Nurturing Care to Improve Early Childhood Development: 
Rwanda Country Profile

Introducing Nurturing Care

Research indicates that poverty, poor health, nutrition, and other adversities threaten 43 percent of children under five years of age in low- and middle-income countries, preventing them from reaching their developmental potential (Black et al., 2016). In Rwanda, 77 percent of children under five years of age are at risk of poor development based on a composite indicator of stunting, extreme poverty, or both (Lu et al., 2016).

The U.S. Agency for International Development (USAID) recognizes early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with lasting impact on later success in school and life (Georgieff et al. 2018). The first 1,000 days—from pregnancy to age two years are the foundation for lifelong learning and development. The brain develops more rapidly during the first 1,000 days than at any other period in life (Georgieff et al. 2018). Children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning (see Figure 1; Britto et al. 2017).

There is growing momentum for integrated early childhood programming that engages multiple sectors, based on compelling new global evidence on the importance of reaching pregnant women and young children with holistic services. The 2016 Lancet series on early childhood development (ECD) and 2020 World Health Organization (WHO) Guidelines for Improving Early Childhood Development emphasize the importance of holistic nurturing care through integrated services (WHO 2020). Evidence from low- and middle-income countries indicate that combined caregiving and nutrition interventions are effective in improving children’s cognitive, language, and motor development compared with the current standard of care or nutrition interventions alone (Jeong et al. 2018).

To date, there has been limited integration of responsive care and early learning in health and nutrition services. The Nurturing Care Framework (see figure) provides guidance to help children and families thrive through care for the individual child within a broader enabling environment of capable caregivers, empowered communities, supportive services, and enabling policies (WHO 2018).

This profile compiles national data alongside information on national policies and programs to highlight both the needs and opportunities for promoting optimal child development in Rwanda.
Child Development Outcomes

This profile presents data on nurturing care and early childhood development. The WHO’s (2020) Guidelines for Improving ECD provide useful definitions of these two terms:

“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

Nurturing care: Characterized by a caregiving environment that is sensitive to children’s health and nutritional needs, responsive, emotionally supportive, and developmentally stimulating and appropriate, with opportunities for play and exploration and protection from adversities.”

In brief, nurturing care supports children to survive and reach their full potential and ECD represents the outcomes measured. Nurturing care is important for everyone, and is especially important in the earliest years of a child’s life from ages 0 to 3 as this is a period of rapid brain development that sets the foundation for later health and wellbeing. Data are presented for only four – nutrition, safety and security, health, and early learning – of the five domains of nurturing care because there are currently no global indicators and data on responsive caregiving. Detailed indicator definitions and sources are located at the end of the document. To access an indicator definition, click on the title of the indicator. The data presented here provide a country-level overview, and there is likely in-country variability due to population demographics or geography.
Nutrition

- **Stunting**: 44% (2010) vs. 38% (2015)
- **Wasting**: 17% (2010) vs. 18% (2015)
- **Exclusive breastfeeding for 6 months**: 85% (2010) vs. 87% (2015)
- **Low birth weight**: 58% (2010) vs. 62% (2015)
- **Minimum acceptable diet**: 10% (2000) vs. 8% (2015)
- **Underweight**: 11% (2010) vs. 9% (2015)
- **Early initiation of breastfeeding**: 10% (2000) vs. 8% (2015)
### Early Learning

- **Support for learning** (2015): 44%
- **Attendance in early childhood education** (2015): 13%
- **Availability of playthings** (2015): 30%
- **Availability of children’s books** (2015): 1%

### Health

- **Preterm births** (2014): 12%
- **Under-5 mortality rate**
  - (2010): 64
  - (2018): 35

### Safety and Security

- **Positive discipline** No data available
- **Inadequate supervision** (2015): 35%
- **Children living in poverty** (2016): 63%
- **Children covered by social protection systems** No data available
Policy Environment for Supporting Improved ECD

- **Health workers required to receive training in promoting ECD**
  - ✔️
- **Regular coordination meetings at the sub-national level**
  - ❌
- **Ministry/agency tasked with national multi-sectoral ECD coordination**
  - ✔️
- **Laws protect the rights of children with disabilities and promote their participation and access to ECD services**
  - ✔️
- **Multi-sectoral ECD strategy**
  - ✔️
- **Free antenatal and delivery care**
  - ❌
- **Free health care for children under-5**
  - ❌
- **Free pre-primary education**
  - ✔️
- **Required birth registration**
  - ✔️
- **Paid maternity leave**
  - ✔️
- **Paid paternity leave**
  - ✔️

Key:
- ✔️ policy in place
- ❌ no policy
- 🤔 information not available
Overview of Policies Related to Improving ECD

The National Child Development Agency is responsible for multi-sectoral coordination to improve ECD in Rwanda.

Ministry of Health

- **2019**
  - **Rwanda National Neonatal Protocol**
  
  The revised national neonatal protocol includes recommendations for counselling and family-centered care that include topics such as parent bonding and developmentally-supported care environments for small and sick newborns.

- **2018**
  - **National Reproductive Maternal Newborn, Child and Adolescent (RMNCAH) Policy**
  
  This was the first policy bringing together RMNCAH and nutrition in Rwanda promoting a multi-sectoral, life-cycle approach to support all women, children and adolescents to survive and thrive. The policy has six objectives on improving collaboration, coordination and research for RMNCAH, providing quality services, building capacity of the health workforce, strengthening the health system, intensifying health promotion, and improving governance at all levels. It promotes essential health services in pregnancy and early childhood, and coordination with other ministries for promotion of ECD.

- **2018–2024**
  - **Fourth Health Sector Strategic Plan**
  
  HSSP4 sets forth strategies to ensure university accessibility of equitable and quality health services for all Rwandans. HSSP4 prioritizes a life-cycle approach and ECD services as a platform to prevent stunting and deliver integrated health programming, such as immunizations.

- **2018–2024**
  - **Maternal Newborn and Child Health (MNCH) Strategic Plan**
  
  The MNCH Strategic Plan accompanies the RMNCAH Policy and provides a framework for addressing challenges in maternal, newborn, and child health in Rwanda to promote the survive, thrive, and transform agenda. The strategic plan calls for coordinated, people-centered, quality MNCH services and integration of early childhood development at all levels of MNCH services.
Ministry of Education

**Education Sector Strategic Plan**

The Education Sector Strategic plan outlines approaches to address key challenges in Rwanda’s education sector to realize the sector’s policy vision. It calls for 12 years of free basic education starting in primary, as well as access for all children to school readiness programs. A strategy to expand pre-primary services includes workforce development, inclusion of pre-school teachers on government payroll, and linking with parenting education to create demand for pre-primary services and early learning at home.

**Education Sector Policy**

The Education Sector Policy aims to reduce poverty and improve the well-being of Rwandans through promoting literacy and human resources for socio-economic development of Rwanda through the education system. The Education Sector Policy encompasses the entire education system including early childhood, primary, secondary, tertiary, and vocational education. The policy calls for early childhood education services for all children, but through the private sector.

Martin Kharumwa / Save the Children
Ministry of Gender and Family Promotion

**2019**

**Integrated ECD Models Guidelines**
Operational guidelines for different platforms to deliver services to improve ECD outcomes among children ages 0–6 years including: family-based services, home visiting, home-based ECD centers, community-based ECD centers, ECD centers of excellence, health facility-based ECD services, and workplace ECD services.

**2018–2024**

**National Social and Behaviour Change Strategy for Integrated Early Childhood Development, Nutrition and WASH**
The strategy identifies key behaviors to promote to improve early childhood development through improved caregiving, nutrition, health, and WASH practices for children ages 0–6 years as well as adolescents. It identifies different challenges for communication and coordination mechanisms.

**2016**

**Minimum Standards and Norms for ECD Services in Rwanda**
Defines minimum standards for quality services to improve ECD for children ages 0–6 years, including parenting programs, ECD centers, and health and nutrition services. General standards for staffing, child safety, materials, infrastructure, and management, supervision and accountability are outlined.

**2019**

**National Parenting Curriculum**
The Parent Curriculum was developed to promote positive parenting behaviors for children ages 0–6 in Rwanda. The curriculum is culturally-relevant, competence-based and developmentally appropriate. It covers several themes including: health, safety, relationships, early learning, shared parenting among caregivers and community, children with special needs, gender equality, peace and values, and adolescence. It includes core competencies for all parents, as well as details essential knowledge, skills, and activities appropriate for different age ranges.

**2018–2024**

**National Early Childhood Development Program (NECDP) Strategic Plan**
The NECDP strategic plan aims to outline specific strategies to help realize the objectives set forth under the National ECD Policy for children ages 0–6 years. Specifically, the mission is to leverage improved ECD as a way of fighting high rates of stunting in the country. There are eight strategic directions encompassing equitable and inclusive access to ECD services, improvements in health, nutrition, social protection, and WASH, strengthened coordination and service delivery, demand creation, and financing. The plan is rooted in a rights-based, life-cycle approach.
Ministry of Gender and Family Promotion

**Early Childhood Development Policy**

Promotes integrated interventions for young children ages 0–6 years that place parents at the center of caregiving and are accessible to all. The policy addresses needs for clear coordination, standards, adequate work force, inclusion of children with special needs and other at-risk children, and sustainability. The policy calls for specific attention to ensuring adequate services for children ages 0–3 years and their caregivers. The main areas for investment are parenting education and support, school readiness and transitions, child protection and family promotion, health, nutrition and water, sanitation, and hygiene (WASH), and coordination, governance, resources, and monitoring and evaluation.

**Integrated Child Rights Policy**

The Integrated Child Rights Policy serves as the guiding document to ensure a rights-based approach to all programming for children ages 0–18 years across sectors. The policy aims to ensure every child’s rights are protected and provided. It specifically calls for ensuring free health services by providing subsidized community-based health insurance for the poorest children and families, among other measures to ensure safety, health, nutrition, and learning of all children.
Ministry of Local Government

**Social Protection Sector Strategic Plan**
The Social Protection Sector Strategic Plan outlines key strategies to achieve Rwanda’s aim for “prosperity and well-being for everyone.” The strategy calls for national roll out of an expanded public works program that includes community-based child care for promotion of ECD in the most vulnerable households. In addition, the strategy calls for a new program of Nutrition-Sensitive Direct Support, a conditional support scheme to prevent stunting in the first 1,000 days. The strategic plan also calls for improving coordinated efforts to prevent and respond to gender-based violence, child abuse, and prevent institutionalization of children.

Prime Minister’s Office

**Ministerial Order Establishing Regulations on the Implementation of the Early Childhood Development Programme**
This law established guidance on the regulation of ECD service delivery for children ages 0–6 years, including processes and requirements for registration, delivery and accreditation of ECD services.

**7 Years Government Program: National Strategy for Transformation (NST1)**
The NST1 sets the government of Rwanda’s ambitious agenda for accelerating economic growth to achieve high standards of living for all Rwandans through its Vision 2050. Improved ECD is prioritized as a key strategy for social transformation in the country. The NST1 calls for scale up of ECD services to every village in the country, and greater access to pre-primary education and eradication of malnutrition.
Current and Recent Programs for Improving ECD

Each number represents a different program. Click on the number to jump to the next pages to learn more.
## Current and Recent Programs for Improving ECD

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<th>Program</th>
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| 1. First Steps | Implementer: Save the Children with Umuhoza  
Timeline: 2015–ongoing  
Districts: Gasabo, Ruhango, Kirehe  
Key Government Partners: Ministry of Education (MOE), National ECD Program (NECDP) under Ministry of Gender and Family Promotion (MIGEPROF)  
Funders: Grand Challenges Canada, Save the Children UK, and ELMA Foundation. Funding to respond to COVID-19 has been provided by USAID Momentum Country and Global Leadership. | First Steps (Intera za Mbere) is a nationally-scalable approach to promoting healthy early childhood development by offering holistic parenting education to parents of 0-3 year olds. The project aims to achieve improvements in parenting practices, child development indicators, and increase emergent literacy promotion by reaching children aged 0–3 years through community-based parenting education sessions, home visit activities and radio programs. First Steps is delivered by the trained community volunteers “Friends of Family” and includes 18 parenting education sessions that focus on 4 areas: responsive caring, playful learning, language and literacy, and healthy beginnings, providing community-based activities such as talking, singing, reading, playing, bonding. It also provides advice and guidance to parents on nutrition and other health topics for the development of children aged 0–3. A cluster randomized evaluation in Ngororero District (2015–2017) found that children in the intervention groups were significantly more likely to be on-track in all developmental domains. |
| 2. USAID Gikuriro - Integrated Nutrition and WASH Activity (INWA) | Implementer: Catholic Relief Services  
Timeline: 2015–2020  
Districts: Kayonza, Kicukiro, Ngoma, Nyabihu, Nyanza, Nyarugenge, Ruhango and Rwamagana  
Key Government Partners: Ministry of Health (MOH), MIGEPROF, NECDP, Ministry of Local Government (MINALOC), districts & local entities  
Funder: USAID | The primary purpose of the INWA program is to improve the nutritional status of women of reproductive age and children under five years, with emphasis on the 1000-day window of opportunity from pregnancy until a child’s second birthday. The program is designed to support the government’s efforts to combat malnutrition with focus on community-level service delivery. Key interventions include supporting District Plans for Elimination of Malnutrition, implementation of length mat for stunting visualization (child below 2 years of age), community based rehabilitation for wasting, support home-based ECD establishment, WASH, social behavior change communication (SBCC) and nutrition-sensitive agriculture interventions. An advisor is seconded to the NECDP to support overall supervision, monitoring and evaluation of the national integrated ECD programs. |
| 3. Pediatric Development Clinic (PDC) | Implementer: Partners In Health/Inshuti Mu Buzima  
Timeline: 2014–ongoing  
Districts: Kirehe and Kayonza  
Key Government Partners: NECDP, MOH, Rwanda Biomedical Center (RBC)  
Funder(s): Grand Challenges Canada, THET, Primates World Relief and Development Fund thru Global Affairs Canada, and UNICEF Rwanda. | The PDC program provides health, nutrition, and developmental follow-up of children in a primary health care platform. Children are primarily referred directly from hospital neonatal care units, pediatrics wards, or outpatient departments due having risk factors for poor ECD outcomes. Children can also be directly referred from the community if there is a concern about their development. The PDC is staffed by nurses and social workers, who conduct health, nutrition, and developmental monitoring and provide counselling and interventions in response to challenges. Children who are identified with a developmental disability are referred into an early intervention parent peer support group program that is jointly facilitated by PDC staff and an expert parent to build caregivers skills and confidence in caring for their child and promoting social support to improve quality of life for caregivers and their children with developmental disability. The early intervention program follows a structured curriculum developed by the London School of Hygiene and Tropical Medicine (ABAanA, BabyUbuntu). |
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| 4. Community-based ECD | Implementer: Partners In Health/Inshuti Mu Buzima  
Timeline: 2019-ongoing  
Districts: Burera  
Key Government Partners: NECDP, MOH  
Funder: Partners In Health | Partners In Health has worked with Burera District and the NECDP to establish community-based ECD centers that include focused programming to support caregivers and their children ages 0-3 with a focus on strengthening linkages with health and nutrition services. Families were chosen based on criteria, such as a child having been diagnosed with malnutrition in the past, a child who spent time on a neonatal care unit, a child born to an adolescent mother, etc., to identify high risk families who would benefit most from the intervention. Families participate in parenting group sessions on various child care and nutrition topics, as well as receive support to engage in income generating activities to strengthen livelihoods. |
| 5. Sugira Muryango (Family Strengthening Intervention) | Implementer: FXB Rwanda  
Timeline: 2016–2023  
Districts: Ngoma, Nyanza and Rubavu  
Key Government Partners: MIGEPROF, NECDP, National Commission for Children (NCC), and MINALOC  
Funders: LEGO Foundation, Grand Challenges Canada, Echidna Giving, USAID, Oak Foundation, and Wellspring | Sugira Muryango (SM) is a home-visiting program that uses active coaching to support responsive parenting, playful father engagement, improve nutrition and health, care seeking and family functioning to promote ECD, positive parent-child relationships, and healthy child development as well as reducing violence among intimate partners. SM integrates these core components, informed by the WHO Care for Child Development package, into 12 modules plus two follow-up sessions. The modules are delivered weekly over 3–4 months by well-trained lay interventionists embedded in the community (Friends of family locally known as Inshuti z’Umuryango, IZUs). Each session includes a 15-minute active play session between caregivers and children, and coaching and feedback from a trained interventionist. An innovation in SM delivery regards the use of a Collaborative Team Approach to create a community of practice amongst ECD stakeholders. |
Timeline: 2013–ongoing  
Districts: Gasabo, Nyarugenge, Kicukiro, Gicumbi, Gakenke, Nyamasheke, Ruhango, Nyamagabe, Nyabihu, Kayonza, Ngoma, Rwamagana, Rutsiro, Nyanza, Ngororero and Burera  
Key Government Partners: NECDP, MINALOC  
Funder: Not available | The ECD&F program supports the holistic development of children aged 0 to 6 years old. The goal of the program is to ensure that children are intellectually stimulated, healthy and safe, while their families and communities are trained as caregivers. The ECD&F program is implemented through: ECD centers (3 to 6 years old), home-based group services (3 to 6 years old) and home visits (0 to 3 years old). In addition, parents receive training on income generating activities. |
Timeline: 2017–2020  
Districts: Nyagatare, Gatsibo, Gicumbi, Burera, Musanze, Gakenke, Rubavu, Ngororero, Rutsiro, Karongi, Nyamasheke, Nyamagabe, Rusizi, Nyaruguru  
Key Government Partners: NECDP, District Governments  
Funder: Embassy of the Kingdom of the Netherlands (EKN) | The Human Capital Development project promotes holistic, multi-sectoral interventions to improve ECD. The program includes components such as nutrition, WASH, ECD, pre-primary education, social protection, and promotes linkages across sectors and partnership with the private sector. Specific interventions include model ECD centers in each district, home-based ECD services, daycares for children whose caregivers participate in social protection programs, improving WASH infrastructure, constructing pre-primary schools, provision of nutrition-specific and nutrition-sensitive interventions. A private-sector partnership has been established with tea plantations to ensure safe child care services for the worker’s children. |
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| 8. Strong Start | **Implementer:** Chance for Childhood  
**Timeline:** 2017–2020  
**Districts:** Musanze, Burera, Gakenke, Gasabo, Gatsibo, Gicumbi, Karongi, Ngoma, Ngororero, Nyabihu, Nyagatare, Nyamagabe, Nyamasheke, Nyarugenge, Nyaruguru, Rubavu, Ruhango, Rusizi, Rutsiro, Rwamagana, Bugesera and Kirehe  
**Key Government Partners:** NECDP  
**Funders:** British Foreign School Society and UNICEF Rwanda | ‘Strong Start’ is an inclusive ECD (iECD) approach designed to increase access to pre-school education for children with disabilities. We are working closely with ECD centres to make them more accessible. During our pilot project in Musanze, we trained 23 community health workers and staff from ECD centres in home-based inclusive ECD practices and early detection of children at risk of/with developmental delays or disabilities. This experience in Musanze led to a partnership with UNICEF Rwanda to enhance ECD services in 22 out of 30 districts. Chance for Childhood’s early detection of development delays/disabilities toolkit for children 0–2 years has been validated by the MOH with the view of national rollout. |
| 9. Stunting Prevention and Reduction Project | **Implementer:** World Bank  
**Timeline:** 2018–2023  
**Districts:** Nyabihu, Ngororero, Karongi, Rubavu, Rutsiro, Rusizi, Nyamagabe, Huye, Nyaruguru, Ruhango, Gakenke, Kayonza and Bugesera  
**Key Government Partners:** MOH, NECDP, RBC  
**Funder:** World Bank | The Stunting Prevention and Reduction Project for Rwanda aims to contribute to the reduction in stunting among children under 5 years of age (with a focus on under 2). The project supports the government to adopt and implement a bold, new national strategy to improve the visibility of stunting in Rwanda, and to deliver harmonized behavior change messages across various platforms. This project has three components. First component, prevention of stunting at community and household levels will support the government to improve awareness of stunting, and deliver harmonized behavior change messages at all levels (i.e., national, local government, and household) and across several key sectors (i.e., health, social protection, agriculture, water and sanitation). Second, it will support the MOH/RBC to implement, monitor and evaluate the revamped national, multi-sectoral behavioral change communication strategy. Third, it will boost the productivity and performance of Community Health Worker (CHWs) and explore options for professionalizing them. CHWs will benefit from enhanced training on a revised curriculum focused on reinforcing household behavior change on complementary feeding, early childhood stimulation, and hygiene; as well as other efforts to strengthen the system of CHW services. |
| 10. Early Childhood Development and Nutrition Programs | **Implementer:** Strive Foundation  
**Timeline:** Not available  
**Districts:** Gasabo, Musanze, Nyamasheke  
**Key Government Partners:** NECDP  
**Funders:** Not available | Strive Foundation Rwanda’s ECD program delivers quality stimulation, psycho-social support, literacy and numeracy for young children, facilitating their transition to primary school. This not only enhances the cognitive development of children, but also increases awareness of health and nutrition issues amongst parents whilst establishing a social and emotional support network for young Rwandan children. In Gasabo, Imanzi Kindergarten provides services for children ages 3-6 years. In Nyamasheke District, Strive Foundation partners with Karin Initiative Uganda and Sabuj Sangha-India to improve access to healthcare in their respective vulnerable communities. The program provided coaching to CHWs on nutrition and counselling for infant and young child feeding, child health, and child development. In Musanze, Strive Foundation trains caregivers at ECD programs on inclusive ECD for children with disabilities in partnership with Chance for Childhood. |
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| 11. The Improved Services for Vulnerable Populations (ISVP)/USAID TWIYUBAKE Program | Implementer: Global Communities  
Timeline: 2015–2020  
Districts: Nyarugenge, Kicukiro, Gasabo, Kamonyi, Huye, Kayonza, Burera, Musanze, Gicumbi, Nyamasheke, Rutsiro and Karongi  
Key Government Partners: NECDP, NCC, MIGEPROF  
Funder: USAID | Twiyubake aims to identify and assist 50,000 vulnerable households (250,000 children, youth & adults) by reducing economic vulnerability and empowering parents to make investments to meet the unique needs of young children and adolescents, and improve care and support practices to create nurturing and engaging environments for children. Twiyubake has supported integrated ECD by adapting training materials developed by NECDP, conducting training of trainers from Rwanda partners organization who cascade the training to community-based volunteers, in charge of training and sensitizing the community on integrated early childhood development, targeting mainly pregnant and lactating mothers and other parents of children at the age of ECD. The project targets the following main outcomes: (1) Families & communities provide healthy, nurturing, and engaging environments for vulnerable young children; (2) family economic vulnerability decreased; (3) adolescents transition safely into adulthood; and (4) communities provide essential preventative and protective services to vulnerable families and children. |
| 12. Ntusigare Community Based Inclusive Development program (CBID) | Implementer: CHECHE Foundation  
Timeline: 2018–ongoing  
Districts: Bugesera  
Key Government Partners: NECDP, District Government, National Council of Persons with Disability  
Funders: CECHE Foundation, UNDP, and the Rwanda Governance Board | CHECHE Foundation provides early intervention services to children with developmental delays and disabilities. Children aged 6 months to 5 years who have neurodevelopmental disabilities are provided with Community Based Rehabilitation services through demonstration sessions for their parents. In a weekly parent group session, parents are empowered to provide nurturing care through early stimulation of the motor, audio-visual, cognitive, and social development of their children. Each session is facilitated by a professional to guide the discussion but parents lead the conversation by sharing their experiences. The organization uses local, available, and affordable resources to promote an inclusion of children with disabilities in their community life such as the manufacturing of assistive postural devices using cardboard and other waste papers, known as appropriate paper-based technology (APT). CECHE Foundation collaborates with the local sector authority to initiate and sustain a strong system of Inclusive Home-based ECD centers across the whole sector. |
| 13. Bandebereho | Implementer: Rwanda Men’s Resources Center (RWAMREC)  
Districts: Musanze  
Key Government Partners: MOH, RBC, NECDP, MIGEPROF, and District Government  
Funders: Grand Challenges Canada, DFID WOW, and Promundo US | Bandebereho is a gender-transformative intervention in Rwanda that helps new parents to become more equitable, caring, and responsive caregivers. The intervention is proven to reduce violence within the home and to foster men’s engagement in their children’s lives. When implemented at scale through CHWs it has the potential to reach all newly expectant parents and to positively impact child development for thousands, if not millions, of future children. Bandebereho is currently being delivered through the health sector in 16 Health Centers using 432 CHWs. The vision is for national scale-up through CHWs. |
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Timeline: 2016-2021  
Districts: Karongi, Gakenke, Rulindo, Gasabo, Gicumbi, Kicukiro, Huye, Gisagara, Gatsibo, Kayonza, Rusizi, Nyamasheke, Rutsiro and Ngororero  
Key Government Partners: MIGEPROF  
Funder: World Vision | The program targets children under-5, their caregivers, and pregnant and lactating women with a focus on the most vulnerable children. World Vision integrates programming across nutrition, education, child protection and WASH to address underlying causes at the household and community-level that contribute to poor childhood outcomes. The project uses community participation to promote behavior change. They support children to meet their developmental milestones and prevent malnutrition through holistic and integrated interventions to improve ECD at both the household and ECD Center levels. Specific interventions include, Growth Monitoring and Promotion to identify, refer, and follow-up children with malnutrition and parenting education. |
| 15. Modelling Nutrition Sensitive Social Protection Interventions (MNSSPI) | Implementer: World Relief  
Timeline: 2019-2021  
Districts: Nyamagabe, Karongi, Burera and Gatsibo Districts  
Key Government Partners: NECDP, Local Administrative Entities development Agency (LODA)  
Funders: UNICEF | MNSSPI is testing new strategies and approaches to deliver integrated programs to the poorest households. The program is piloting integrated case management and referral system which will target 480 households with the government’s draft case management business model to test and document the approach. The case management approach intended to strengthen coordination, planning and governance at the community level, to increase sustainable access to nutrition-rich foods for households with children under-5 and provide nutrition-sensitive interventions being tested for scale-up (kitchen garden toolkit, savings groups, small livestock, and community messaging on nutrition, ECD, and WASH using a social protection and community sensitization manual). The project also aims to increase financial access leading to entrepreneurial activity, improved household well-being and also capacity building of existing community and government structures for sustainability. |
| 16. Home-based ECD Intervention                                           | Implementer: World Relief  
Timeline: 2018-ongoing  
Districts: Ngoma  
Key Government Partners: NECDP, National Commission for Children  
Funder(s): Micah 6:8 Foundation | The goal of home-based ECD is to support and promote children’s holistic development so that they can thrive and reach their full potential. The home-based ECD centers are for children ages 2-3 years and are run by parents in their own homes at the village level. Caregivers running the centers are trained on health, nutrition, WASH, positive parenting, child protection, early education, and strategies for community and parent engagement. The program aims to improve children’s health, nutrition, and development through nurturing care practices and reinforcing unity, cohesion, and reconciliation of adults and families in the community. |
| 17. The NEW (Nutrition, Education, and WASH) Project                 | Implementer: ChildFund  
Timeline: Not available  
Districts: Nyabihu  
Key Government Partners: Nyabihu District Government, NECDP  
Funder(s): ChildFund Korea | The project aims to improve access to early learning services, improve nutrition, improve WASH, strengthen child protection mechanisms, and improve community livelihoods. The following stakeholders have been trained: caregivers and volunteers to run home-based ECD services and conduct home visits, parent associations, ECD committees, parents and caregivers on home gardening, water committees, child protection committees, community health advisors on child protection, village savings and loans associations on finance and income generating activities, and other key stakeholders on ECD. |
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| 18. Integrated Early Childhood Development Project | Implementer: ChildFund  
Timeline: Not available  
Districts: Gasabo  
Key Government Partners: Kigali City Government, NECDP  
Funder(s): ChildFund Korea | The program aims to strengthen the capacity of caregivers and pre-primary teachers, increase access to ECD services, strengthen teaching and learning environments, decrease teacher turnover, increase knowledge and skills for positive parenting, increase knowledge and awareness of ECD, increase access to finances, and increase knowledge and skills of staff. The project has trained pre-primary teachers on the competency based curriculum, parents and caregivers on positive parenting, and parent teacher associations on ECD. |
References and Background Sources


In addition to references listed here, information was gathered on programs through reviewing publicly available information from organizational websites or publications as well as via direct communication with program implementers.
## Indicator Definitions and Sources

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<th>DESCRIPTOR</th>
<th>INDICATOR DEFINITION</th>
<th>DATA SOURCE</th>
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<tbody>
<tr>
<td><strong>Child Development</strong></td>
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<tr>
<td>Children under-5 at risk of not reaching developmental potential</td>
<td>Percent of children under-five years that were exposed to stunting or extreme poverty</td>
<td>Lu, Chunling, Maureen M. Black, and L.M. Richter. 2016. “Risk of Poor Development in Young Children in Low-Income and Middle-Income Countries: An Estimation and Analysis at the Global, Regional and Country Level.” The Lancet Global Health, 4: e916-22, doi: 10.1016/S2214-109X(16)30266-2</td>
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<tr>
<td><strong>Early Learning</strong></td>
<td></td>
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<tr>
<td>Support for learning</td>
<td>Percentage of children (aged 36–59 months) with whom any adult household member has engaged in 4 or more activities to provide early stimulation and responsive care in the last 3 days</td>
<td>National Institute of Statistics. 2016. Rwanda Demographic and Health Survey 2014–2015. Kigali: Republic of Rwanda.</td>
</tr>
<tr>
<td><strong>Health</strong></td>
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USAID ADVANCING NUTRITION | RWANDA COUNTRY PROFILE
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<th>DESCRIPTOR</th>
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<tr>
<td>Health (continued)</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Safety and Security</td>
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<tr>
<td>Positive discipline</td>
<td>Proportion of children 1–14 years who reported using only non-violent forms of discipline in the past month</td>
<td>Data not available.</td>
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<td>Safety and Security (continued)</td>
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<tr>
<td>Inadequate supervision</td>
<td>Percentage of children under age 5 left alone or under the supervision of another child younger than 10 years of age for more than 1 hour at least once in the last week</td>
<td>National Institute of Statistics. 2016. <em>Rwanda Demographic and Health Survey 2014–2015</em>. Kigali: Republic of Rwanda.</td>
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<tr>
<td>Children covered by social protection systems</td>
<td>Effective coverage of child and family benefits as part of main social security programs and social protection</td>
<td>Data not available.</td>
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<tr>
<td>Policies</td>
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<tr>
<td><strong>Policies</strong> (continued)</td>
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<tr>
<td>Health workers required to receive training in promoting ECD</td>
<td>Health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)</td>
<td>Data not available.</td>
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</tbody>
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