 to strengthen efforts to help refugees and host communities become less aid dependent and more self-reliant.

The World Bank-financed Socio-Economic Inclusion of Refugees and Host Communities in Rwanda Project (known in Kinyarwanda as “Jya Mbere”) is one of the major instruments employed by the government to meet its policy aims for refugee and host community inclusion. The project was approved on April 3, 2019, and became effective on August 14, 2019. The US\$80 million project is financed by an IDA credit of US\$35 million (of which US\$25 million is from the IDA18 Regional Sub-window for Refugees and Host Communities

¹ See Bilgili, Özge and Craig Loschmann. 2018. Refugees and host communities in the Rwandan labour market. *Forced Migration Review* 58. pp. 22-23.

or RSW), and an IDA grant of US\$45 million (of which US\$25 million is from the RSW and US\$18 million is from the IDA19 Window for Host Communities and Refugees).

The Project Development Objective (PDO) is to improve access to basic services and economic opportunities for refugees and host communities, and support environmental management, in the target areas in Rwanda. The project comprises four components: (i) Access to Basic Services and Socio-economic Investments; (ii) Economic Opportunity; (iii) Environmental Management; and (iv) Project Management and M&E. Using an area-based development approach, the project's beneficiaries are the communities in the five target districts, including refugees in the camps. The target number of beneficiaries is 456,000, of whom 20 percent are anticipated to be refugees. The project approach is to minimize the negative impact of refugees on access to services and the environment, while maximizing the positive impact on economic opportunity.

Geographic locations. The project initially operated in the districts that hosted Rwanda's six refugee camps, namely Kirehe, Gatsibo, Gicumbi, Karongi, Nyamagabe and Gisagara. It is now implemented in five districts after the closure of the Gihembe Camp in Gicumbi in 2021. Additional financing of US\$20 million provided by the World Bank in 2021 (which raised the budget from US\$60 million to the current US\$80 million) also added urban refugees under the economic opportunity component in Kigali, Bugesera and Huye.

Implementing Agencies. The MINEMA Single Project Implementation Unit (SPIU) has overall responsibility for project implementation, coordination of activities on the ground, and reporting on progress. Component one is implemented by the participating districts, with MINEMA providing technical support. The Rwanda Transport Development Agency (RTDA) is responsible for a road subproject in Karongi district. Component two is implemented by the Development Bank of Rwanda (BRD). Component three is implemented by MINEMA. Subprojects are identified through the government's existing District Development Strategy (DDS) planning process, augmented by additional consultations with refugees and host communities.

Results. Jya Mbere started slowly as MINEMA adapted to its first development project and first engagement with the World Bank. Movement restrictions imposed by the COVID-19 pandemic further delayed implementation through 2020 and 2021. However, the project is now performing solidly against key indicators. A survey is ongoing that will generate data against key outcomes in the results framework. In the meantime, some of the major results versus end-of-project targets include:

Table 1: Progress against selected results indicators (as of June 2023)

Indicator	Current Achievement	Final Target
Beneficiaries with improved access to social and economic infrastructure and services	173,454	455,960
- of which refugees comprise 20%	23%	20%
Climate-resilient infrastructure subprojects completed in refugee hosting districts	255	307
People employed by cooperatives and MSMEs receiving financing support through the project	7726	8,800
Beneficiaries of capacity building activities under component two	70	1,100

Over the coming 12 months the targets for Component two on economic opportunity are expected to be fully met. Civil works are also set to commence in November 2023 on ravine stabilization under component three and the major road subproject linking the Kiziba refugee camp to Karongi town in Karongi district under component one. The project mid-term review that is scheduled for late 2023 is expected to demonstrate that the project is on track to achieve its PDO.

Challenges. Key challenges faced through the course of implementation have included:

- *Inflation*: cost overruns have been a major challenge for the project. The high levels of inflation were caused initially by global supply chain challenges linked to COVID-19, later exacerbated by the impacts of the Russian invasion of Ukraine. As a result, the project has had to cancel multiple planned infrastructure subprojects, including health centers, water systems, markets and one road. According to the National Institute of Statistics in Rwanda (NISR), inflation in Rwanda was running at 13.9 percent year-on-year in September 2023. In the two years before COVID-19, inflation was 1.4 percent (2018) and 2.4 percent (2019). Inflation spiked in 2022 (13.9 percent) and 2023 (average so far is 14.5 percent) in the post-COVID economy, leading to unanticipated cost increases in all sectors. Analyses show that the construction sector was among the most heavily affected by COVID-19.² This has led MINEMA to cancel multiple planned infrastructure subprojects under Jya Mbere due to a lack of budget, including water systems, a road upgrading subproject in Kirehe district and health center upgrading.
- *Procurement delays*: the procurement of contractors and supervising contractors for construction works has often been delayed due to: (a) challenges in preparing Terms of Reference; (b) lack of qualified contractors; and (c) inadequate cost estimates. With technical assistance from the World Bank team and the support of the Rwanda Public Procurement Authority, the project has now managed to complete most of the major procurement items and is addressing capacity constraints.

Proposed Danida contribution

The proposed Danida contribution of DKK33 million (approximately US\$4.73 million) will fund the upgrading and expansion of the Nyarubuye Health Center (NHC) in Kirehe district. This will contribute to achievement of the government's policies for refugee and host community inclusion and the achievement of the country's health sector strategy. Upgrading and expansion of the NHC has been identified by the GoR as the priority investment to support access to basic services in the health sector for refugees and host community members and to promote the integration of refugees into national service delivery systems.

Background

Kirehe district is located in the east of Rwanda, bordering Tanzania and Burundi. The total population in the district is 418,000. The economy in Kirehe is mostly agricultural, with small businesses active in retail and services. Major crops include maize, banana, rice and soybeans. A number of sectors in the district border Tanzania and there is small-scale trade at the border. Poverty incidence in Kirehe is 44.6 percent, above the national average of 38.2 percent.

Mahama refugee camp was established in Kirehe in 2015 in response to a political crisis in neighboring Burundi. It is the largest camp in Rwanda, hosting just over 60,000 refugees. Since the closure of the Gihembe camp in Gicumbi district in 2021 and, following the return of more than 20,000 Burundian refugees over the last two years, the camp now hosts a mix of refugees from Burundi and the DRC.

The large-scale refugee presence has stretched the capacity of health facilities in Kirehe district, causing tensions with the local residents.³ While refugees in the camp have access to camp-based health services, they are referred out of the camp to local facilities – including the NHC and the Kirehe District Hospital (KDH) – for more serious conditions or specialized treatment. Partially as a result of its proximity to Mahama, the NHC is the busiest health center in Kirehe, serving over 30,000 patients per year. A large number of refugees

² See <https://pedl.cepr.org/publications/how-covid-19-pandemic-affected-rwandan-businesses-findings-phone-surveys>

³ Grievances regarding overcrowding of schools and health facilities have been regularly expressed by host community members during project preparation and implementation support missions. This is also consistent with the findings of World Bank & UNHCR (2015) *Forced Displacement in the Great Lakes Region: a Development Approach*. Washington DC: World Bank.

also utilize services at the KDH, partly due to service gaps at the HC level. In the period January-May 2022, 436 refugees were referred to the KDH with various conditions and an additional 221 were transferred to other referral hospitals. This has contributed to overcrowding in NHC and KDH, neither of which are equipped to cope with the high demand.

The Nyarubuye HC requires an upgrade as it lacks several essential services. As described in the feasibility study that was completed in 2022, the center is unable to provide dental care or ophthalmology. It has no operation room, insufficient space for recovery rooms and inadequate infrastructure for core health services including the out-patient department, ante-natal care, family planning, immunization, nutrition and the laboratory.

Upgrading the NHC from Level I to II to become a “Medicalized Health Center” would bring healthcare services closer to refugees and host communities in and around the camp. The number of people served is expected to increase to 215,000 by 2027, shortly after Jya Mbere closes (assuming the refugee population remains stable). The expected benefits from the upgrading include:

- Improved health services to approximately 192,000 people (132,000 host community and 60,000 refugees) through higher quality infrastructure, additional medical equipment and the allocation of more medical personnel once the HC is upgraded to Level II
- reduced waiting times at the HC and, by reducing referrals, at the KDH
- reduced mortality
- enhanced family promotion
- improved working conditions for medical staff
- employment opportunities during the construction phase for local men and women
- improved Environmental Health & Safety for the neighborhood around the hospital.

While Jya Mbere will not finance additional staffing, once the NHC is upgraded to a Level II/Medicalized Health Center, additional qualified medical personnel will be appointed to address staffing gaps. Upgrading of the center was on the original list of subprojects under sub-component 1(a), however, it was dropped due to cost overruns caused by high inflation and supply chain challenges due to COVID-19. When the possibility of additional financing from Denmark was raised with the GoR, the Nyarubuye HC subproject was identified as the top priority.

Specific Activities

The Danida contribution will be provided to the GoR through the World Bank as an Additional Financing for component one. It will fund the following specific activities at the Nyarubuye HC:

- Construction/renovation of the health center Rehabilitation of existing buildings
 - Outpatient department
 - Building for non-communicable diseases, vaccination and mental health
 - Storage warehouse
 - Kitchen and canteen
 - Toilets
 - Construction of new buildings
 - Laboratory
 - Nurses’ accommodation
 - Maternity ward
 - Generator house

- Diagnostic and medical equipment upgraded and supplied to the health center.
 - Medical furniture (e.g., wheelchairs, delivery beds, neonatal cradles)
 - Medical equipment (e.g., scales, receptacles for medical waste, blood pressure machines)
 - Laboratory equipment
 - Dental equipment
 - Operating theatre and recovery room equipment
 - Maternity ward and neonatal equipment
 - Mortuary equipment
 - Equipment for laundry and sterilization

In line with standard Gory practice for infrastructure subprojects of this scale, the grant will also finance a supervising contractor to ensure quality of design and construction and verify compliance with the World Bank's environmental and social safeguards requirements. An allocation will also be made to the World Bank to support monitoring, supervision and technical assistance to the government for the subproject.

Justification

- *Relevance:* the subprojects were identified through a consultative process undertaken in line with the GoR's District Development Strategy (DDS) process. As stipulated in the Jya Mbere Project Implementation Manual (PIM), the DDS planning process in Kirehe was supplemented by additional consultations with refugees and local residents in the vicinity of the Mahama camp to ensure that all identified subprojects are in line with community and local government priorities. The proposed upgrade of the NHC is consistent with priorities in the health sector under the Kirehe DDS, which identifies "health facilities with adequate infrastructure constructed" as a priority under the outcome, "improved healthcare services."
- *Coherence:* the Danida contribution will complement investments made through the other project components to minimize the negative impacts of the refugee presence on access to services and the environment and to maximize the opportunities it offers for economic opportunity. As the project identifies subprojects through the official district planning system, investments are coordinated with other government programs and projects. MINEMA and UNHCR's presence in the PSC that endorses Jya Mbere subprojects should also ensure coherence with humanitarian assistance.
- *Impact:* the Danida contribution will deliver impacts at multiple levels: (a) strengthen and expand existing government health services in Kirehe District; (b) support achievement of the GoR's policies on the socio-economic inclusion of refugees by integrating them into national service delivery systems; and (c) address a key source of social tension between refugees and host communities by reducing the strain on local health services caused by the large-scale refugee presence. All Jya Mbere infrastructure subprojects are built in a climate-resilient manner, including water harvesting and renewable energy.
- *Effectiveness:* as a contribution to an ongoing, well-performing project, the Danida contribution can be expected to achieve the expected objectives of enhancing access to basic services, strengthening integration of refugees into national service delivery systems and contributing to improved social relations between refugees and local residents.
- *Efficiency:* the Danida grant will be made to a well-performing project that will be ready to implement efficiently and quickly to deliver impacts. Preparation of the subproject is well advanced. The feasibility study has been completed. Environmental and social (E&S) screening has been conducted and relevant E&S instruments prepared to identify risks and mitigating measures. Procurement documents have been prepared and cleared. Land is available on the existing site, so no expropriation, resettlement or compensation will be required. These factors will allow MINEMA and Kirehe district to proceed immediately to procurement and implementation of the subproject. To maximize efficiency, the entire contribution (besides standard World Bank fees and a Bank-executed component for monitoring and

supervision) will be allocated to upgrading of the health center, with no part of the Danida funding going to the government's management costs or overheads.

- *Sustainability*: the Danida contribution will be channelled through the World Bank to the GoR to support national service delivery systems rather than entrenching expensive, camp-based parallel systems. As per all Jya Mbere investments in the health sector, operations and maintenance, medical supplies and required medical personnel will be guaranteed by the district authorities and the Ministry of Health. This will ensure that budget is available to sustain the subproject and that benefits from the Danida investment will last.

Alignment with Government of Denmark policy and strategy frameworks

The proposed support to Jya Mbere will support achievement of Denmark's Strategy for Development Cooperation, specifically the objectives to "ensure access to healthcare services and quality education in fragile countries and regions of origin," and to "protect the weakest and most vulnerable people, including refugees and displaced people, partly through supporting the establishment of a social safety net." The project is also aligned with the Danida How-to-Note on Migration and a Fair and Humane Asylum System, with reference to Track II on strengthening migration management.

The proposed activities will be consistent with key Danida cross-cutting principles:

- *Human-rights based approach (HRBA)*: consistent with the "How-to-Note on Human Rights and Democracy", the Danida contribution to Jya Mbere will support Priority 2 on the rights and dignity of marginalized groups, by providing access to health care for refugees and the poor in Kirehe district. This is consistent with Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) on the right to health. Upgrades to the Health Center will focus on ICESCR priorities of tackling infant mortality and communicable diseases. The upgrading of facilities and provision of equipment will significantly develop the capacity of the duty bearer to meet its obligations to rights bearers in regard to health-related human rights. It enhances the contribution of the Jya Mbere project to the elimination of all forms of discrimination (for these activities specifically, as this relates to access to health care). The proposed activities will enhance the availability, accessibility, acceptability and quality of health care in the catchment area serviced by Nyarubuye HC. The activities supported by Denmark will be coherent with the wider health-related outcomes of the project that align with the ICESCR's interpretation of the content of the right to health in the General Comment No. 14; that is, that the right to health extends to the underlying determinants of health including improved environment and water (Component 3: Environmental Management).
- *Leave No One Behind (LNOB)*: this is a core cross-cutting principle of the 2030 Agenda for Sustainable Development and the SDGs that places equity at the center of national and international policy agendas and highlights the need to address social disparities. The proposed activities enhance Jya Mbere's contribution to realizing the commitments of the GoR's *Strategic Plan for Refugee Inclusion 2019-2024*, particularly concerning including refugees in Rwanda's goal of UHC. The Danida Approach Note 1 on "Fighting Poverty & Inequality" clarifies that the LNOB principle calls for special attention to the most vulnerable groups who lag the furthest behind in having their needs and rights fulfilled. Consistent with the World Bank Social Safeguards policies access to services at the NHC will be ensured for all marginalized groups. Compliance with the safeguards policies will be regularly monitored by the World Bank. Like all Jya Mbere-funded infrastructure, the design will be accessible to persons with disabilities (PWDs). This subproject was identified through participatory consultations at the community level, which included women, youth and refugees to ensure Jya Mbere investments align with the needs of the marginalized. So far almost 8,000 people have been involved in community consultations to identify specific subprojects, of whom 64 percent are refugees and 42 percent are women.

- *Gender, Age & Disability*: the proposed activities, particularly financing the construction of a maternity ward and the equipping of newly constructed ward and neonatal unit directly contribute to the GoR's continuing approach to empowering women and ensuring access to health services. A primary vehicle for this has already largely been achieved (89 percent of women in Rwanda identify they have medium to high decision-making power, 64 percent that they have high sexual empowerment and over 80 percent of women in Rwanda hold health insurance,⁴ one of the highest in East Africa).⁵ The upgraded facilities at the NHC will continue to combine Obstetrics and Gynecology. Overall, the Jya Mbere project takes a holistic approach to supporting gender equality, as follows: (a) improves access to basic services to cut distance to access schools, health facilities, water supply and markets. This reduces women's time poverty and the risk of gender-based violence (GBV); (b) infrastructure is built in a gender-sensitive manner – facilities are constructed in accessible locations and with adequate lighting to enhance personal security, especially for women; (c) supports livelihood and employment to promote economic empowerment; and (d) GBV prevention campaigns are implemented through schools in the project areas. The Danida contribution will upgrade and expand an existing health facility, which will serve host community members and refugees (76 percent of whom are women and children). All performance indicators will be disaggregated by gender, age and disability.

3. Project Objective

The development objective of the development cooperation among the parties is to “improve access to and quality of health services for refugees and host communities in Kirehe district, Rwanda.”

4. Theory of change and key assumptions

The theory of change that underpins the Jya Mbere project overall is that investments are required to address negative impacts on the host communities of the refugee presence on basic services and the environment and to support the integration of refugees into national systems to reduce cost and promote social cohesion. Livelihood opportunities will be made available to support self-reliance and help refugees to make a meaningful contribution to the local economy in the districts that host them. The theory of change also presupposes that benefits will be shared between refugees and host communities to respond to the perception held by many host community members that refugees are favoured over them. This combination of activities and outputs – jointly agreed upon and planned by hosts, refugees and the local government – is expected to support socio-economic development in the hosting areas, increased access to economic opportunities, improved access to basic services and reduced environmental risks. At the higher level this is expected to demonstrate the value of refugee inclusion and the Government of Rwanda's progressive policies in a way that will support enhanced social cohesion and lay a foundation for more intensive development activities in the future.

For the Danida contribution, Figure 2 below describes the theory of change, linking activities, outputs and outcomes. The contribution will support four outputs, as described below:

- Output 1: Construction/renovation of the health center
 - Upgrading of existing facilities
 - Construction of new facilities to expand services available in the Health Center
- Output 2: Contractor supervision for quality assurance

⁴ Kawuki, Joseph et al. Women empowerment and health insurance utilisation in Rwanda: a nationwide cross-sectional survey. *BMC Women's Health*. 2022; 22:378.

⁵ Wellesenbet AB, et al. Health insurance coverage and its associated factors among reproductive-age women in east Africa: a multilevel mixed-effects generalized linear model. *Clin Econ Outcomes Res CEOR*. 2021;13:693.

- Supervising contractor will review the design, E&S compliance (including occupational health and safety), quality of construction materials and workmanship, etc.
- Output 3: Diagnostic and medical equipment upgraded and supplied to the health center
 - Supply of medical equipment to upgrade quality of services
- Output 4: World Bank monitoring, supervision and technical support (Bank-executed)
 - World Bank monitoring of the site (including by civil engineer, health and E&S specialists)
 - Regular progress reporting from implementation support missions and technical missions
 - Communications material on the subproject

These outputs will contribute to the following outcomes:

1. Improved access to health services for refugees and host community members in NHC catchment area.
2. Improved quality of care in health services at NHC.
3. Improved well-being of workforce at NHC.
4. Host community members in NHC catchment area express more positive attitude towards refugees.

This will, in turn, support achievement of the Jya Mbere PDO, the goals of the Strategic Plan for Refugee Inclusion and the Kirehe District Development Strategy.

Figure 2: Theory of Change for the Danida contribution to Jya Mbere

Inputs	Outputs	NHC-related Outcomes	Project and Strategy	Impact
<ul style="list-style-type: none"> ● Finance ● Labour ● Materials 	<ul style="list-style-type: none"> ● Construction & renovation of NHC facilities. ● Contractor supervision for quality assurance ● Diagnostic and medical equipment upgraded and supplied at NHC ● World Bank monitoring, supervision and technical support 	<ul style="list-style-type: none"> ● Improved access to health services for population in NHC catchment. ● Improved quality of care in health services provided at NHC. ● Improved well-being of workforce at NHC ● High quality construction at the NHC site. 	<p>Contribution to Project and National and District Strategies</p> <div> <p><u>Jye Mbere Project</u></p> <ul style="list-style-type: none"> ● Improved access to social and economic infrastructure </div> <div> <p><u>Strategic Plan for Refugee Inclusion</u></p> <ul style="list-style-type: none"> ● Support social inclusion as realized via health services ● Improved health care services ● Increase health of workforce </div> <div> <p><u>District Development Strategy</u></p> <ul style="list-style-type: none"> ● Improved health care service ● Increase health of workforce </div>	<ul style="list-style-type: none"> ● Improved health outcomes (over time) ● Improved horizontal cohesion (via equal access to health care) ● Improved trust in low level public institutions (HCs) ● Improved resilience in face of future health crises (via access to effective HCs)

5. Summary of the results framework

For results-based management, learning and reporting purposes Denmark will base the actual support on progress attained in the implementation of the project/programme as described in the documentation. Progress will be measured through the agreed World Bank/GoR monitoring framework focusing on a limited number of key outcome(s) and corresponding outputs and their associated indicators.

As part of the Jya Mbere project monitoring and evaluation system, a results framework (RF) has been agreed between the World Bank and the GoR. The MINEMA SPIU submits quarterly progress reports against the RF. A baseline survey was conducted at the outset of project implementation and periodic surveys are conducted to measure progress mid-stream. The first of these periodic surveys is currently underway, with a report due by January 2024.

When the Additional Financing is processed to incorporate the Danida contribution, the project RF will be updated to incorporate the new activity. In addition, the following indicators will be measured and reported to DANIDA through the regular project reports and periodic surveys.

Results framework for the Danida contribution to Jya Mbere Project

Project/Programme		Danida contribution to Socio-economic Inclusion of Refugees & Host Communities in Rwanda Project ("Jya Mbere")	
Project/Programme Objective		Improve access to and quality of health services for refugees and host communities in Kirehe district, Rwanda	
Impact Indicator		Increased community satisfaction with health services at Nyarubuye Health Center (HC)	
Baseline		Data will be collected during the ongoing periodic survey to provide a baseline figure prior to the upgrade	
Outcome 1		Improved access for refugees and host community members to health services at Nyarubuye HC	
Outcome indicator		Number of people utilizing services at Nyarubuye HC (disaggregated by refugee/host community member, gender, disability and age categories)	
Baseline	Year	2023	24,000
Target	Year	2026	34,000
Output		HC renovated and upgraded	
Output indicator		Renovation work	
Baseline	2023	HC in poor condition	
Target	2026	HC is renovated and upgraded	
Outcome 2		Improved well-being of staff at Nyarubuye HC (indicator as per Kirehe District Development Plan)	
Outcome indicator		Satisfaction of staff with dormitories and living space	
Baseline	Year	2023	TBC
Target	Year	2026	80 percent
Output		Rehabilitated Hostels (Block 3 of site)	
Output indicator		Building works	
Baseline	Year	2023	Dormitories in poor condition with inadequate privacy
Target	Year	2024	TBC ⁶
Target	Year	2025	TBC ⁷
Target	Year	2026	Dormitories rehabilitated to satisfactory condition
Outcome 3		Improved quality of care at Nyarubuye HC	
Outcome indicator		Provision of planned package of health services as per Rwanda's National Strategy for Transformation 1 (NST1) and Kirehe District Development Plan	
Baseline	Year	2023	TBC and disaggregation by population and condition
Target	Year	2026	TBC and disaggregation by population and condition
Output		New/more health services available	

⁶ TBC based on final schedule of works.

⁷ TBC based on final schedule of works.

Output indicator		Installation of new medical equipment	
Baseline	Year	2023	Standard HC services available
Target	Year	2026	New/more health services available (for example dentistry and ophthalmology)

In addition to these indicators, data will be collected on employment created during the construction phase, disaggregated by gender, age, disability and status (refugee/host community members). Data will also be gathered on referrals to the KDH to track if the numbers are reduced to the improvement and expansion of services at the NHC.

6. Inputs/budget

Once received by the World Bank, the Danida contribution will be processed as an Additional Financing to Jya Mbere and allocated to component one. An allocation of funds will also be made to a Bank-executed trust fund to support World Bank supervision and monitoring. The proposed allocation of funds is below.

Table 2: Budget breakdown for DANIDA allocation to Jya Mbere project

Output	Amount (FRW)	Amount (USD)	Amount (DKK)
Output 1: Construction & renovation of NHC facilities	2,526,071,596	2,052,048	14,235,999
Output 2: Contractor supervision for quality assurance	405,584,050	329,475	2,285,721
Output 3: Diagnostic and medical equipment upgraded and supplied to the health center	1,529,769,908	1,242,705	8,621,213
Contingency	780,262,500	633,844	4,538,978
<i>Sub-total</i>	<i>5,241,688,054</i>	<i>4,258,073</i>	<i>29,678,770</i>
Recipient-executed administrative fee/cost recovery (5%)	262,084,403	212,904	1,483,938
World Bank monitoring, supervision and technical support (Bank-executed/BE)	270,820,000	220,000	1,533,400
BE administrative fee/cost recovery (12%)	32,498,400	26,400	184,008
Program Management & Administration (PMA)	21,173,200	17,200	119,884
Total	5,828,264,057	4,734,577	33,000,000

The Additional Financing will be processed by June 30, 2024, prior to the end of the 2023-24 financial year. Implementation is estimated to require 18 months (including the defects liability period under the contract), concluding by December 31, 2025. Estimated disbursement by financial year is as follows:

- FY23/24: DKK23 million
- FY24/25: DKK10 million

The budget estimates are based on standard Government of Rwanda unit costs for health facilities and medical equipment and data from the 2022 Feasibility Study. The contingency fund is based on the fact that, once the Trust Fund is established, time will be required to: (a) process the Additional Financing for Jya Mbere; and (b) procure the contractor for the civil works and the supervision. With inflation currently running at around 14 percent per annum in Rwanda, the contingency was proposed by the Government of Rwanda to prevent any further cost overruns and ensure the budget available is sufficient. Usage of the contingency amount will be cleared first with the Government of Denmark.

Additional budget details on the cost breakdown per output will be provided once contracts for the civil works, the supervision and the provision of the medical equipment are let by the Government of Rwanda.

7. Institutional and Management arrangements

The Danida contribution will be to an ongoing project with a well-established implementation structure, as described in detail in the PIM and summarized below.

Implementation Arrangements. At the national level, oversight is with MINEMA. A PSC with Permanent Secretary representation provides policy guidance and approves the annual work program and budget (AWPB), including individual subprojects. Members of the PSC include MINEMA, the Ministry of Finance and Economic Planning, the Ministries of Health, Education, Gender and Family Promotion, Local Government, Trade and Industry, Agriculture, Youth and Sport, the Environment and Infrastructure. All project districts are represented on the PSC (including Kirehe), as well as UNHCR. The World Bank is an observer. Denmark will also be invited to join PSC meetings as an observer. The Danida contribution will be managed/monitored by the Project Office of Denmark in Rwanda (POD).

An inter-agency Technical Team comprising technical level officials of the PSC members advises the MINEMA SPIU and other implementing agencies and ensures that project investments are consistent with government policies, standards and practices.

Overall management is vested in the MINEMA Single Project Implementation Unit (SPIU), which has responsibility for project implementation, coordinating activities on the ground and reporting on progress. This includes drafting of the AWPB for the review and approval of the PSC and the World Bank. The SPIU staffing includes, *inter alia*, a Project Manager, M&E Specialist, Communications Specialist, Safeguards Specialists, Civil Engineer, Business Development Specialist, Financial Management specialist, Procurement specialist and six District Field Specialists (DFSs).

In accordance with the government's decentralization policy, component one – including the NHC upgrading subproject – will be implemented by Kirehe district. MINEMA has signed a District Implementation Agreement with Kirehe that describes respective roles and responsibilities, including details on financial flows and compliance with World Bank fiduciary and safeguards standards. Kirehe district will procure the civil works and supervising contractor and manage funds for subproject implementation. The MINEMA SPIU has appointed a DFS in Kirehe to support the district and to monitor implementation.

Reporting

MINEMA submits quarterly progress reports and an Annual Report to the World Bank, detailing progress against the results framework and describing risks, challenges and mitigating measures. The quarterly reports are submitted not more than one month after each calendar quarter. The Annual Report is submitted by September 30 each year. The reports will include reporting on the subproject to be financed by Danida and will be shared with the POD.

Kirehe District will procure a contractor for the civil works and – as per standard practice – a supervising contractor for quality assurance and safeguards compliance. Detailed monthly progress reports that the civil works contractor and supervising contractor will submit to Kirehe District and MINEMA can be made available to POD on request.

The World Bank conducts bi-annual Implementation Support Missions (ISMs) jointly with the Government of Rwanda to check on progress, identify challenges and jointly formulate solutions. The POD will be invited to join these missions. The World Bank also routinely conducts technical missions throughout the course of the year to monitor progress and provide technical support to the GoR team.

The MFA/MTF/POD shall have the right to carry out any technical or financial supervision mission that is considered necessary to monitor the implementation of the project/programme.

After the termination of the project/programme support, the MFA reserves the right to carry out evaluations in accordance with this article.

8. Financial Management (FM), planning and reporting

This section provides a summary of FM, disbursement and reporting arrangements. Full details are in the Jya Mbere Project Appraisal Document (PAD) and the PIM. A financial management and procurement assessment was undertaken of MINEMA and Kirehe district during project preparation. Compliance with World Bank fiduciary standards is reviewed at least twice a year through bi-annual implementation support missions. The World Bank fiduciary team also provides regular training and technical advice to MINEMA and the districts to strengthen financial management and procurement performance.

Budgeting arrangements

The Danida contribution will be managed following GoR planning and budgetary processes. MINEMA and Kirehe district will prepare the project mid-term expenditure framework (MTEF) and annual plan, with the disbursement forecast and procurement plan. MINEMA will incorporate the proposed subproject in the Jya Mbere Annual Work Plan and Budget which is subject to review and clearance by the PSC and the World Bank.

Accounting Arrangements

The project complies with government accounting policies and the modified cash basis of International Public Sector Accounting Standards.

Internal Control and Internal Audit

The government's Public Financial Management (PFM) regulations and financial manuals at MINEMA and the Districts are acceptable and provide for a clear segregation of duties between the Chief Budget Manager, the accountant and the internal auditor. The procedures applied to the budgeting, payment, accounting and reporting chain are well described and adequate.

Internal controls are supported by a robust Integrated Financial Management Information System (IFMIS). The system does not allow any commitment without existing budget allocation and payment is not possible without prior commitment. Payment orders are issued by the IFMIS and processed via online banking at BNR. At MINEMA, all payments are approved by the Chief Budget Manager, which could impede the efficiency of the payment process. As result, for the project transactions, a delegation of authority has been granted jointly to the SPIU Coordinator and the Director of Finance for small amounts. Periodically, the Chief Budget Manager post-reviews transactions for which delegation has been provided.

MINEMA has an internal audit unit, which is staffed with one Internal Auditor. The risk-based audit framework is compliant with international practices.

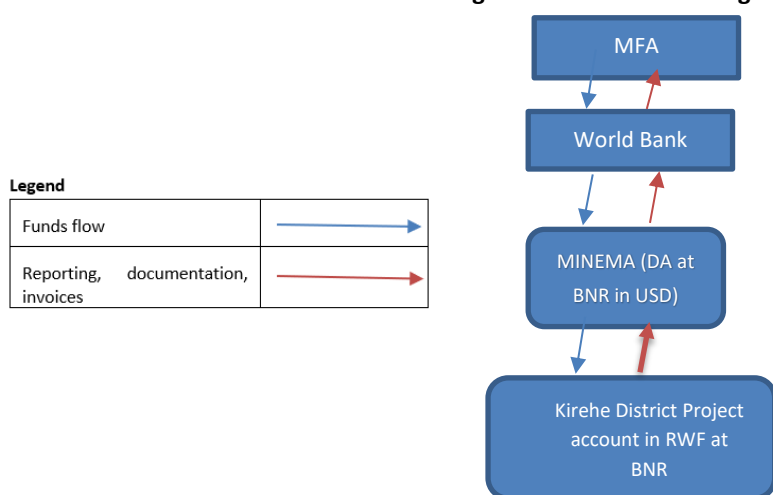
Funds Flow Arrangement

The financing will flow from the MFA to the World Bank's Social Sustainability Initiative for All (SSI4ALL) umbrella trust fund, through MINEMA and on to Kirehe District, in line with the Implementation Agreement

between MINEMA and the district. Disbursement from the World Bank to the MINEMA Designated Account (DA) will be Interim Financial Report (IFR)-based, covering six-month forecasts of cash flow needs. The DA in US dollars operates at the National Bank of Rwanda and is managed by MINEMA.

MINEMA will disburse funds directly to Kirehe district's separate project account in RWF at the BNR and managed by the District. Funds will be disbursed as per modalities stipulated in the District Implementation Agreement, which include an approved annual work plan, MTEF and cash flow plan prepared by the District. Subsequent requests will be based on financial reporting on the use of the funds received and expressed cash flow needs for the following Quarter.

Figure 2: Fund Flow Arrangements



Financial Reporting Arrangements

The Danida contribution will be included in the MINEMA SPIU monthly consolidated financial report, as per government requirements. A semester consolidated financial report will be submitted to the World Bank within 45 days of the end of the calendar semester and will be shared with Denmark. Reports include:

- Consolidated Sources and Uses of Funds (revenues and expenditures statement)
- Consolidated Financial Position statement
- Consolidated Cash flow statement
- Consolidated Budget execution report
- DA activity statement
- Notes on accounting policies
- Appendices

Financial statements shall be prepared in accordance with GoR accounting policies, which operate on the modified cash basis of IPSAS. Kirehe District will prepare its individual project financial statement, and MINEMA-SPIU will prepare the financial statement for activities directly managed by MINEMA. The MINEMA-SPIU shall then consolidate all financial statements.

The project annual consolidated financial statement shall be prepared at the latest one month after the fiscal year and transmitted to the Office of the Auditor General (OAG) and the Accountant General.

The World Bank will report on progress, including the use of Bank-executed funds, as per the requirements of the SSI4ALL Trust Fund.

External Auditing Arrangements

The OAG provides external audit of Government revenues and expenditures and also World Bank-financed projects. The audits are undertaken in accordance with International Standards on Auditing. The OAG has displayed reasonable assurance of independence and provided satisfactory audited reports for World Bank-financed projects. The audit opinion shall be provided on the project consolidated financial statements and is submitted to the World Bank within six months following the end of the fiscal year.

The audit report includes a management letter (opinion on compliance) setting out any internal control weaknesses. The audit will involve, on a sample basis, beneficiary satisfaction with service provided at the District level. The audit shall include value for money and physical verification aspects in the use of the project expenditures.

In line with the World Bank access to information policy, audit reports will be made publicly available, promptly after receipt of all final financial audit reports.

9. Risk Management

As a contribution to an ongoing project in a stable context with a track record of delivering high-quality infrastructure investments, the overall risk rating for the Danida contribution is rated “minor”. Rwanda has been a generous host to refugees over a long period. It is politically stable, is returning to solid economic growth rates in the post-COVID era and state capacity has grown rapidly over the last two decades.

Over the life of the project, compliance with World Bank fiduciary requirements and environmental and social safeguards policies has been consistently rated Satisfactory or Moderately Satisfactory. Technical and programmatic aspects are relatively simple as the health center to be upgraded uses standard Ministry of Health designs. The project implementing agencies, MINEMA and Kirehe District, have demonstrated the capacity to implement subprojects of this nature. Most of the preparatory work is already completed, further minimizing programmatic risks.

Consistent with the risk assessment for Jya Mbere as a whole that is detailed in the Project Appraisal Document (PAD) using the World Bank’s Systematic Operations Risk-rating Tool (SORT), the key risks are political and governance; macroeconomic; high inflation; institutional capacity for coordination and sustainability; fiduciary and environmental and social. Details on these risks, using the Danida Guideline for Risk Management and drawing on analysis from SORT are attached in Annex 1.

Denmark maintains a strict policy of zero tolerance towards corruption in all its forms. Denmark requires maximum openness. Transparency is essential when fighting corruption, and information concerning the public sector is generally accessible to the general public in accordance with the Danish Public Administration Act and the Danish Act on Access to Public Administration Files. Therefore, any reports on corruption will be made publicly available by the MFA. The Danish MFA has a zero tolerance for inaction in tackling sexual exploitation, abuse and harassment as well for child labour and any associated link to support terrorism. Any violation can be ground for immediate termination of the Agreement. The Danish MFA reserves the right to carry out any technical or financial mission that is considered necessary to monitor the implementation of the project. After termination of the project support, Denmark reserves the right to carry out evaluation.

10. Closure

The Jya Mbere project is scheduled to close on October 30, 2026. The Administration Agreement between the MFA and the World Bank for the Danida contribution will be set to close on the same date to provide ample time to complete activities and final reporting.

Sustainability of the investment to be funded by the Danida contribution will be ensured through the commitment of the District authorities and the Ministry of Health (which is a member of the Project Steering Committee) to provide necessary staffing and recurrent budget for medical supplies and equipment and the operations and maintenance costs of the facility. A Memorandum of Understanding will be signed between MINEMA and the Ministry of Health prior to implementation of the subproject.

As will be detailed in the Administration Agreement, the World Bank will submit a final report to the MFA on the project, providing information on physical progress, utilization of the funds, achievements against the results framework and prospects for sustainability. At the conclusion of the project, any unutilized funds will be returned to the MFA. Details on this process will be provided in the Administration Agreement.

Partner assessment of World Bank

1. Brief presentation of partners

The World Bank is a renowned institution incorporating global lessons with respect to development approaches to forced displacement, implementation experience in Rwanda from World Bank-financed and other development partner projects and multi-sectoral projects. The World Bank works in close partnership with the UNHCR and Ministry in Charge of Emergency Management (MINEMA), in particular the Single Project Implementation Unit (SPIU), which has the overall responsibility for project implementation, coordination of activities on the ground, and reporting on progress. Furthermore, the upgraded health center is implemented by the district with MINEMA providing technical support. The World Bank is the partner responsible for managing the Danish funding which is channeled through Social Sustainability Initiative for All (SSI4ALL) umbrella trust fund.

2. Summary of partner capacity assessment

The World Bank's approach to working through government systems is essential to help Rwanda shift from parallel humanitarian systems to nationally-led development responses to refugee situations. Through the IDA 18 refugee sub-window and earlier operations in the region and globally, the World Bank has a solid foundation of experience on development approaches. Knowledge exchange sessions were held for the Government of Rwanda during preparation to share lessons from the Horn of Africa and the Middle East. Additional opportunities are supported during implementation under a capacity-building subcomponent and through regional policy dialogue on forced displacement. The World Bank is active in a number of sectors relevant to the social and economic integration of refugees in Rwanda including for example ongoing operations on road transport, education, GBV and agriculture.

3. Summary of key partner features

Name of Partner	Core business <i>What is the main business, interest and goal of the partner?</i>	Importance <i>How important is the project/programme for the partner's activity-level (Low, medium high)?</i>	Influence <i>How much influence does the partner have over the project/programme (low, medium, high)?</i>	Contribution <i>What will be the partner's main contribution?</i>	Capacity <i>What are the main issues emerging from the assessment of the partner's capacity?</i>	Exit strategy <i>What is the strategy for exiting the partnership?</i>
World Bank	Provide financing, advice and research to developing countries to support sustainable and inclusive economic growth.	Low. The World Bank Groups portfolio in Rwanda currently includes 21 national and regional projects with a net commitment of USD 2.83 billion.	High. The output has been agreed with the Government partner (MINEMA) and the World Bank monitors and supports the implementation of the project.	Monitoring, supervision and technical support to achieving improved access to and quality of health services for refugees and host populations.	Strength: Providing monitoring, supervision and technical support. Weakness: Working through Government system thus reducing direct control of implementation. However, mitigated by WB monitoring and supervision.	Sustainability will be ensured through the commitment of the District authorities and the Ministry of Health to provide necessary staffing and recurrent budget for medical supplies and equipment and the operations and maintenance costs of the facility.

Contextual Risks					
Context: Rwanda		File No:			
Risk factor	Likelihood	Background to assesement	Impact	Background to assessment	Risk response if applicable / potential effect on development cooperation in context
1 Political and governance	Unlikely	While Rwanda is stable, the region is not. A longstanding political crisis in the DRC has exacerbated poverty and displacement, particularly in the eastern DRC on the border with Rwanda. This has the potential to trigger additional inflows of refugees into Rwanda that could further strain basic services and affect public support for Rwanda's progressive refugee inclusion policies.	Minor	A major inflow of refugees could strain public services and generate social tensions with host communities. While this could have a major impact for the Jya Mbere project as a whole, it would only have a minor impact on the DANIDA contribution, which specifically aims to build the capacity of the government health system to deal with increased demand. The location of the health center to be upgraded is in the eastern part of Rwanda, far from the border with the DRC.	The World Bank team closely monitors the situation in the DRC and potential impacts on the forced displacement challenge in Rwanda. Jya Mbere investments, by targeting government systems and supporting host communities and refugees jointly, are intended to reduce social tensions and mitigate the risks presented by future refugee inflows.
2 Macroeconomic	Rare	Like many countries in the region, Rwanda was heavily affected by the impact of COVID-19, increasing indebtedness and macroeconomic fragility. However, the economy has bounced back, with 8.2% growth in 2022 and 9.3% in the first quarter of 2023. The likelihood of this factor affecting the DANIDA contribution to Jya Mbere is very low.	Major	Were Rwanda to face major macroeconomic and/or debt issues it could affect government commitment to the project.	The World Bank closely monitors the macroeconomic risks in Rwanda, which have dissipated since the peak of the COVID period.

3	Sector strategies and policies	Unlikely	The success of Jya Mbere and the DANIDA contribution to it depends on Rwanda's longstanding generosity towards refugees and progressive policies that promote social and economic inclusion.	Major		Together with UNHCR, the World Bank assesses the ongoing adequacy of the protection framework for refugees in Rwanda on a bi-annual basis. To retain access to the Jya Mbere project funds, the government is required to maintain an adequate protection framework and meet its policy commitments to refugee inclusion. Together with Rwanda's longstanding status as a
4	High Inflation	Almost Certain	Like the rest of the world, inflation rates are currently very high in Rwanda	Major	Further cost overruns would affect the Government's ability to upgrade the NHC to the required level.	Contingency fund allocated in the budget to accommodate potential increases. Preparatory work completed so procurement can proceed rapidly before prices can increase further.
5						
6						
7						
8						
9						
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Programmatic and Institutional Risks

Title: Socio-economic Inclusion of Refugees & Host Communities Project

File No:

Programmatic Risks

Risk factor	Likelihood	Background to assesment of likelihood	Impact	Background to assessment to potential impact	Risk response	Combined residual risk
P1 Fiduciary	Likely	Rwanda has solid fiduciary systems with strong audit and accountability structures. The implementing agencies, MINEMA and Kirehe District, have gained experience with WB fiduciary requirements over the last four years. Fiduciary performance has been rated Satisfactory or Moderately Satisfactory since the project began. However, staffing and technical capacity gaps remain, particularly with respect to timely reporting and accounting for expenditures. Procurement processes have been slow though are also improving with time.	Major	Failure to properly account for funds and/or major procurement delays would have a major impact on achievement of the project development objective and the credibility of the project as a whole.	Mitigating measures include: (a) detailed FM and procurement guidelines are in place in the Project Implementation Manual; and (b) the WB FM and procurement specialists in Kigali provide regular training and hands-on mentoring to MINEMA and district staff; (c) all procurement-related documentation will be subject to WB review before procurement actions are taken; and (d) regular audit is conducted by the Office of the Auditor General.	Minor
P2 Environmental/Social Risks	Likely	The main risks are environmental, during the construction phase. Standard construction phase risks such as soil erosion, traffic congestion, air/dust pollution, noise pollution, solid waste generation, accidents during construction could occur. On the social side, the land belongs to the government, so no resettlement is expected.	Minor	The scale of the works is not significant, so the risk level is minor. There have been no major safeguards issues on the project so far during the construction of health centers, school classrooms, markets, water systems and TVET centers.	MINEMA has solid expertise on safeguards, supported by regular training and mentoring from the WB team on the ground. Combined with the detailed Environmental and Social Management Plan that will be prepared for the DANIDA subproject, risks are low.	Minor

P3	Technical Design	Rare	The Health Center upgrading will follow the regular technical designs and standards of the Ministry of Health, minimizing technical risks. The preparatory studies are also already completed, further minimizing technical risks to successful completion of the subproject.	Insignifcant	This project and Rwanda in general has significant experience completing the upgrading of health centers, consistent with the priorities of the Health Sector Strategic Plan.	As noted, preparatory studies are complete (feasibility study, E&S instruments) and adequate contractors are available on the ground. The project will - in line with standard practice - also hire a supervising contractor for quality control and quality assurance.	Insignifcant
P4							
P5							
P6							
P7							
P8							
P9							
P10							

Institutional Risks

Risk factor	Likelihood	Background to assesment of likelihood	Impact	Background to assessment of potential impact	Risk response	Combined residual risk
11 Fiduciary	Likely	Rwanda has solid fiduciary systems				
12 Environmental/Social Risks	Likely	The main risks are environmental, during the construction phase. Standard construction phase risks such as soil erosion, traffic congestion, air/dust pollution, noise pollution, solid waste generation, accidents during construction could occur. On the social side, the land belongs to the government, so no resettlement is expected.				
13 Technical Design	Rare	The Health Center upgrading will follow the regular technical designs and standards of the Ministry of Health, minimizing technical risks. The preparatory studies are also already completed, further minimizing technical risks to successful completion of the subproject.				

14	Institutional capacities for coordination and sustainability	Unlikely	In addition to the risks noted above in the Programmatic section (fiduciary, safeguards, technical), another important aspect is MINEMA and the district's ability to ensure full coordination with interested stakeholders. Through the Project Steering Committee, MINEMA and Kirehe work closely with the Ministry of Health to ensure the subproject meets MoH standards and requirements and that that MoH will provide personnel, equipment and recurrent budget to ensure the functionality and sustainability of the facility. Coordination has been effective so far.	Major	Failure to coordinate effectively with MoH would have a major effect on the impact of the subproject in terms of functionality and sustainability as, to provide services, the HC will require personnel and medicines. The provision of recurrent budget will also be essential for sustainability of the investment for the long-term.	Each Jya Mbere investment in the health sector does not proceed until an MoU has been signed with the MoH to guarantee the provision of personnel, medications and recurrent budget for O&M. All subprojects, including this one, must be endorsed by the Steering Committee prior to implementation. The Committee includes the MoH.	Minor
15							
16							
17							
18							
19							
110							

Deviations and follow-up

Title: Socio-economic Inclusion of Refugees & Host Communities Project

File No:

Planned date for first assessment:

Date of assessment:

Deviations from original assessment: Follow-up:

Date for next assment:

Date of assessment:

Deviations from original assessment:

Follow-up:

Date for next assment:

Date of assessment:

Deviations from original assessment:

Follow-up:

Date for next assment:

Date of assessment:

Deviations from original assessment:

Follow-up:

Date for next assment:

Date of assessment:

Deviations from original assessment:

Follow-up:

Date for next assment:

ANNEX 7: PLAN FOR COMMUNICATION OF RESULTS

The Communication Plan for the Danida contribution to Jya Mbere is aligned with the overall project Communications Strategy, prepared by MINEMA. The World Bank Communications team will also support MINEMA on some of the activities listed below.

What? (the message)	When? (the timing)	How? (the mechanism)	Audience(s)	Responsible
The Jya Mbere project is a model of social cohesion between refugees and host communities	Launching Throughout project implementation	Signing ceremony when financing approved. Press release. Media visit upon completion of upgrading. Progress updates on MINEMA Twitter/X Video interviews with refugees, host community members and medical personnel placed on social media plus traditional media	Host community members Refugees, UNHCR and UNHCR implementing partners Local government officials in Kirehe National government officials (Project Steering Committee members) Media and, through them, the general public.	Jya Mbere Communications Officer plus WB
The Government of Rwanda, in partnership with the Government of Denmark and the World Bank, is supporting the social and economic inclusion of host communities and refugees	Project launch event Throughout implementation	Signing ceremony when the financing is approved for the project. Press release. Danida logo on project marker board. Ceremony to commission the Nyarubuye Health Center once the upgrading is completed. Senior govt (Rwanda and Denmark) and WB representation.	Host community members Refugees, UNHCR and UNHCR implementing partners Local government officials in Kirehe National government officials (Project Steering Committee members) Media and, through them, the general public. Danish taxpayers.	Jya Mbere Communications Officer plus WB
The government of Rwanda is improving the quality and accessibility of health services for Rwandese and refugees	Throughout implementation	Signing ceremony and press release. Media visit once subproject is completed. Before/after video to be shared on	Host community members Refugees, UNHCR and UNHCR implementing partners	Jya Mbere Communications Officer plus WB

		MINEMA website, and social media accounts of MINEMA, Danida, WB.	Local government officials in Kirehe National government officials (Project Steering Committee members), particularly Ministry of Health. Media and, through them, the general public.	
The Government of Rwanda is a long-standing generous host to refugees fleeing conflict and disaster.	Throughout implementation	Launch ceremony. Press release. Social media posts.	Host community members Refugees. Local government officials in Kirehe National government officials (Project Steering Committee members) Media and, through them, the general public. International media.	Jya Mbere Communications Officer plus WB
The international community supports the Government of Rwanda's progressive refugee inclusion policies	Throughout implementation	Launch ceremony. Press release. Ceremony to commission the health center once completed. Social media posts.	Host community members Refugees. Local government officials in Kirehe National government officials (Project Steering Committee members) Media and, through them, the general public. International media.	Jya Mbere Communications Officer plus WB

ANNEX 8: PROCESS ACTION PLAN (PAP)

Action/product	Deadlines	Responsible/involved Person and unit	Comment/status
Submitting concept note	May 2023	Partner	
Reviewing concept note and providing feedback	June – September 2023	Partner / MTF/ Project Office Kigali	
Submitting the project proposal with relevant annexes	September 2023	Partner	
Desk appraisal	October 2023	External consultants	
Feedback to partner	October 2023	Project Office Kigali	
Revised project documents based on appraisal recommendations	November 2023	Partner	
Quality control	December 2023	FRU / ELK	
Ministerial approval of the grant	December 2023	Project Office Kigali / ELK	
Signing of the Grant Agreement	December 2023	Partner and Project Office Kigali	
Disbursing the first (and total) instalment	December 2023	Project Office Kigali	

ANNEX 9: QUALITY ASSURANCE CHECKLIST

File number/360 reference: 23/18850

Project name: Danida contribution to Socio-economic Inclusion of Refugees and Host Communities in Rwanda project (“Jya Mbere”)

Project period: Dec. 2023 – Oct. 2026.

Budget: DKK 33 mill.

This Quality Assurance Checklist should be used by the responsible MFA unit to document the quality assurance process of appropriations, where development specialists from either ELK or other units are not involved in the process; i.e.

- (i) *internal appraisals* of appropriations up to DKK 10 Million where this checklist constitutes the appraisal.
- (ii) *external appraisals* of appropriations between DKK 10 – 43 million and (iii) appraisal in exceptional cases. The checklist aims to help the responsible MFA unit ensure that key questions regarding the quality of the programme/project are asked and that the answers to these questions are properly documented and communicated to the approving authority.

Presentation of quality assurance process:

- ☐ The design of the project has been appraised/appraisal checklist filled out, by someone independent who has not been involved in the development of the programme/project.

Comments: Yes. An external desk appraisal was carried out by the NCG company with consultants Anne-Lise Klausen and Ayla Olesen Yurtaslan.

- ☐ The recommendations of the appraisal/comments in the appraisal checklist have been reflected upon in the final design of the project.

Comments: Yes. Project Office has accepted the recommendations. However, concerning recommendation 1 it has been accepted that cost overrun information has been added in main text and not in annex and concerning recommendation 4 it has been accepted that output budget details will be provided by the World Bank once contracts are let for the civil works and supervising contract.

- ☐ The project complies with Danida policies and Aid Management Guidelines, including the fundamental principles of Doing Development Differently.

Comments: Yes.

- ☐ The project addresses relevant challenges and provides adequate responses.

Comments: Yes.

- ☐ Issues related to HRBA, LNOB, Gender, Youth, Climate Change, Green Growth and Environment have been addressed sufficiently in relation to content of the project.

Comments: Yes. Appraisal recommendation 1 in this regard has been reflected in the project document.

❑ Comments from the Danida Programme Committee (if applicable) have been addressed
Comments: N/A

❑ The project outcome(s) are found to be sustainable and in line with the partner's development policies and strategies. Implementation modalities are well described and justified.

Comments: Yes.

❑ The theory of change (if applicable), results framework, indicators and monitoring framework of the programme/project provide an adequate basis for monitoring results and outcome.

Comments: Yes. Appraisal recommendation 3 in this regard has been reflected in the project document.

❑ The programme/project is found sound budget-wise, *Yes*

❑ The agreed budget and financial reporting procedures provide an adequate basis for financial monitoring of funds.

Comments: Yes.

❑ The programme/project is found realistic in its time-schedule.

Comments: Yes.

❑ Other donors involved in the same project have been consulted, and possible harmonised common procedures for funding and monitoring have been explored.

Comments: Yes. The project follows procedures agreed between the World Bank (the main financing partner of the project) and the Ministry in charge of Emergency Management.

❑ Key project stakeholders have been identified, the choice of partner has been justified and criteria for selection have been documented.

Comments: Yes. Partner assessment included.

❑ The implementing partner(s) is found to have the capacity to properly manage, implement and report on the funds for the programme/project and lines of management responsibility are clear.

Comments: Yes. There is already a track-record of implementing the project since 2021.

❑ Implementing partner(s) has been informed about Denmark's zero-tolerance policies towards (i) Anti-corruption; (ii) Child labour; (iii) Sexual exploitation, abuse and harassment (SEAH); and, (iv) Anti-terrorism.

Comments: Yes.

❑ Risks involved have been considered and risk management integrated in the project document.

Comments: Yes. Appraisal recommendation 5 in this regard has been reflected in the project document with risk matrix in annex.

In conclusion, the project can be recommended for approval: yes

Date and signature of Desk Officer: 05.12.2023 Toke Hauch Arnoldi

Date and signature of Management: 05.12.2023 Peter Eilschow Olesen