



Republic of Rwanda
National Child
Development Agency



GLOBAL
FINANCING
FACILITY

National Child Development Agency Rwanda



Operation Plan 2022-2025



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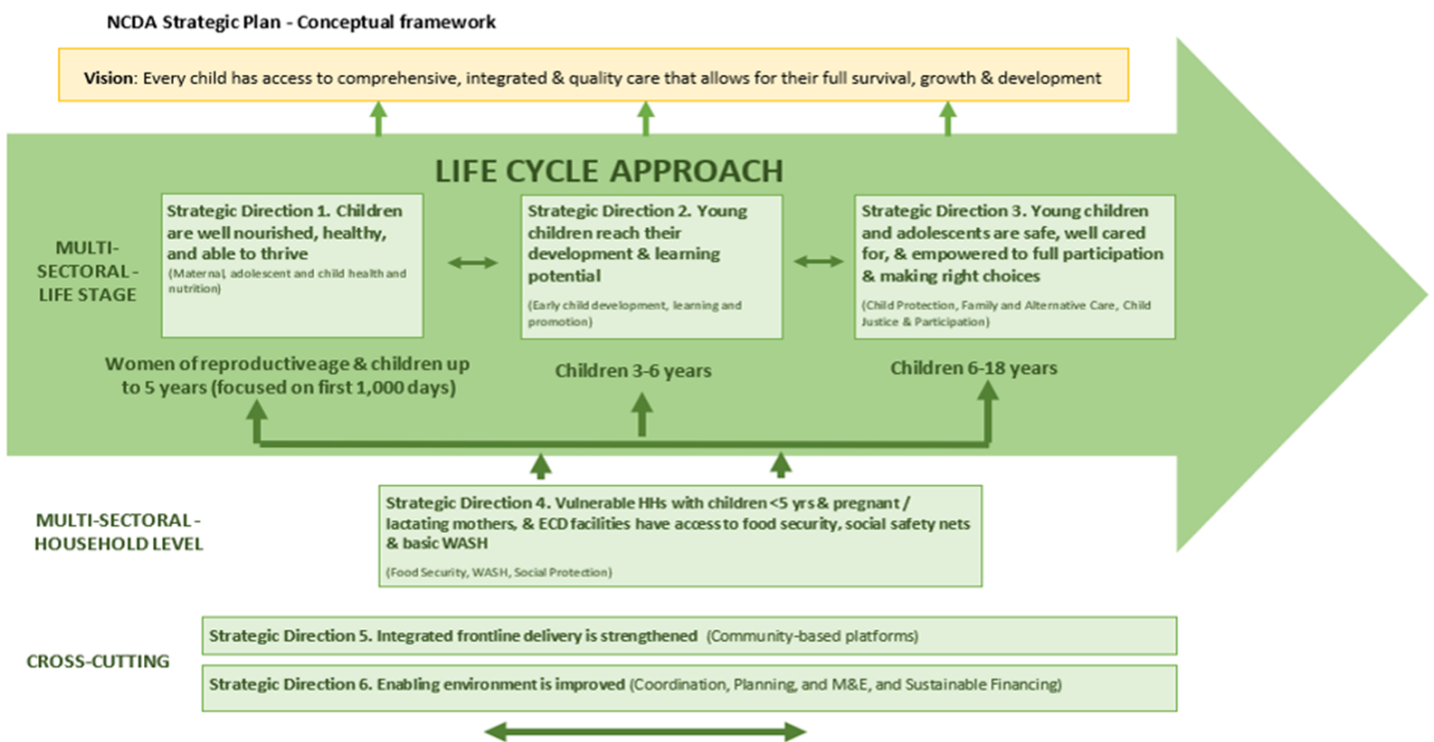
Introduction

The overall vision of the National Children’s Development Agency (NCDA) is that every child has access to comprehensive, integrated, and quality care that allows for their full survival, growth, and development.

The NCDA Operational Plan 2022-2025 brings together key sectors including health, nutrition, ECD, WASH, Food Security, Child Protection and Social Protection under one strategic umbrella to provide a comprehensive approach to programming for children in Rwanda. It identifies evidence-based multisectoral intervention packages, programmatic delivery platforms, implementation strategies and activities (national and sub-national) for the national agenda for children.

The Operational Plan sets out six Strategic Directions for the NCDA. For each Strategic Direction, key outcomes, outputs and activities have been identified, which will be implemented, monitored and reviewed over the course of the plan.

NATIONAL CHILD DEVELOPMENT AGENCY: OPERATIONAL PLAN 2022-2025



Game changers

The NCDA Operational Plan 2022-2025 identifies a number of critical activities or 'game changers', which are expected to bring a new dimension to the existing context and to contribute to significant positive change over the next 3 years.

| Outcomes | Game changers |
|--|---|
| Outcome 1. Increased, equitable access to high impact, evidence-based integrated early childhood development services with a focus on the first 1,000 days through a life cycle approach | <p>Improve behaviors and practices related to Infant and Young Child Feeding by refining Social Behaviour Change Communication approaches, strengthening feedback loops on growth monitoring data, and increasing supportive supervision and incentives for CHWs</p> <p>Ensure pregnant women are adequately informed and supported in Maternal Young Child Nutrition (MYCN) through strengthened household visits by health care providers and CHWs, and through other communications channels for counselling</p> |
| Outcome 2. Increased, equitable access to quality ECD services for all children under 6 years and provision of nurturing care and stimulation by parents | Develop and test a sustainable model for home-based ECD centers that relies on community support, considering a public-private partnership model to raise resources and ensure sustainability |
| Outcome 3. All children have access to child protection services, and parents, caregivers, and community volunteers have the skills and knowledge to support young children and adolescents in all areas of development and protect them from abuse and neglect | <p>Increase awareness and capacity of parents to adopt positive behaviors and provide nurturing care through improved parenting curriculum and gender-sensitive approaches</p> <p>Increase the voice of children in processes that affect their lives</p> |
| Outcome 4. All children and households have increased to improved WASH | Improve WASH in ECD facilities and households through improved sub-national planning, monitoring, and SBCC |
| Outcome 5. Improved nutritious food production and food security for vulnerable households | Improve availability of nutrient-rich, diversified foods and changed dietary behaviors through increased investments to scale up the production of nutrient-dense food crops |
| Outcome 6. Improved access to social safety nets for vulnerable households | <p>Improve targeting of households for social protection services with increased cross-sector alignment and shock-responsive social protection and promotion</p> <p>Increase access to livelihood opportunities for vulnerable households by strengthening linkages between economic activities/social safety nets to MYCN interventions and promoting local ownership</p> |
| Outcome 7. Increased demand for and use of quality, integrated frontline ECD services | Operationalize the incentives framework/system for the social/ECD workforce |
| Outcome 8. Improved coordination, planning, budgeting, and monitoring to deliver high-priority multisectoral integrated child development and protection services with optimal convergence at household level | Ensure decision-making for children's programming is data-driven |

Strategic Direction 1. Children are well nourished, healthy, and able to thrive

Over the past two decades, Rwanda has made substantial progress in improving infant and child survival and women's health. Between 2000-2019, the infant mortality rate, under-5 mortality rate, and maternal mortality rate all dropped substantially. Nevertheless, progress in reducing the childhood mortality rate and neonatal mortality rate has slowed. The prevalence of stunting (chronic malnutrition) remains a pervasive yet often invisible problem in Rwanda, with 33% of children under five affected. There have been extensive efforts to tackle the underlying determinants of child malnutrition, as well as to strengthen the identification and management of malnutrition. Among the key priorities moving forward will be improving infant and young child feeding practices and health-seeking behaviors, and strengthening the quality and coverage of integrated ECD services during the first 1,000 days of life.

Outcome 1. Increased, equitable access to high-impact, evidence-based integrated early childhood development services with a focus on the first 1,000 days through a life cycle approach

Output 1.1. Improved and sustained quality of effective health and nutrition interventions in the first 1,000 days of life

- Increase access to nutrition/micronutrient supplements for adolescent girls, pregnant women, and children
- Improve birth registration and social protection schemes targeting pregnant women and newborns
- Improve Infant and Young Child Feeding (IYCF) practices
- Increase immunization coverage among pregnant women and children
- Improve the identification and treatment of SAM and MAM
- Increase access to healthy and diverse diets
- Increase access to food supplementation (FBF)
- Increase diarrhea treatment and other water-borne illnesses through improved WASH practice

Output 1.2. Healthcare professionals have the skills and competencies to provide an integrated package of inclusive Maternal, Newborn, Infant Child and Adolescent Health and nutrition services

- Develop skills and competencies of healthcare providers, community health workers and other community frontliners to provide an integrated package of inclusive, Maternal, Newborn, Young Child and Adolescent Health and Nutrition (MIYCN) services
- Improve training for CHWs, Youth Volunteers, and Friends of Families to counsel women, pregnant teenagers, and their parents on family planning
- Strengthen capacity for screening of all pregnant and lactating women and adolescent girls aged 15-19 years old for anemia

Output 1.3. Enhanced early identification of malnutrition with appropriate use of growth monitoring tools & data

- Expand and improve SBCC activities and use of growth monitoring tools

Output 1.4. Improved diets and nutrition practices for all children and adolescents

- Operationalize the national nutrition program for school-aged children and adolescents
- Conduct training of school authorities, teachers and parent committees on adolescent and school-age children nutrition
- Disseminate cookbooks, train school cooks and relevant district authorities and stakeholders on their use

Strategic Direction 2. Young children reach their development and learning potential

In the past few years, there has been remarkable progress in establishing more ECD facilities and increasing the number of children enrolled in ECD. Currently, 26,241 ECD settings exist in the country (up from 4,109 in 2018), including 20,802 home-based ECD centers, 2,467 community-based ECD centers, 154 center-based ECD centers and 2,809 pre-primary schools. In addition, the number of children aged 3-6 years old enrolled in an ECD program increased to 61% by August 2021 (up from 24% in 2017). These centers provide comprehensive care for young children, parental education, and growth monitoring and promotion. However, most of them are yet to fulfill all requirements and minimum standards in the areas of Health and Nutrition Services, Positive Parenting Education Programs, Child Protection, and Early Learning and Stimulation. Improvement in access to WASH in ECD is also a key challenge for the coming years.

Outcome 2. Increased, equitable access to quality ECD services for all children under 6 years and provision of nurturing care and stimulation by parents

Output 2.1. Increased quality infrastructure for ECD facilities, equitably distributed geographically

- Design and develop new home-based ECD center model, giving priority to under-served districts and villages
- Increase number of community-based, centre-based, and school-based ECD centres
- Increase digital solutions to improve ECD enrollment

Output 2.2. ECD caregivers and teachers are skilled, incentivized and have the teaching and learning materials, resources, and standards to provide a full package of quality, integrated ECD services to all children including children with disabilities

- Ensure that all ECD facilities meet minimum standards
- Increase availability of equipment and materials in ECD facilities
- Strengthen capacities and incentive for ECD volunteers, teachers, and caregivers

Output 2.3. Strengthened capacity of parents, caregivers, and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home through improved parental education

- Reinforce early screening of children with disabilities and special needs

Output 2.4. Strengthened capacity of parents, caregivers and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home

- Increase support to parents on stimulation and positive parenting

Strategic Direction 3. Young children & adolescents are safe, well cared for, & empowered to full participation & making right choices

Child protection is an important dimension of adequate care for children. In Rwanda, violence against children in all its forms remains a barrier to healthy child development. About half of all girls and six out of ten boys experience violence during their childhoods, and children are usually abused by those they know – parents, neighbors, teachers, boyfriends, and/or friends. Since 2014, the Government of Rwanda has been establishing and strengthening a child protection system, available at all levels, to prevent, identify, and respond to child protection violations. A national capacity development program was established, a training curriculum elaborated, and child protection volunteers identified and trained to provide services at the community or family level, known as Inshuti Z’Umuryango (IZU, Friends of the Family) who are responsible for assisting in the protection of all children. There are now approximately 30,000 IZU, one male and one female per village elected by their communities, across the 30 districts. Interventions in child protection also include legislation that were established in favor of the child, and a new national child protection case management framework is also in process.

Outcome 3. All children have access to child protection services, and parents, caregivers, and community volunteers have the skills and knowledge to support young children and adolescents and protect them from abuse and neglect

Output 3.1. Strengthened capacity to identify and provide care and support for children exposed to child abuse and neglect, and to refer children to appropriate services

- Strengthen capacities of service providers/frontline workers on issues related to child protection and child rights
- Enhance child protection system to prevent and respond to all forms of violence, neglect, and exploitation
- Strengthen the identification and follow-up of child labor cases
- Increase access to justice for all children

Output 3.2. Parents and/or primary caregivers have increased knowledge, attitudes, and practice to identify, prevent, respond to, and report on child abuse and neglect for the optimal development of their children

- Educate parents, caregivers, teachers, and community and religious leaders on how to support nurturing care, positive parenting, non-violent discipline, and optimal development of the children
- Improve SBCC approaches focused on child protection and child rights

Output 3.3. Children are given the space and are empowered to contribute and act on issues that affect their lives

- Mainstream child participation in key institutions and structures

Output 3.4. Improved participation of adolescents in the elaboration and implementation of plans and policies related to their holistic development

- Empower and involve adolescents and their families to prevent, report and respond to sexual, physical, and emotional violence

Strategic Direction 4. Vulnerable households with children under five years old and pregnant and/or lactating mothers, and ECD facilities have access to food security, social safety nets and basic sanitation and hygiene services

There have been important improvements in access to **clear water and sanitation** in Rwanda; eight in 10 of households have access to an improved water source and nearly three-quarters of households have access to an improved sanitation facility. However, the prevalence of diarrhea is high, among young children, and health-seeking behaviors and knowledge of proper hygiene and sanitation remain low.

Almost 1 in 5 households in Rwanda are **food insecure** and the most vulnerable in Rwanda, including women and children, experience severe dietary deficits. Progress has been made by adopting a food-based approach focused on crop varieties that contain higher amounts of vitamin A. The percentage of children 6-23 months who consumed foods rich in vitamin A increased from 74% in 2015 to 84% in 2020. In recent years, Nutrition-Sensitive Agriculture Mainstreaming Guidelines and Food-based Dietary Guidelines have been introduced, and the Fortified Blended Foods program has expanded to reach over 1.76 million children and women in 2020.

Social protection remains a top priority for Rwanda and over the last decade there have been significant investments in social protection schemes targeting those most in need. At the heart of the delivery of the social protection is the Vision 2020 Umurenge Program (VUP), which encompasses multiple components targeting different strata of the poor. Recently, the VUP program coverage has expanded in scope and diversity of measures. Rigorous analytical work and policy review has informed the operationalization of the new Social Registry Information System, enabling the delivery of benefits to the poorest, and strengthening the targeting of two of Rwanda's largest social programs (CBHI and VUP).

Outcome 4a. All children and households have increased to improved WASH

- Output 4a.1. Increased supply of safe, reliable, and sustainable WASH to ECD facilities**
 - Develop and roll out scalable models for increasing basic WASH in ECD facilities, schools, communities & households
- Output 4a.2. Households, ECD centers and schools have knowledge, skills, and resources to adopt WASH practices.**
 - Increase awareness, capacity building and support to families to invest in adoption of appropriate WASH practices
- Output 4a.3. Implement district water safety plans that prioritize safe drinking water at ECD centres, schools, & households**
 - Increase the collaboration and coordination for WASH from central to district level

Outcome 4b. Improved nutritious food production & food security for vulnerable

- Output 4b.1. Scale-up local production of nutrient-dense foods and small livestock production**
 - Support expansion of household farming and livestock-raising to improve nutrition security at the household level
- Output 4b.2. Necessary strategies, standards and guidelines are in place, implemented and monitored**
 - Develop and operationalize food fortification strategies
 - Operationalize key strategies/ guidelines on standards and framework for improved dietary diversity and nutrition
- Output 4b.3. Improved availability and use of data/research on micronutrient availability, food security and nutrition**
 - Improve the collection and use of data on food security, nutrition, and micronutrient status

Outcome 4c. Improved access to social safety nets for vulnerable households

Outcome 4c.1. Improved eligibility, targeting and coverage of safety net programs, expand livelihood opportunities for families with low labor capacity, and address financial barriers to childhood development and protection services

- Improve the targeting and eligibility criteria of social safety net programs based on new categories
- Promote alternative livelihood opportunities and job creation for households most in need
- Expand the coverage of VUP and social safety net schemes

Strategic Direction 5. Integrated frontline delivery is strengthened (community-based platforms)

The NSP promotes a “convergence” approach towards IECD, in which multisectoral high-impact interventions (health and nutrition, water, WASH, social protection, early stimulation and parenting education) are coordinated to jointly target priority geographic areas and beneficiaries. Convergence at community level will be strengthened in the coming years, including by building the knowledge, capacity and skills of community volunteers, parents and caregivers.

Outcome 5. Increased demand for and use of quality, integrated frontline ECD services

Output 5.1. Increased capacities of frontline workers (CHW, friends of family (IZU), agriculture promoters, youth volunteers, ECD caregivers and Para social workers) to effectively deliver a coordinated and high-impact high impact, quality health, nutrition, and ECD services

- Strengthen the training and capacity building of frontline workers, including mobilizing the IZUs (Friends of families)
- Strengthen clear coordination and reporting mechanism of community front line volunteers
- Develop and integrate ECDI+ screening guidelines

Output 5.2. Increased investments in incentives for community-based platforms service providers to improve quality and enhance convergence of interventions (including through community performance-based financing)

- Establish incentives framework for community-based platforms to enhance convergence of interventions
- Strengthen the operationalization of the friends of families (IZU) scheme

Output 5.3. Improved capacity of frontline workers to collect and use community information systems for effective reporting on integrated and quality service delivery

- Train and equip each category of frontline worker and equip with appropriate data collection tools

Strategic Direction 6. Enabling environment is improved

The NCDA continues to strengthen coordination of childhood development planning and build critical synergies across through social cluster institutions, district officials, development partners and a wide array of stakeholders including beneficiary communities, faith-based organization, CSOs, NGOs, and the private sector. A priority of the operational plan will be improving multisectoral coordination at district and community levels to strengthen decentralized delivery of services. Tools to strengthen performance-based management, including the District Plans to Eliminate Malnutrition (DPEM) scorecard, the ECD scorecard, and child scorecard will be fully implemented and aligned. The NCDA is also developing the Integrated Child Development (ICD) Management Information System (MIS) and dashboard, which is designed to enable stakeholders from across sectors to track progress on key performance indicators, including ECD, Maternal and Child Health, Nutrition, WASH, Agriculture, Social Protection and Child Protection.

Rwanda has yet to reach the recommended US\$10 per under-5 child to provide a comprehensive package of nutrition interventions (in 2020, spending was approximately US\$5.8 is for nutrition-specific activities). However, overall nutrition spending increased between 2017/18 and 2020/21 from RWF 8.4 billion to RWF 50.1 billion. To strengthen NCDA oversight and coordination function for delivery of the ECD agenda, a budget tagging system was introduced for the line ministries to better track the budget execution for the relevant activities. Ministerial instructions on mainstreaming of nutrition into institutional and district budgets have been signed and issued. Increasing local investment will be important for planning for the delivery of ECD and accountability.

Outcome 6. Improved coordination, planning, budgeting, and monitoring to deliver high-priority multisectoral integrated child development and protection services with optimal convergence at household level

Output 6.1. Strengthened platforms at all levels to enable multi-sectoral coordination of integrated child development and protection services

- Increase capacity for national multi-sectoral coordination among social cluster ministries and agencies for planning of integrated child development and protection interventions and delivery systems
- Strengthen capacity for multi-sectoral coordination and planning at decentralized levels through quarterly meetings
- Reinforce coordination mechanisms for Sub-Cluster, SUN development partners and TWGs

Output 6.2. Strengthened planning, M&E tools, and systems to scale-up integrated child development and protection interventions to targeted households at all levels

- Strengthen M&E systems and tools for governance and accountability at all levels
- Operationalize the NCDA M&E framework, including the data use plan
- Prepare annual M&E reports
- Revitalize the DPEM
- Conduct capacity building on planning, monitoring, evaluation of the DPEMs at all levels (district, sector, cell)

Output 6.3. Strengthened learning agenda for ICD (Integrated Child Development) through harmonized approaches to evaluations, surveys and research, and improved management information systems

- Conduct data-driven programming

Output 6.4. Increased financing for ICD leveraged through resource tracking systems and evidence-based advocacy

- Increase domestic resource mobilization and tracking of IECD
- Enhance evidence-based advocacy

References

- ⇒ Rwanda MOH. 2017. Violence Against Children and Youth: findings from National Survey, 2015-16. Kigali, Rwanda.
- ⇒ Ibid.
- ⇒ Ibid.
- ⇒ Comprehensive Food Security and Vulnerability Assessment (CFSVA) 2018
- ⇒ Rwanda Health Management Information System (HMIS) sub-national data.
- ⇒ These components include: 1) Direct Support (DS) component provided monthly to a poor household that has no one able to work; 2) classic Public Works (PW) program that involves providing short-term employment to a massive number of people to execute a public/community infrastructure project; 3) expanded public works (ePW) program that provides year around employment to labor constrained households with children; and 4) expanded direct support (EDS) program that provides monthly cash transfers to labor constrained households caring for people with severe disabilities and nutrition sensitive direct support.
- ⇒ Piatti-Fünfkirchen, Moritz; Liang, Liying; Akuoku, Jonathan Kweku, Mwitende, Patrice. 2020. Rwanda Nutrition Expenditure and Institutional Review 2020. World Bank, Washington, DC.
- ⇒ National Budget Brief 2019/2020 (UNICEF) and the Nutrition Budget Brief 2020/21 (UNICEF)

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