

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.



Amy Cotter / USAID

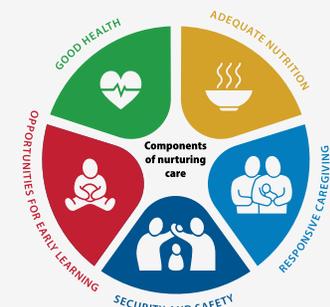


Figure 1: Components of Nurturing Care (WHO 2020)

-  QUICK LINKS
-  OUTCOMES
-  DATA
-  DATA
-  DATA
-  DATA
-  ENVIRONMENT
-  POLICIES
-  PROGRAMS
-  REFERENCES
-  DEFINITIONS

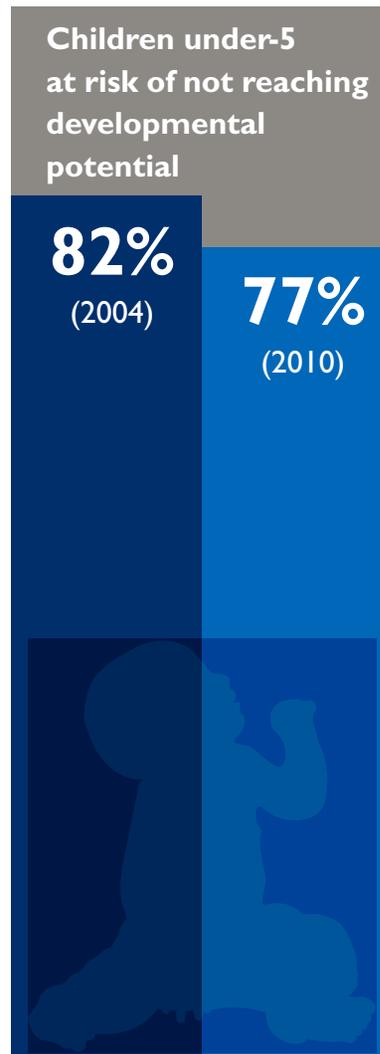
Child Development Outcomes

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:

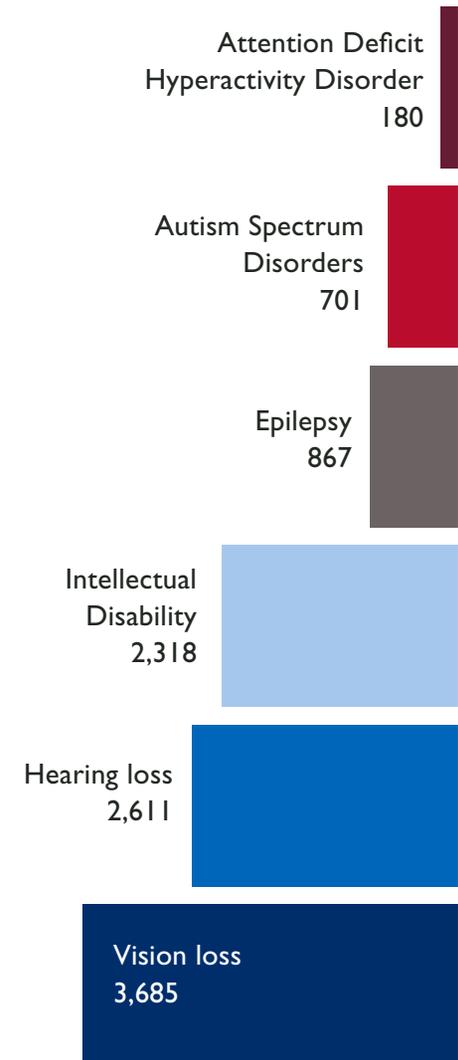
“Early childhood development: Refers to the cognitive, physical, language, motor, social and emotional development between 0–8 years of age.

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.

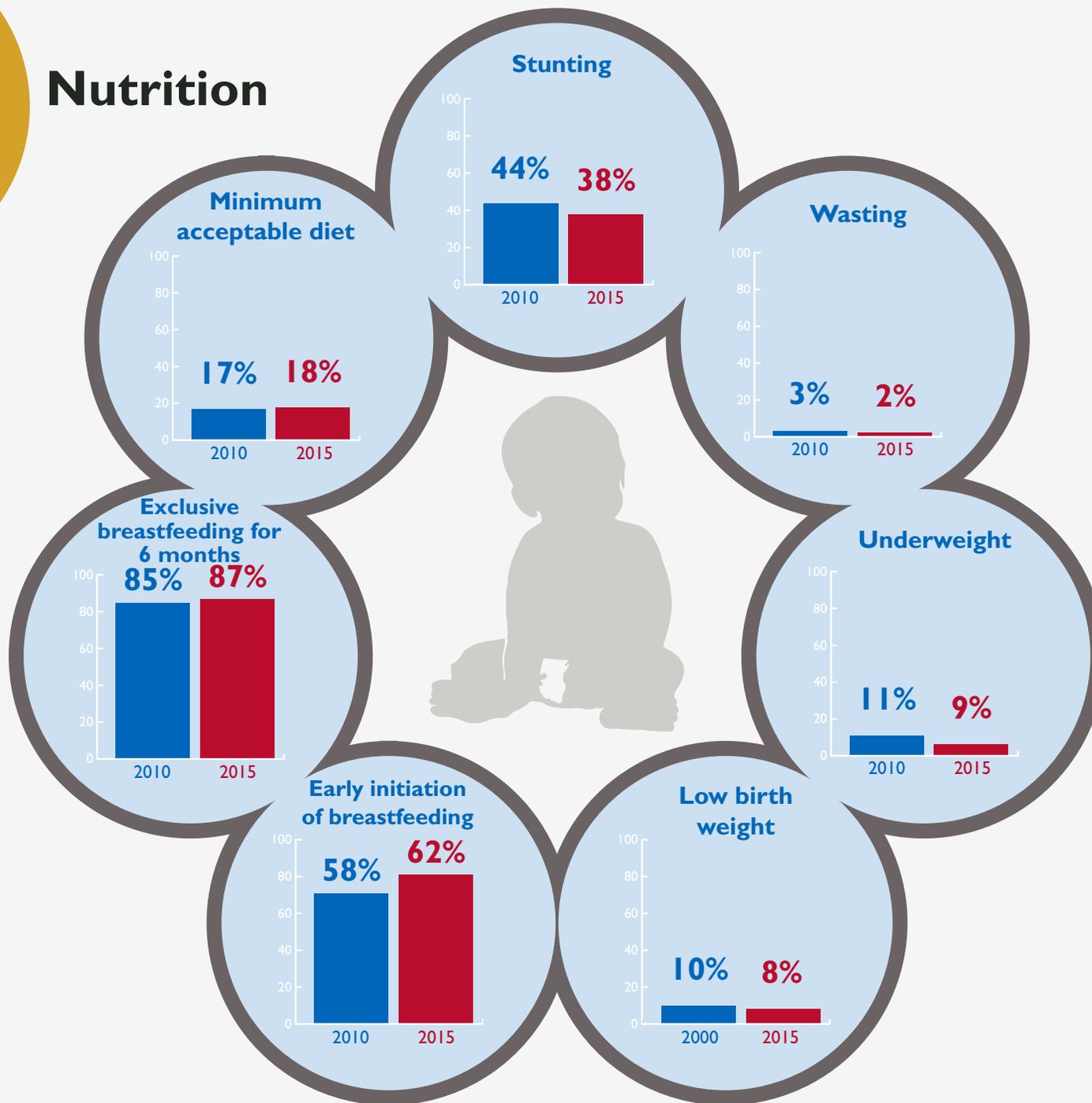


Developmental disability in **5** per 100,000 children under population





Nutrition





Early Learning



Health



Safety and Security



44%

Support for learning
(2015)



13%

Attendance in early
childhood education
(2015)



30%

Availability of
playthings
(2015)



1%

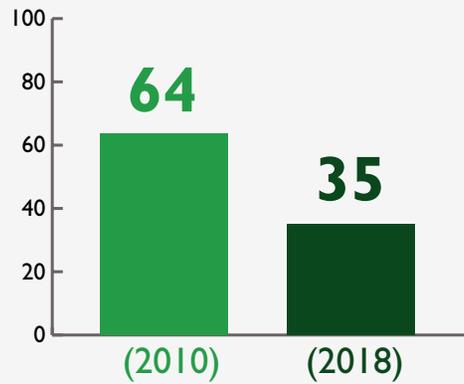
Availability of
children's books
(2015)

Preterm births

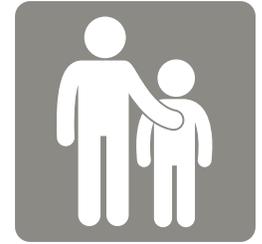


12% (2014)

Under-5 mortality rate



Positive discipline
No data available



35%

Inadequate supervision
(2015)



63%

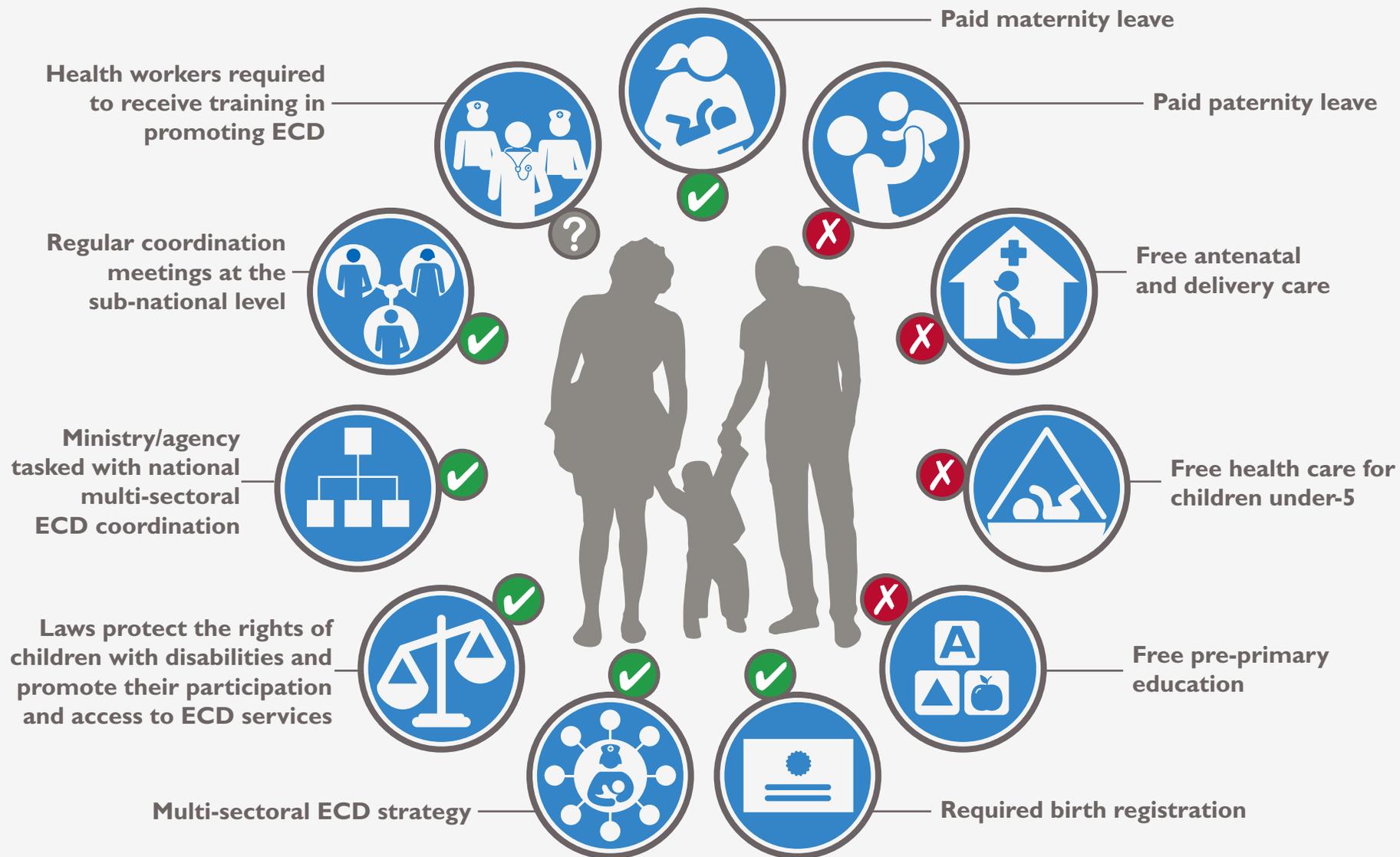
Children living in
poverty
(2016)



Children covered by
social protection systems
No data available



Policy Environment for Supporting Improved ECD



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.

 2018–2024

Fourth Health Sector Strategic Plan

HSSP4 sets forth strategies to ensure universality 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

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 work force, 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

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

 2018/19–2023/24

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 work force 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.

 2003

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 work place 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

 2016

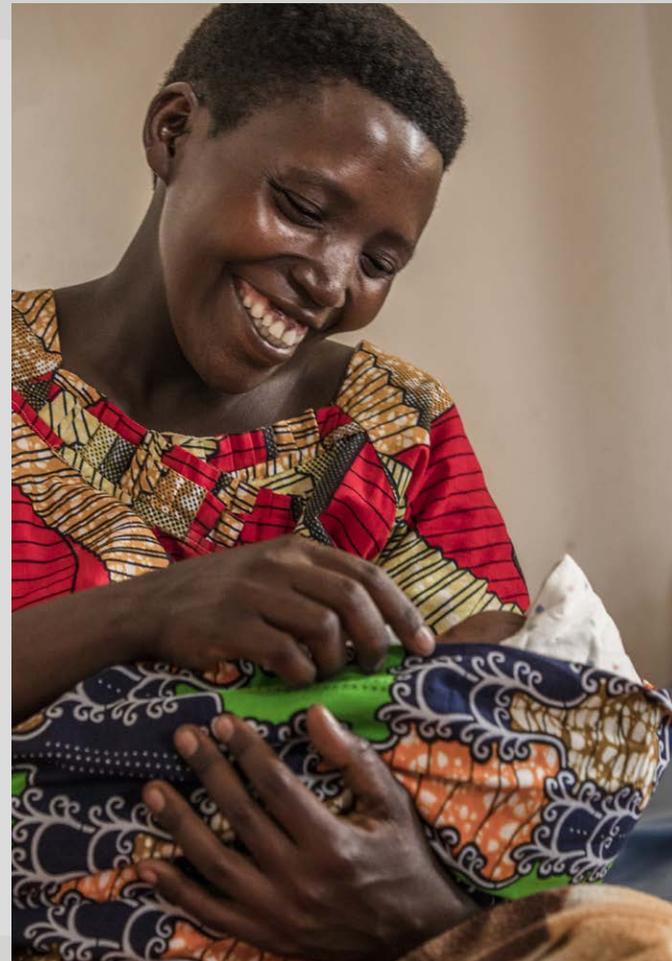
Early Childhood Development Policy

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.

 2011

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.



Save the Children



Ministry of Local Government

 2018/19–2023/24

Social Protection Sector Strategic Plan

The Social Protection Sector Strategic Plan outlines key strategies to achieve Rwanda’s aim for “prosperity and wellbeing 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.



USAID Advancing Nutrition

Prime Minister’s Office

 2020

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.



USAID Advancing Nutrition

 2017–2024

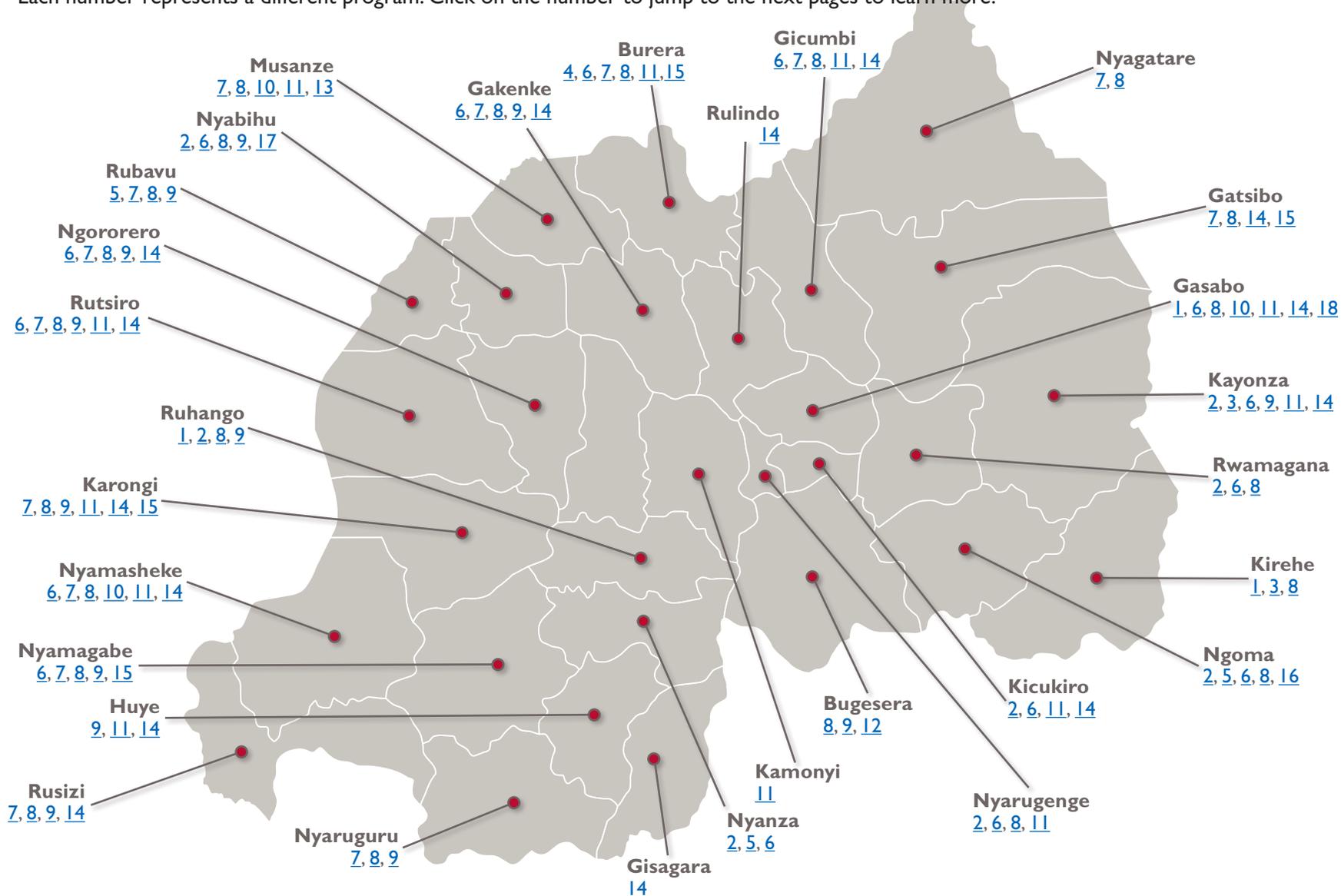
7 Years Government Program: National Strategy for Transformation (NSTI)

The NSTI 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 NSTI 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

Program	Overview	Key Activities
1. First Steps	<p>Implementer: Save the Children with Umuhoza</p> <p>Timeline: 2015–ongoing</p> <p>Districts: Gasabo, Ruhango, Kirehe</p> <p>Key Government Partners: Ministry of Education (MOE), National ECD Program (NECDP) under Ministry of Gender and Family Promotion (MIGEPROF)</p> <p>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.</p>	<p>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.</p>
2. USAID Gikuriro - Integrated Nutrition and WASH Activity (INWA)	<p>Implementer: Catholic Relief Services</p> <p>Timeline: 2015–2020</p> <p>Districts: Kayonza, Kicukiro, Ngoma, Nyabihu, Nyanza, Nyarugenge, Ruhango and Rwamagana</p> <p>Key Government Partners: Ministry of Health (MOH), MIGEPROF, NECDP, Ministry of Local Government (MINALOC), districts & local entities</p> <p>Funder: USAID</p>	<p>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.</p>
3. Pediatric Development Clinic (PDC)	<p>Implementer: Partners In Health/Inshuti Mu Buzima</p> <p>Timeline: 2014– ongoing</p> <p>Districts: Kirehe and Kayonza</p> <p>Key Government Partners: NECDP, MOH, Rwanda Biomedical Center (RBC)</p> <p>Funder(s): Grand Challenges Canada, THET, Primates World Relief and Development Fund thru Global Affairs Canada, and UNICEF Rwanda.</p>	<p>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).</p>

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Program	Overview	Key Activities
4. Community-based ECD	<p>Implementer: Partners In Health/Inshuti Mu Buzima</p> <p>Timeline: 2019-ongoing</p> <p>Districts: Burera</p> <p>Key Government Partners: NECDP, MOH</p> <p>Funder: Partners In Health</p>	<p>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.</p>
5. Sugira Muryango (Family Strengthening Intervention)	<p>Implementer: FXB Rwanda</p> <p>Timeline: 2016–2023</p> <p>Districts: Ngoma, Nyanza and Rubavu</p> <p>Key Government Partners: MIGEPROF, NECDP, National Commission for Children (NCC), and MINALOC</p> <p>Funders: LEGO Foundation, Grand Challenges Canada, Echidna Giving, USAID, Oak Foundation, and Wellspring</p>	<p>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.</p>
6. Early Childhood Development and Family (ECD&F)	<p>Implementer: Imbuto Foundation</p> <p>Timeline: 2013– ongoing</p> <p>Districts: Gasabo, Nyarugenge, Kicukiro, Gicumbi, Gakenke, Nyamasheke, Ruhango, Nyamagabe, Nyabihu, Kayonza, Ngoma, Rwamagana, Rutsiro, Nyanza, Ngororero and Burera</p> <p>Key Government Partners: NECDP, MINALOC</p> <p>Funder: Not available</p>	<p>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.</p> <p>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.</p>
7. Human Capital Development Project	<p>Implementer: UNICEF</p> <p>Timeline: 2017–2020</p> <p>Districts: Nyagatare, Gatsibo, Gicumbi, Burera, Musanze, Gakenke, Rubavu, Ngororero, Rutsiro, Karongi, Nyamasheke, Nyamagabe, Rusizi, Nyaruguru</p> <p>Key Government Partners: NECDP, District Governments</p> <p>Funder: Embassy of the Kingdom of the Netherlands (EKN)</p>	<p>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.</p>

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Program	Overview	Key Activities
8. Strong Start	<p>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</p>	<p>‘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.</p>
9. Stunting Prevention and Reduction Project	<p>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</p>	<p>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.</p>
10. Early Childhood Development and Nutrition Programs	<p>Implementer: Strive Foundation Timeline: Not available Districts: Gasabo, Musanze, Nyamasheke Key Government Partners: NECDP Funders: Not available</p>	<p>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.</p>

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Program	Overview	Key Activities
<p>11.The Improved Services for Vulnerable Populations (ISVP)/USAID TWIYUBAKE Program</p>	<p>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</p>	<p>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.</p>
<p>12.Ntusigare Community Based Inclusive Development program (CBID)</p>	<p>Implementer: CHECHE Foundation Timeline: 2018–ongoing Districts: Bugesera Key Government Partners: NECDP, District Government, National Council of Persons with Disability Funders: CECHÉ Foundation, UNDP, and the Rwanda Governance Board</p>	<p>CECHE 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). CECHÉ Foundation collaborates with the local sector authority to initiate and sustain a strong system of Inclusive Home-based ECD centers across the whole sector.</p>
<p>13.Bandebereho</p>	<p>Implementer: Rwanda Men's Resources Center (RWAMREC) Timeline: 2013–2015 and 2019–2021 Districts: Musanze Key Government Partners: MOH, RBC, NECDP, MIGEPROF, and District Government Funders: Grand Challenges Canada, DFID WOW, and Promundo US</p>	<p>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.</p>

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Program	Overview	Key Activities
14. World Vision	<p>Implementer: World Vision 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</p>	<p>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.</p>
15. Modelling Nutrition Sensitive Social Protection Interventions (MNSSPI)	<p>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</p>	<p>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.</p>
16. Home-based ECD Intervention	<p>Implementer: World Relief Timeline: 2018– ongoing Districts: Ngoma Key Government Partners: NECDP, National Commission for Children Funder(s): Micah 6:8 Foundation</p>	<p>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.</p>
17. The NEW (Nutrition, Education, and WASH) Project	<p>Implementer: ChildFund Timeline: Not available Districts: Nyabihu Key Government Partners: Nyabihu District Government, NECDP Funder(s): ChildFund Korea</p>	<p>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.</p>

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Program	Overview	Key Activities
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.

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References and Background Sources

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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.



Innocent Habimfura / Global Communities



Indicator Definitions and Sources

DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Child Development		
Children under-5 at risk of not reaching developmental potential	Percent of children under-five years that were exposed to stunting or extreme poverty	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." <i>The Lancet Global Health</i> , 4: e916-22, doi: 10.1016/S2214-109X(16)30266-2
Developmental disability in children under-5	Rate of developmental disability per 100,000 children under-five years, disaggregated by six forms of developmental disability [epilepsy, intellectual, hearing loss, vision loss, autism spectrum disorder (ASD), and attention deficit hyperactivity disorder (ADHD)]	Global Research on Developmental Disabilities Collaborators. 2018. "Developmental disabilities among Children Younger than 5 Years in 195 Countries and Territories, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016." <i>The Lancet Global Health</i> , 6: e1100-21, doi:doi.org/10.1016/S2214-109X(18)30309-7.
Children ages 36–59 months that are not developmentally on track	Percentage of children (aged 36–59 months) not developmentally on track in at least 3 of the 4 following domains: literacy-numeracy, physical, social-emotional and learning	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Early Learning		
Support for learning	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	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Attendance in early childhood education	Number of children age 36–59 months who are attending an early childhood education program	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Availability of playthings	Percentage of children under age 5 who play with 2 or more types of playthings	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Availability of children's books	Percentage of children under age 5 who have 3 or more children's books	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Health		
Preterm births	Proportion of live births that preterm (before 37 completed weeks of gestation)	Chawanpaiboon, Saifon, Joshua P.Vogel, Ann-Beth Moller, Pisake Lumbiganon, et al. (2019). Global, Regional, and National Estimates of Levels of Birth in 2014: A Systematic Review and Modelling Analysis. <i>The Lancet Global Health</i> , 7: e37-46, doi.org/10.1016/S2214-109X(18)30451-0



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Health (continued)		
Under-5 mortality rate	Deaths of children under five years per 1,000 live births	United Nations Inter-agency Group for Child Mortality Estimation. 2019. Under-Five Mortality Rate--Total." Accessed from https://childmortality.org/data on July 28, 2020/
Nutrition		
Stunting	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median height-for-age of the reference population	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Wasting	Percentage of children under 5 years of age falling below -2 standard deviations (moderate and severe) from the median weight-for-height of the reference population	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Underweight	Percentage of under-fives falling below minus 2 standard deviations (moderate and severe) from the median weight-for-age of the reference population	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Low birth weight	Proportion of births than are low birth weight (less than 2,500 grams)	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Early initiation of breastfeeding	Proportion of children breastfed within 1 hour of birth	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda. National Institute of Statistics. 2012. <i>Rwanda Demographic and Health Survey 2010</i> . Kigali: Republic of Rwanda.
Exclusive breastfeeding for 6 months	Proportion of children under 6 months who are exclusively breastfed	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda. National Institute of Statistics. 2012. <i>Rwanda Demographic and Health Survey 2010</i> . Kigali: Republic of Rwanda.
Minimum acceptable diet	Proportion of children 6–23 months who are fed a minimum acceptable diet	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda. National Institute of Statistics. 2012. <i>Rwanda Demographic and Health Survey 2010</i> . Kigali: Republic of Rwanda.
Safety and Security		
Positive discipline	Proportion of children 1–14 years who reported using only non-violent forms of discipline in the past month	Data not available.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Safety and Security (continued)		
Inadequate supervision	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	National Institute of Statistics. 2016. <i>Rwanda Demographic and Health Survey 2014–2015</i> . Kigali: Republic of Rwanda.
Children living in poverty	Poverty headcount ratio at \$1.90 a day, age 0–14 is the percentage of population age 0–14 living on less than \$1.90 a day at 2011 international prices.	World Bank. 2020. Poverty and Equity DataBank. https://databank.worldbank.org/reports.aspx?source=poverty-and-equity-database# . Last Accessed July 28, 2020.
Children covered by social protection systems	Effective coverage of child and family benefits as part of main social security programs and social protection	Data not available.
Policies		
Paid maternity leave	The country has a paid maternity leave policy or law	Republic of Rwanda. 2016. N°003/2016 of 30/03/2016 <i>Law Establishing and Governing Maternity Leave Benefits Scheme</i> . Official Gazette n° Special of 20/04/2016. Kigali: Republic of Rwanda.
Paid paternity leave	The country has a paid paternity leave policy or law	Republic of Rwanda. 2019. N°66/2018 of 30/08/2018 <i>Law Regulating Labour in Rwanda</i> . Official Gazette n° Special of 06/09/2018. Kigali: Republic of Rwanda.
Free antenatal and delivery care	Antenatal visits and delivery services are provided free of charge at public facilities	Ministry of Health. 2016. Ministerial Instruction Establishing Tariff of Medical Services in Public Health Facilities. Kigali: Republic of Rwanda.
Free health care for children under-5	Child health services are free to all, or free for children under age-five under national health insurance schemes	Ministry of Health. 2016. Ministerial Instruction Establishing Tariff of Medical Services in Public Health Facilities. Kigali: Republic of Rwanda.
Free pre-primary education	Government provides free pre-primary schooling before primary school entry	Ministry of Education. 2003. Education Sector Policy. Kigali: Republic of Rwanda; Ministry of Education. 2018. <i>Education Sector Strategic Plan 2018/19–2023/24</i> . Kigali: Republic of Rwanda.
Required birth registration	Law or policy requires registration of births	Republic of Rwanda. 2016. N°32/2016 of 28/08/2016 <i>Law Governing Persons and Family</i> . Official Gazette n° 37 of 12/09/2016. Kigali: Republic of Rwanda.
Multi-sectoral ECD strategy	Country has an explicit multi-sectoral ECD strategy	Ministry of Gender and Family Promotion. 2016. <i>Early Childhood Development Policy</i> . Kigali: Republic of Rwanda.



DESCRIPTOR	INDICATOR DEFINITION	DATA SOURCE
Policies (continued)		
Laws protect the rights of children with disabilities and promote their participation and access to ECD services	Laws in place to protect the rights of children with disabilities and promote their participation and access to ECD services, including healthcare and ECCE	Republic of Rwanda. 2007. N°01/2007 of 20.01/2007. <i>Law Relating to Protection of Disabled Persons in General</i> . Official Gazette n° Special of 21/05/2007. Kigali: Republic of Rwanda; National Early Childhood Development Program (NECDP). 2018. <i>NECDP National Strategic Plan 2018-2024: Rwanda Integrated Early Childhood Development Investment Case</i> . Kigali: Republic of Rwanda.
Ministry/agency tasked with national multi-sectoral ECD coordination	Country has a ministry/agency tasked with multi-sectoral ECD coordination at the national level	National Early Childhood Development Program (NECDP). 2018. <i>NECDP National Strategic Plan 2018–2024</i> . Kigali: Republic of Rwanda.
Regular coordination meetings at the sub-national level	Regular coordination meetings between the different implementing actors at the sub-national level	National Early Childhood Development Program (NECDP). 2018. <i>NECDP National Strategic Plan 2018–2024</i> . Kigali: Republic of Rwanda.
Health workers required to receive training in promoting ECD	Health workers required to receive training in delivering ECD messages (developmental milestones, childcare, parenting, early stimulation, etc.)	Data not available.



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