

**REPUBLIC OF RWANDA**



**MINISTRY OF EDUCATION**

**EARLY CHILDHOOD DEVELOPMENT POLICY**

*“Igiti kigororwa kikiri gito”*

**“The future development of the child depends upon good parenting  
during the first months of life”**

**Kigali, 2011**

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## FOREWORD

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Each child develops in a holistic manner. He or she requires nurturing and support from parents, legal guardians and caregivers, who have a duty to provide opportunities for and access to stimulating play, early learning, good health care, a nutritious balanced diet, clean water, a hygienic environment, love, safety and security – all of the elements required for a child to grow up and develop into social, well-adapted, emotionally-balanced and productive citizens.

Services for infants, young children, parents, legal guardians and other caregivers must address the needs of the child in a holistic manner. It is not possible for any one sector working alone to meet all of the complex requirements and needs of the young. It is essential that all sectors of government and society work together to support the holistic development of young children, while supporting their parents and legal guardians in their role of primary caregivers. A strong public-private and civil society partnership is an essential factor to achieve this vital objective.

In Rwanda, as in all countries, children from zero to six years of age require specific and targeted interventions and services to protect them from the effects of poverty, abuse, HIV/AIDS and other diseases. They require the best of health services which can combat the prevalence of malnutrition and other debilitating conditions. In order to make the most of the opportunities presented by universal access to basic education, children need to be ready to learn when they enter school, cognitively and emotionally, and early learning services, particularly for children between the ages of 3-6 are essential in this regard. Parents and caregivers need to be empowered with the knowledge and skills to support the development of the children under their care. When all of these conditions are met, Rwanda will be well placed to nurture new generations of children who will make possible the achievement of Rwanda's development goals.

The Early Childhood Development Policy and its Strategic Plan seek to provide a framework to ensure such a holistic and integrated approach to the development of young children. International research has demonstrated the high economic returns on ECD investment and its positive impact on health and education outcomes as well as the overall economic development of a nation. The implementation of the ECD Policy will thus provide Rwanda with the basis for achieving the objectives and goals of the EDPRS and Vision 2020.

**Minister of Education**

## ACRONYMS AND ABBREVIATIONS

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ARV	Anti Retro-Viral (Drugs)
CDLS	Commission de District de Lutte Contre le SIDA
CEDAW	Convention on Elimination of all forms of Discrimination Against Women
CHW	Community Health Workers
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DPT3	Diphtheria, Pertussis and Tetanus immunisation
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECDE	Early Childhood Development and Education
ECI	Early Childhood Intervention
EDPRS	Economic Development and Poverty Reduction strategy
EFA	Education for All
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESSP	Education Sector Strategic Plan
FAWE	Forum for African Women Educationalist
FBO	Faith-Based Organisations
GDP	Gross Domestic Product
HDR	Human Development Report
HIV/AIDS	Human Immune-Deficiency Virus/Acquired Immune- Deficiency Syndrome
ICT	Information and Communication Technology
IMCI	Integrated Management of Childhood Illnesses
MDG	Millennium Development Goals
MIFOTRA	Ministry of Public Service, Skills Development, and Labour
MIGEPROF	Ministry of Gender and Family Promotion
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government, Good Governance and Social Affairs
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MININFRA	Ministry of Infrastructure
MINISANTE	Ministry of Health
MIS	Management Information System
NER	Net Enrolment Rate
NGO	Non-Governmental Organization
NIS	national Institute of Statistics
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-To-Child Transmission (of HIV/AIDS)
(3) Rs	Reading, Writing and Arithmetic
RNP	Rwanda National Police
RRP+	Réseau Rwandais des Personnes Vivant avec le SIDA
RWF	Rwanda Francs

SSA	Sub-Saharan Africa
SWAp	Sector-Wide Approach
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation

## EXECUTIVE SUMMARY

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*“Early Childhood Development (ECD) is defined as a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers, aimed at protecting the child’s rights to develop his or her full cognitive, emotional, social and physical potential” (UNESCO: 2001).*

ECD promotes an equity-based approach for providing nurturing environments for children. This is in recognition of the fact that socially disadvantaged children are vulnerable to poor development but that they stand to gain the most from quality ECD programs. Poor and otherwise disadvantaged children are less likely to enroll in school at the right age. They are also more likely to attain lower achievement levels or grades for their age and to have poorer cognitive ability (Vegas and Santibáñez 2010). Some evaluations suggest that at school entry, children from disadvantaged backgrounds could already be years behind their more economically advantaged peers (Brooks-Gunn, Britto and Brady 1999).

Interventions in the early years have the potential to offset these negative trends and to provide young children with more opportunities and better outcomes in terms of access to education, quality of learning, physical growth and health, and, eventually, productivity. This early investment is critical as delays in the early years are difficult and costly to reverse later in life.

These interventions are among the most cost-effective investments a country can make in the human development and capital formation of its people (Heckman 2008) and the impact in poorer communities can be quite stark. In short, expansion of ECD services throughout Rwanda has the potential to break the cycle of poverty and to act as a great social and economic equalizer.

The goal of the ECD Policy is to ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mothers, fathers and communities become nurturing caregivers through receiving integrated early childhood development services.

National consultations were the major avenue through which views from local communities, districts, provinces and national-level stakeholders were sought. Consultative workshops also brought together participants from various institutions, Government, NGOs, Civil Society, Faith- Based organizations, Private Sectors and One UN. A Results-Based-Management workshop in 2010 which brought together representatives, including at the Director level, from the key concerned Ministries, coordinated by MINECOFIN developed an ECD results framework, which forms the basis of the ECD Policy.

The integrated approach to ECD calls for inter-sectoral coordination on the part of the Education, Health, Nutrition, Sanitation, and Child Protection sectors. ECD forms the foundation of Basic Education programmes of MINEDUC; maternal and child health, nutrition and sanitation services in MINISANTE and MININFRA; and social protection services in MIGEPROF, MIFOTRA and other agencies and groups.

The ECD Policy is tailored to:

- Support the reduction in infant and maternal mortality, and improve birth outcomes.
- Improve parents' and legal guardians' knowledge and skills in child development.
- Ensure infants and toddlers of working mothers receive nurturing care and developmental services, and young children from three to primary school entry are well developed and prepared for success in school and life.
- To ensure that all children are ready to begin school at the correct age and this may entail the special provision of rapid school readiness programmes.
- Overcome child malnutrition, prevent and reverse developmental delays, and improve child development outcomes for children with disabilities.
- Reduce under-5 child mortality and morbidity.
- Reduce the incidence of childhood illnesses and diseases.
- Ensure that child rights are respected and children are safe and secure.

There are numerous partners working together for the provision of early childhood development services who are expected to be guided by and use the comprehensive ECD policy framework as a foundation for improved service delivery for infants and children. Management of early childhood development services and programs through various Government Ministries should be done in an integrated approach. While the Ministry of Education has been tasked with providing leadership for ECD, all concerned Ministries will contribute to ensure that services and programmes for children between the ages of 0 and 6 are fully harmonised, integrated and provide a holistic approach to the development of the child. The ECD Policy also envisages the established or strengthening of several coordinating bodies at both the national and decentralised levels to ensure strong coordination and the delivery of results.

The actions targeted by the ECD Policy are tailored to fill major service delivery gaps and help Rwanda meet key objectives of Vision 2020, the Economic Development and Poverty Reduction Strategy, the Millennium Development Goals, and key sectoral policy goals in education, health, nutrition, sanitation and social protection.

The ECD Policy and Strategic Plan contains a long term strategic Research, Monitoring and Evaluation Plan which will support the generation of evidence on the impact of ECD on education and health outcomes as well as its contribution to economic growth and development overall. It is expected that the implementation of the ECD Policy Actions will result in a healthier and better educated workforce, providing a large and talented human resource pool, equipped with critical thinking and entrepreneurial skills which will drive forward Rwanda's economy.

ECD is thus an important element for Rwanda to achieve its vision of becoming a middle-income country by 2020 through its contribution to the development of a strong human capital base of innovative and industrious people who can work efficiently in different spheres of the economy. It is expected that in the short, medium and long term, the ECD Policy and its Strategic Plan will yield high levels of economic and social returns on investment. This integrated approach to ECD will help Rwanda achieve the objectives and targets of Vision 2020 and the EDPRS for overcoming poverty, expanding economic and social development, and achieving a durable peace and prosperity.



## 1. INTRODUCTION AND ISSUE

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*“Uburere buruta ubuvuke,” “Parenting is more than giving birth”*

The Early Childhood Development (ECD) Policy seeks to ensure all Rwandan children will achieve their full potential where mothers and fathers will become nurturing caregivers of the next generation. This will be achieved through developing community-led, integrated ECD programmes, and through strengthening and coordinating essential inter-sectoral and sectoral services for children and parents.

The ECD Policy is a guide to help all stakeholders and partners respond to the rising demand for high-quality services for young children, parents and caregivers. This policy seeks to fill major gaps in current services and meet the needs for expanding and improving ECD services. For the successful implementation of ECD, it is essential for parents and caregivers, Government, communities, civil society and the private sector to be assigned key roles and responsibilities, and this Policy provides clarity and direction in this regard.

The ECD Policy focuses from the pre-conception period, through pregnancy and up to six years of a child’s life. The early years are fundamental to balance children’s emotional, social, intellectual and physical development. The Policy also includes actions and services for mothers, fathers and legal guardians.

### 1.1 DEFINING ECD

*“Early Childhood Development (ECD) is defined as a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers, aimed at protecting the child’s rights to develop his or her full cognitive, emotional, social and physical potential” (UNESCO: 2001).*

*“For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.” (Consultative Group for ECCD: 2009)*

*“Health is a good starting point to advocate for ECD collaboration and integration. ECD is not only a good health, but also wellbeing.” WHO*

*Each child develops in a holistic manner. He or she requires nurturing and support from parents, legal guardians and caregivers, who should provide opportunities for stimulating play, early learning, good health care, nutritious balanced diet, clean water, hygienic environment, love, safety and security so as to grow up healthy, socially well-adapted and emotionally balanced. Services for infants, young children, their parents, legal guardians and other caregivers must address their needs in a holistic manner. It is impossible for one sector alone to meet all of their requirements. Thus, it is essential that all sectors work together to serve young children, parents and legal guardians.*

## 1.2 IMPORTANCE OF THE EARLY YEARS

Abundant evidence exists that indicates that brain development begins soon after conception, which is well before birth, and extends to the adult years. During the early years; pre-natal and infancy, the brain is highly vulnerable to various negative environmental influences including stress, malnutrition, alcohol exposure, viral infections etc. It is well documented that positive environmental inputs need to occur prenatally or relatively early in life after which point the brain becomes decreasingly less capable of developing normally. This argues for increasing efforts to protect brain development during the early years and to ensure the availability of positive influences to support optimum development.

Evaluations of quality ECD programs have demonstrated that investments in ECD are among the most cost-effective investments a country can make and that ECD returns to investment are higher than for any other age group<sup>1</sup>. It must be emphasized here that this early investment is critical as delays in the early years are difficult and costly to reverse later in life.

Further to this, investment in ECD enhances the child's survival, growth and development and this is especially so for the marginalized and disadvantaged children. While every child needs effective early childhood supports, more often than not, children from disadvantaged environments are least likely to get them. Due to the conditions in which they live, these children are unlikely to benefit from early developmental stimulation, good health, adequate nutrition and safety. Quality ECD programs substantially improve children's chances of survival and act as the most effective poverty reduction strategy which can effectively break the inter-generational cycle of poverty.

## 1.3 ECD PRINCIPLES

**Young children are rights holders** of all the rights enshrined in the Convention on the Rights of the Child (CRC) to which Rwanda is a signatory. This calls for Governments to ensure the provision of services that will protect children's rights to life, survival and development, non-discrimination, participation, with the best interests of the child being a primary consideration. Further to this, Governments are required to render appropriate assistance to parents, legal guardians and extended families in the performance of their responsibilities. (Articles 18.2 and 18.3).

**ECD is holistic and requires a multi-sector approach.** Each area of the child's development is critical, interrelated, interconnected and all aspects must be seen as a whole. This calls for the various sectors to work in synergy for optimum child development.

**ECD is the result of interactions between children's biological factors and the environments in which children are embedded.** Nurturing environmental conditions (physical, social and economic) are necessary for optimum child development.

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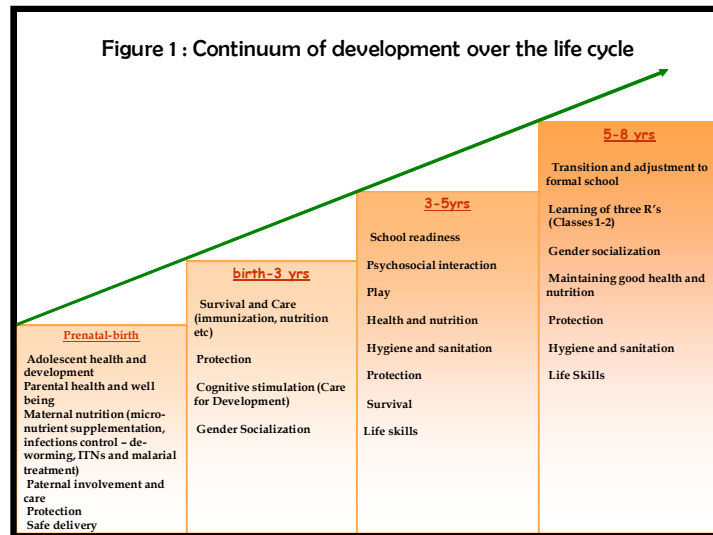
<sup>1</sup> Professor Heckman's analysis of the Perry Preschool program in the US shows a 7% to 10% per year return on investment based on increased school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures

**ECD is influenced by interacting and interdependent spheres of influence.** These spheres including the child’s characteristics, family, communities; etc. which affect the child in numerous ways. It is the nurturing qualities of these interdependent environments that have the most significant impact on the development of the child and hence ECD programs and services cut across all spheres of influence, with various entry points.

**High quality ECD programs positively impact the child’s development.** ECD programs that provide quality services are most beneficial for school readiness, future development, economic growth and social equity.

**An integrated approach to ECD**

Simply put, integration refers to the process that seeks to address children’s multiple needs and rights. This approach takes into consideration the rights of the child across their life cycle, helps to map out issues affecting them and their vulnerabilities and identifies critical transitions from one life stage to the next, each of which poses risks and opportunities for development. Within the Early Childhood continuum from prenatal to age when a child enters primary school, there are four main age periods, each of which offers differing risks and opportunities. Approaches to ECD need to recognize that interventions are cumulative and synergistic, that the maximum benefit in one age group is derived from experiences in earlier age groups and those interventions in one generation bring benefits to successive generations.



**Pregnancy until birth**

Foetal brain development starts from the first week of pregnancy. By the time the baby is born, the brain weighs 25% of its approximate adult weight. Pregnancy is therefore a time of rapid brain development which lays the foundation for future development. The development of the unborn child is affected by the intrauterine environment composed of maternal stress<sup>2</sup> as well as maternal health, nutrition, age,

<sup>2</sup> Lou, H., Hansen, D., Nordentoft, M., Pryds, O., Jensen, F., Nim, J., Hetnmingsen, R. (1994) Prenatal Stressors of Human Life Affect Fetal Brain Development. *Developmental Medicine & Child Neurology*, Vol 36, (9), pp 826-832.

use of alcohol and drugs etc., with striking effects on physical growth that are difficult to reverse<sup>3</sup>.

**Birth through to age 3:** The first three years of life are a period of incredible growth in all areas of a baby's development. This period is critical for ensuring survival and establishing the trajectory for future growth and development. Research indicates that at least 80% of brain development occurs before the age of three<sup>4</sup>, and that delays are increasingly difficult to reverse after age three. It has also been demonstrated that integrated services in safe and protective environments that include; early stimulation, core essential nutrition services (prevention and management of under-nutrition), access to basic health, access to clean water and sanitation during the period of rapid brain growth can prevent an increase in development delays and even reverse them.

**The preschool years, 3-6 years:** In addition to health and nutrition support as well as continued cognitive stimulation, children during this period benefit from experiences and programmes that provide increased opportunities for learning through play and exploration in groups and more opportunities to interact with other children and a variety of adults. Safe and appropriate support can also be provided within the home setting, through community-based activities and within the pre-school setting. The strong involvement of parents and primary caregivers is critical to the success of programmes whether based at home or in early childhood centres, hospitals etc.

**Moving onto primary school:** During this period, there is continued support for other aspects of development as well as school readiness. School readiness includes supporting the child's preparedness for school, and making schools ready for children as well as parental "readiness". Key programming aspects at this age include support for successful transition to formal education, life skills education, school health and hygiene as well as safety and protection.

Across the ECD continuum support that addresses the interrelatedness of all aspects of a child's growth and development require that the Ministries and other agencies governing education, health, nutrition, water/sanitation and hygiene, social welfare and protection, as well as non-government groups, communicate and work together with families and communities to develop and implement appropriate policies, programmes and operational guidance and support. In addition, respecting young children's evolving capacities in participation and understanding is especially significant during early childhood because of the rapid transformations in children's physical, intellectual, social and emotional functioning, from earliest infancy into the early primary grades.

To support holistic and comprehensive development throughout the early years, various strategies and Policy Actions need to be implemented that will provide increased opportunities for all children to benefit.

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<sup>3</sup> Strauss, R. & Johnson, R. (1997). Effects of the intrauterine environment on childhood growth. *British Medical Bulletin* 53:81-95

<sup>4</sup> Fraser Mustard, 2007, Experience-based Brain Development: Scientific Underpinnings of the Importance of Early Child Development in a Global World. Chapter published in, *Early Child Development From Measurement to Action: A Priority for Growth and Equity*, Ed. Mary Eming Young, Washington: The World Bank.

## 2. CONTEXT: ECD IN RELATION TO INTERNATIONAL AND NATIONAL PRIORITIES AND LEGISLATION

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### 2.1 REGIONAL AND INTERNATIONAL CONTEXTS

Since 1995, ECD has increasingly become the foundation for social and economic development in all regions. International and National Economists and finance ministers now rank ECD as the Number One national investment in terms of return on investment. At a meeting of the Inter-American Development Bank held in Costa Rica in 2007, 40 economists and finance ministers ranked ECD first among a list of 29 highly effective social and economic investments. (Verdisco: 2008)<sup>5</sup>

A recent study on Economic Development states, *“The fundamental insight of economics when comparing early childhood policies with other social investments is that a growing body of program evaluations shows that early childhood programs have the potential to generate government savings that more than repay their costs and produce returns to society as a whole that outpace most public and private investments”* (Rand: 2008).

Due to growing interest in investing in ECD, ministries of planning and finance in most countries of Sub-Saharan Africa (SSA) are greatly expanding public sector social budgets for children’s services, from pre-conception to early primary school. To manage the change from a strictly sectoral approach to new forms of service integration and inter-sectoral coordination, inter-sectoral ECD committees and agencies have been developed in many countries. Increasingly, with support from central ministries, comprehensive ECD planning and programme development is occurring at decentralised district and sector levels. As a result, early childhood budgets have been expanded in many countries, including Brazil, Chile, Colombia, Egypt, Eritrea, Ghana, Kenya, Mexico, Philippines, Senegal, South Africa, Turkey, Uganda, Zambia and others.

However, some policy makers in SSA countries still underestimate the importance of investing in Early Childhood Development and Education. The situation of children in nations that have experienced armed conflict or natural disasters is particularly dire. Unless national budgets and international donor grants for ECD services are significantly expanded, young children will continue to have high levels of stunted growth caused by poverty, malnutrition, chronic illnesses, and socio-emotional issues. Children will not be ready to begin school and to begin learning and this will result in a continued situation of high repetitions and drop-out rates at the primary school level. This of course will have a negative impact on the national skills base, human capital development, national productivity and social stability.

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<sup>5</sup> The top 10 ranked policy investments were: 1) ECD; 2) fiscal rules; 3) increased investment in infrastructure including maintenance; 4) policy and program evaluation agency; 5) conditional cash transfers; 6) universal health insurance: basic package; 7) nutrition programs for pre-primary age children; 8) crime prevention through environmental design; 9) replacement of taxes on formal employment with other taxes; 10) adoption of policies and services to reduce transaction costs for trade.

## 2.2 INTERNATIONAL FRAMEWORKS FOR ECD

### 2.2.1. Millennium Development Goals

ECD is critical for the achievement of the MDGs, particularly in the meeting of key targets related to six of the eight Millennium Development Goals:

1. Goal One: to eradicate extreme poverty and hunger. **Target:** decreased prevalence of underweight children under five years of age;
2. Goal Two: to achieve Universal Primary Education. **Target:** readiness for timely enrolment in primary school;
3. Goal Three: to promote gender equality, empower women. **Target:** ratio of girls to boys in primary education promoted by ready girls and boys in pre-primary school.
4. Goal Four: to reduce child mortality. **Targets:** decreased under-five and infant mortality plus increased proportion of one-year olds immunised against measles.
5. Goal Five: to improve maternal health. **Targets:** reduction of maternal mortality rate and increased proportion of births attended by skilled health personnel.
6. Goal Six: to ensure environmental sustainability. **Targets:** increased proportion of population with sustainable access to improved water sources and improved sanitation.

**2.2.2. Dakar Framework for Education for All (EFA)** EFA Goal 1 established in 2000 during the World Education Forum calls for: “*Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.*” Further to this, ECD will enable the achievement of Goal 2: Universal Primary Education and Goal 5 for gender equity.

**2.2.3. Convention on the Rights of the Child (CRC), its Optional Protocols, and Comment 7 on Child Rights in Early Childhood.** Rwanda is a signatory to the CRC which provides the international basis for children’s educational, developmental, health, nutritional, and protective rights. To expand on the CRC’s mandates, *Comment 7 on the CRC*, entitled, “*Implementing Child Rights in Early Childhood,*” provides detailed guidance for meeting CRC goals for children from birth to age eight (United Nations: 2006).

**2.2.4. African Charter on the Rights and Welfare of the Child, 1999.** This Charter reaffirms the rights and welfare of the African child, with a special emphasis on: parents’ rights and roles; child rearing and child development; child care services for working parents; clothing, housing, and services for health, nutrition, breastfeeding, hygiene, environmental sanitation, child protection and safety.

**2.2.5. Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), 1981** CEDAW promotes family education; good maternal care, child rearing practices; child development; reduced maternal mortality rates, improved child health; and family planning services.

**2.2.6. Convention on the Rights of Persons with Disabilities, 2006, along with its Optional Protocol, 2008.** This Convention promotes inclusive education at all levels,

special health services, and early intervention services for young children with disabilities.

## 2.3 ACHIEVING NATIONAL GOALS THROUGH ECD

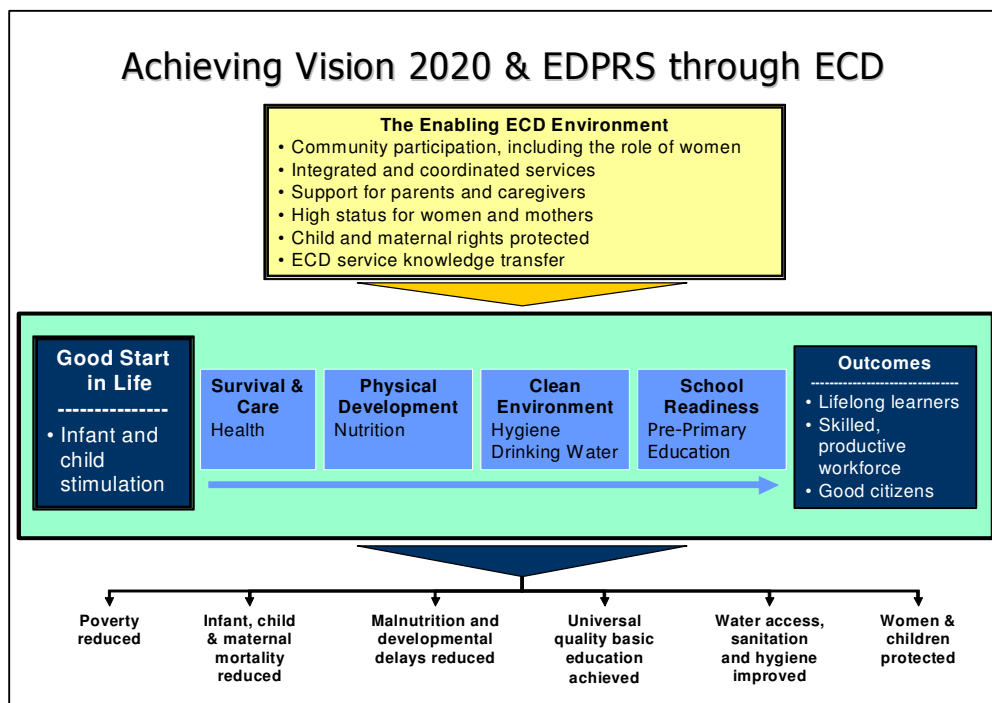
### 2.3.1 ECD and Achievement of Vision 2020

The Vision 2020 seeks to fundamentally transform Rwanda into a middle income country by 2020, based on the development of a knowledge-based economy and a highly skilled and educated population. These aspirations will be realized around six pillars:

- Pillar 1- Development of the nation and its social capital anchored on good governance and underpinned by a capable state;
- Pillar 2- Human Resource Development and a knowledge based economy, with improvements in Health and Education services used to build a productive and efficient workforce;
- Pillar 3: A private sector-led economy characterized by competitiveness and entrepreneurship;
- Pillar 4: Infrastructural development, entailing improved transport links, energy and water supplies and ICT networks
- Pillar 5: Productive and market oriented Agriculture;
- Pillar 6: Promotion of regional economic integration and cooperation.

Holistic Early Child Hood Development services will greatly contribute to improved health and development outcomes, more specifically to reduced poverty; strengthened unity; improved child health and nutrition, educational efficiency; timely enrolment at primary school, increased school attendance and achievement of both boys and girls, increased completion rates; and expanded adult literacy, especially for mothers. It is worth noting that Vision 2020 recognizes the importance of parent’s role as the children’s first educators, who teach values and norms that support children’s progress in school, which is a critical component of this ECD policy.

Expanded investments in ECD will provide an enabling environment for the achievement of the goals of Vision 2020, and is expected to contribute especially to the achievement of Pillars 1, 2, 3 as well as to the cross cutting Gender Theme.



### **2.3.2 Economic Development and Poverty Reduction Strategy Paper (EDPRS)**

Rwanda's Economic Development Poverty Reduction Strategy indicates that *"Districts will be encouraged to develop education plans that specifically include local strategies for nine year basic education, environmental and natural resource management, girls' education, TVET, school management, adult literacy and **early childhood development**"* (EDPRS: 2007).

The EDPRS calls for an *"increase of geographical accessibility to quality health care services."* It states that, *"By 2012, the proportion of households living within one hour from a fully functioning and equipped health care facility will be increased."* *The capacity of health centres and hospitals to provide a comprehensive preventative and care package for reproductive health, family planning, nutrition, AIDS, TB, malaria and Integrated Management of Neonatal and Childhood Illnesses (IMNCI) will be strengthened."* It also highlights requirements to build health facilities and reduce infant, child and maternal mortality rates. All of which are part of ECD programming and are reinforced strongly in the ECD Policy.

The EDPRS also focuses on children with disabilities, malnutrition, diseases and illnesses. It aims to, *"Reduce the rate of chronic and acute macronutrient malnutrition and the prevalence of micronutrient deficiencies: policies to achieve this objective include the promotion of optimal nutritional practices, including those for mothers and infants, and expanding community-based nutrition programmes. ... Micronutrient supplements and de-worming treatment will be provided to the most vulnerable populations, including children under five years, primary school pupils, pregnant, lactating women, and those on antiretroviral therapy (ART)."*

Further to this the EDPRS states that *..... Massive awareness campaigns will be launched to promote higher standards of personal hygiene. Safer methods of waste disposal will be promoted at community and health facilities."* The EDPRS also calls for *"community-based measures to be put into place to protect vulnerable children and victims of violence and abuse" ... with "gender sensitivity...to be integrated across the systems and training programmes..."* The ECD Policy is fully in line with these aspirations and provides guidance for the development, expansion and improvement of critical services essential for achieving the EDPRS objectives.

### **2.3.3. National Investment Strategy**

The National Investment Policy, adopted in 2003, calls for various initiatives related to ECD by increasing education and health services, especially to achieve Universal Primary Education (UPE). It also emphasizes the expansion of health care services; health insurance; eradicating malaria, HIV/AIDS, and tuberculosis; instituting family planning services, and training more health personnel. It targets women's participation, social solidarity, and life skills education. The ECD Policy reinforces key aspects of the National Investment Strategy.

### **2.3.4. Rwanda Government's Seven-Year Programme**

The government of Rwanda is committed to the establishment of ECD centres at each administrative sector (2010-2017). This takes into account all young children, boys and girls alike, to fulfil the concern of Education for All (EFA) goals.



## 2.4 KEY SECTOR POLICIES RELATED TO ECD

MINEDUC is the lead Ministry in ECD Policy development within an inter-Ministerial framework and the Education Sector Strategic Plan (ESSP (2010-2015) reflects the commitment to develop and implement the ECD Policy and Strategic Plan.

The ESSP calls for civil society, communities and the private sector to continue providing pre-primary education services. It notes that with the development of the new ECD Policy, this approach will be re-examined in light of national and community needs and demands for services. The ESSP commits MINEDUC to set policy, norms and standards for pre-primary education; plan and ensure the provision of teacher training; and oversee monitoring and evaluation of ECD. It calls for access to pre-primary education, but findings from nationwide consultations drew attention to the one year gap which exists between the end of pre-school and the beginning of primary school and the need to ensure six-year olds do not languish at home in between completing ECD and before entering primary school. For those children who do not attend formal ECD centres, there may also be a need for the special provision of a rapid school readiness programme.

The ESSP recognises that pre-primary education as well as other levels of formal education are relevant for the achievement of the high-level objectives of the EDPRS. These objectives include: access to education for all, quality education at all levels, equity in education at all levels, effective and efficient education system, science and technology and ICT in education. The ESSP provisions present a mandate for expanding and improving pre-primary education. It also reinforces the *National Policy for Children with Special Educational Needs*, calls for a School Health Policy, and includes nutrition services at schools especially for malnourished children.

The ECD Policy provides direction and coordination for various policies in health, nutrition, sanitation and social protection, including:

1. Basic Package of Health Services, 1998
2. Politique Nationale de Santé de la Reproduction, 2003
3. Mutual Health Insurance Policy in Rwanda, 2004
4. Health Sector Policy, 2005
5. National Policy for the Fight against HIV/AIDS, 2005
6. Multi-Sectoral Strategic Plan on HIV/AIDS, 2005 - 2009
7. Human Resources for the Health Strategic Plan, 2006 - 2010
8. Prise en charge intégrée des maladies de l'Enfance, PCIME, 2005
9. Guidelines for PEV (Programme Elargie de Vaccination), 2006
10. National Nutrition Policy, 2007
11. Policy for Universal Access to Treatment, 2007
12. National Community Health Policy, 2007
13. Hygiene and Sanitation Guidelines
14. Sector Policy on Water and Sanitation, 2004
15. Plan Stratégique de Lutte contre le SIDA Chez les Jeunes, 2008 – 2012,
16. National Policy for Orphans and other Vulnerable children, 2003
17. National Policy for Social Protection, 2005
18. National Policy for Family Promotion, 2006

### 3. ECD VISION AND OBJECTIVES

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#### 3.1 VISION

The ECD vision is to enable the Republic of Rwanda to achieve its national development goals and to ensure that all Rwandan children attain their developmental potential.

Vision Statement: *All infants and young children will achieve fully their developmental potential: mentally, physically, socially and emotionally.*

#### 3.2 GOAL AND OBJECTIVE OF ECD POLICY

To achieve the Vision, the Government and its partners will pursue the following goal:

**Goal of ECD policy**

To ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mothers, fathers and communities become nurturing caregivers through receiving integrated early childhood development services.

#### 3.3 SPECIFIC OBJECTIVES

The ECD policy seeks to contribute:

1. To improve birth outcomes, reduce infant and maternal mortality and high fertility rates through the expanded use of family planning; pre-conception services; HIV prevention and care services and antenatal education; health and nutrition care services; and the increased use of medically attended births as well as improved neonatal care.
2. To improve parents' and legal guardians' knowledge, skills and resources to support the development of their children, with an emphasis on infants and children up to 6 years of age.
3. To ensure infants and toddlers receive nurturing care and developmental services, and that young children from 3 years to primary school entry are well developed and prepared for success in school and life.
4. To prevent and reduce stunted growth, and improve child development outcomes for the most vulnerable children and children with special needs.
5. To reduce malnutrition and children under-5 child mortality and morbidity through preventive measures and basic maternal-child health care and nutrition services, with emphasis on neonatal and post-natal care and maternal-child nutritional rehabilitation services.
6. To reduce the incidence of childhood illnesses and diseases due to unclean water, poor hygiene and unhygienic waste disposal.

7. To ensure that all new-borns are registered, the rights of all young children are respected, and orphans and vulnerable children from birth to 6 years are identified and receive quality, well-coordinated child protective services.
8. To provide comprehensive ECD services of high quality through developing culturally appropriate and state-of-the-art curricula, training manuals, educational materials, teaching aides, and pre-and in-service training for teachers, community facilitators and supervisors of ECD programmes and services.
9. To ensure that all children are ready to begin school at the correct age and this may entail the special provision of rapid school readiness programmes.
10. To support the coordination, monitoring and evaluation of all processes, programmes and services related to ECD, and to promote the preparation of research studies on key child development issues.
11. To sensitise local authorities, opinion leaders, parents, communities and journalists about the importance of children's early development, ECD Policy provisions, and their roles in assisting with planning, implementing, and overseeing essential children's services.

#### **Short-Term Objectives of ECD**

- Fewer malnourished mothers, low birth weight and pre-term infants' reduction, antenatal and neonatology hospital and health care costs.
- Improved neonatal care, better breastfeeding practices, parents' education, and preventive and basic child health care services to reduce post-natal health treatment costs.
- Improved sanitation resulting in savings in health care costs and reductions in lost productivity.
- Reduced need for nutritional supplements reduces nutrition care costs.
- Reduced fear related to child security improves family productivity after conflicts.

#### **Medium-Term Objectives of ECD**

- Improved education outcomes and internal efficiency increases timely school enrolment and attendance, reduces repetition and drop out, and improves school completion rates.
- Stunted growth reduction.
- Reduced incidence of child abuse and welfare needs to protective service costs.

#### **Long-Term Objectives of ECD**

- Improved health and nutrition, and lower lifetime costs to health care system
- Improved learning achievement in primary schools and primary school completion, resulting in greater promotion to secondary schools and tertiary education
- Higher national economic productivity and greater economic competitiveness in the region and world
- Less criminality and community violence, fewer costs to the justice system, and reduced need for prisons
- Citizens who contribute more to their country in terms of services, community participation and taxes

## **4. ANALYSIS**

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### **4.1 SOCIO-ECONOMIC AND SOCIO-POLITICAL CONTEXTS**

Rwanda is a mountainous and landlocked country composed of 26,338 square km. It borders Uganda in the North East, the Democratic Republic of the Congo in the West, Burundi in the South, and Tanzania in the East and is a member of the East African Community (EAC). In 2002, the Rwandan population was 8.1 million (Census: 2002), and in 2006, with a projected population of 10.5 million in 2011. By 2020 the population is projected to reach approximately 14.3 million (National Institute of Statistics Rwanda). It is largely an agricultural country, 85.3% of the population live in rural areas and 95% are subsistence farmers.

Annually, the number of live new-borns /births is approximately 365,000 infants and 52% of the population is below 18 years of age (Census: 2002). The average population growth rate is 2.2% (UNFPA, State of the World Population: 2003) and the fertility rate remains high at 5.5% (DHS: 2007-2008). The age cohort from birth to six years of age as a direct concern to the ECD Policy is projected to be 2.2 million or 24% of the population (NIS: 2008 based on 2002: Census). Children who are in the age cohort from birth to three are approximately 1.1 million with a further approximately 1.1 million children between the ages of three to six years old.

Despite the fact that much of Rwanda's infrastructure for health and education services was destroyed during the war and Genocide of 1994, tremendous progress has been made in re-building these systems which is assisting impressive economic and social development. Rwanda still ranks, however, at 152 out of 169 countries with the comparable data in UNDP's Human Development Index (HDR 2010). The challenges in improving on that position include a relatively low life expectancy of only 51.1 years, an adult literacy rate of 64.9%, and a low GDP per capita of \$1,102 (UNDP, 2010). In 2010, GDP grew at about 7.5%, up from 6.5% in 2009. With much of the nation's infrastructure rebuilt and modernised, Rwanda is poised to meet the compelling needs of its children and parents. However, Rwanda faces considerable resource constraints but the Government's commitment to children is strong, and effort will be made to maximise the use of existing and new resources.

### **4.2 MATERNAL HEALTH AND NUTRITION**

#### **4.2.1. Fertility and Family Planning**

Rwanda's high population density average is 400 persons per square kilometre, a situation that is directly related to high levels of poverty also contributed to by the country's high fertility rate. Considerable concern has been expressed that poverty will not be reduced until family planning services are improved. Only 36% of couples now use modern contraceptive methods (DHS: 2007-2008). To attain the 70% use target of EDPRS, a major increase in family planning outreach services will be required.

## **4.2.2. Maternal Health and Nutrition**

With respect to pre-conception planning, few services are available to support child spacing, preparation for pregnancy, and the provisions of immunisations and micronutrients such as folic acid, iodine, iron needs to be increased. Preparation for pregnancy (pre-conception care and education), early identification of pregnancies (before the end of the first trimester), and combined antenatal education, health and nutritional care are increasingly considered to be essential to avoid poor birth outcomes. Although 95.8% of pregnant women receive at least one antenatal visit, only 24% of pregnant women complete at least four antenatal health care visits (DHS: 2007/08).

Comprehensive antenatal education services are currently unavailable to pregnant women. They should include health care, antenatal nutrition and hygiene, preparation for expectant mothers and fathers for positive parenting, use of medically supervised delivery services, preparation for breastfeeding immediately after birth, neonatal health care and nutrition, and attention to possible maternal depression after birth. Poor birth outcomes can include: infant and maternal mortality at birth; low birth weight status (<2,500 grams); pre-term birth (less than 37 weeks); or specific child health issues (disability, fragile nutritional status, disease or illness, etc.).

The maternal mortality rate declined from 1,071 in 2000 to 750 in 2005 and to 383 in 2010 per 100,000 live births. Further progress is required to continue this impressive rate of reduction. The percent of women giving birth in health centres or hospitals has risen to 45.2% (DHS: 2007/08). A higher percentage of women (52%) reported that a health professional was present during delivery (DHS 2007/08). However, a lower number of women deliver with health professionals in rural areas (49%) than in urban areas (70%) (DHS: 2007/08). The EDPRS target for medically attended deliveries is set at 75% for the year 2012. For this to occur, increased service availability and antenatal education will be required to strongly encourage women to use medical facilities for child birth. In addition, more physicians and trained midwives are needed.

## **4.3 CHILD SURVIVAL, HEALTH AND NUTRITION**

### **4.3.1. Child Survival**

Birth outcomes have improved but still much has to be done. Rwanda's infant mortality rate is reported to be 62 per 1,000 live births (DHS: 2007/08). Neonatal mortality (death before the end of the first month) stands at 28 per 1,000 (DHS: 2007/08) demonstrating the need for more neonatal checkups and follow-up of fragile infants. Child mortality (children under 5 years of age) was 103 per 1,000 live births in 2007/08, in contrast to 152 per 1,000 live births in 2005. The rate of low birth weight was reported to be 9% (HDR 2007 – 2008). However, due to inadequate reporting, it is impossible to know the actual rate at this time. Also, no data regarding pre-term births could be found. Accurate data regarding low birth weight and pre-term infants should be gathered because these fragile infants tend to become developmentally delayed and unproductive citizens if they do not receive essential services.

To achieve improved birth outcomes, it will be necessary to provide pre-conception services, antenatal education, health and nutrition care, and improved delivery and

neonatal care services. More attention must be given to neonatal and post-natal morbidity, especially during the first four weeks to six weeks of life pregnancy. Frequent scheduled neonatal check-ups are especially required for fragile infants.

#### **4.3.1. Child health and nutrition**

Breastfeeding in Rwanda is widespread; however only 41.5% of Rwandan children begin breastfeeding within one hour of birth, and only 56.6% begin within one day of birth (DHS: 2005). Because of this, many infants are unable to benefit from colostrums that build infant defenses. Although breastfeeding rates are high, many lactating women are malnourished; their infants become malnourished too. Such mothers require nutritional supplements including key micronutrients during the antenatal and lactating periods, for three years.

Despite the fact that complementary feeding practices should begin at 6 months, only 69% of infants begin at 6 months (DHS: 2005). For 31% of the infants, complementary feeding does not begin until 9 months of age (DHS: 2005). The quality of child feeding varies depending on the family income and nutritional practices. In general, the prevalence of anemia in children is high at 38% (DHS: 2007/08). Anemia causes irreversible developmental delays in young children. With respect to vitamin A, only 58.1% of children less than three years of age regularly eat fruits and vegetables rich in vitamin A, and 84.1% of children from 6 months to 59 months received vitamin A supplement (DHS:2005).

With respect to malnutrition rates in children under 5 years of age, 45.3% have chronic malnutrition, and 19% are severely malnourished (DHS: 2005). Child stunted growth is particularly pronounced and increases with age, 51% of children from 12 to 23 months of age revealed stunted growth. 22.5% of children are underweight and 4% are severely underweight (DHS 2005). It is interesting to note that 43% of the children of parents with secondary or tertiary education are stunted. This indicates that there is a pervasive lack of knowledge about infant and child nutrition that requires nutritional education services in order to improve feeding behaviors.

This high level of early stunting and underweight status in Rwandan young children directly contributes to a range of developmental delays, many of which are very difficult to overcome after three years of age. Child stunting and underweight status is also directly related to infant and child mortality and high levels of child morbidity. Additional initiatives are required including: provision of strong nutrition components in parents' education services; kitchen gardens; prevention of parasitic diseases; ECD nutrition programmes; expanded nutritional rehabilitation, infant stimulation programmes.

With respect to health personnel, according to MINISANTE in 2009 there was only 1 physician per 42,000 people in the population. There is only 1 nurse per 3,900 persons, and only 17% of them work in rural areas. In this regard, the EDPRS calls for 1 health centre in each Administrative Sector. At present, this goal is very close to being attained, with 407 health centres in the 416 Administrative Sectors (MINISANTE: 2009). However, in 2005 it was reported that only 74% of the population lived within five kilometres from a health centre (PRS Annual Progress Report: 2005), and MINISANTE reports that only 37.9% can currently access health

facilities. During Consultative Workshops, participants noted that children and parents in *Imidugudu* need more accessible health centres. The establishment of close to 60,000 CHW and volunteers represents a positive outreach effort. However, CHW need more training, supervision and support. The national health insurance schemes for families living below poverty line have been successful to benefit 85% of families of Rwanda (MINISANTE: 2009). The Government, NGO`s and communities have contributed support to families living below poverty line. Participants in the Consultative Workshops strongly recommended more outreach be provided

#### **4.4 EARLY CARE AND EDUCATION SERVICES**

Over the past decade, Rwanda has been successfully improving access to its primary education, and it has almost achieved universal primary enrolment. Primary net enrolment rates have increased up to 95.4% in 2010 (96% for girls), and primary completion rates have increased from 52.5% in 2008 up to 75.6% in 2010, putting Rwanda on track to achieve the education-related Millennium Development Goals. Transition to lower secondary education has equally significantly increased over the past years (from 87.9% in 2008 to 95% in 2009), resulting in increased enrolment rates for secondary education (from 13.9% NER in 2008 to 22.6% in 2010). The primary dropout rate in 2010 was 12.2% and repetition 14% indicating that the school system is failing a significant number of children each year. International research has demonstrated that access to quality ECD services improve children`s performance in school and contribute substantially to improving internal efficiencies throughout the school cycle.

##### **4.4.1 Early Care and Development Centres (ECD Centres)**

In 2005, the DHS survey found that 70% of women with one or two children and 74% with three or more children worked outside of the home. During Consultative Workshops, mothers from all parts of Rwanda expressed a desire for more community ECD Centres. It was recommended that more Community ECD Centres should be built and equipped with learning materials and toys. Participants in the consultations also requested one centre per *Umudugudu*, and more centres where large concentrations of working mothers are found. In addition to an increased number of ECD Centres, it was suggested that the quality of services provided need also to be strengthened. To enhance service quality, standards, guidelines, pre- and in-service training for caregivers, and technical support, supervision and monitoring are required. The Government plans to support the establishment of one ECD centre in each sector during the lifetime of the five-year ECD Strategic Plan.

Existing Early Care and Development Centres (day care centres, crèches or Community ECD Centres) are often run without adherence to standards, without sufficient and uniform training of caregivers, and without supervision and monitoring oversight. By and large ECD centres are managed and run by civil society or private sector groups though the exact number of such centres is unknown.

##### **4.4.2. Pre-Primary Schools**

According to NIS projections, there are approximately 1.1 million children between the ages of three to six years, the years generally associated with pre-primary

education. According to the Ministry of Education, only 6.1% of pre-school-age children are attending pre-primary schools (EMIS 2010). The pupil-teacher ratio at pre-primary level is 1:33 well above the internationally recommended levels (OECD has established a minimum staff to pupil ratio of 1:15, UNICEF: 2008). Rwanda will gradually reduce its pupil-teacher ratio to internationally recognised levels and in the timeframe, though in the short term aiming at a standard of not more than 25 children per teacher.

The Ministry of Education has a limited budget for pre-primary education which does not at present cover the salaries for pre-primary teachers. These costs are generally provided by parents and communities or in some cases by civil society organisations.

#### **4.4.3. ECD Intervention Services**

The World Health Organization (WHO) reports that 10% of children have disability issues in Rwanda and the 2002 Census reports 93,299 children with disabilities. Such children are often unidentified until primary school entry, yet early identification and intervention from birth to three years of age is essential to ensure that children reach their developmental potential. Currently, laws for disability and services for adults, youth and children over six years of age are not in place. A major gap in empirical evidence is the absence of information regarding developmental delays and disabilities of children from birth to three years of age. This evidence would guide policy makers in understanding the realities so as to formulate relevant policies.

Malnutrition rates can be used as a proxy for the incidence of developmental delays. 39 to 45% (NHS and DHS: 2005) of children suffer from chronic malnutrition and 38% (DHS: 2007/08) from anemia. Considering that childhood anaemia and other forms of malnutrition have highly detrimental impacts on infants' and young children's brains, physical and emotional development, a high number of Rwanda's young children thus have developmental delays, and if those delays are not addressed, they can result in life-long physical, mental and social-emotional limitations.

Children with developmental delays require intensive infant and child stimulation, parent's education, nutritional rehabilitation and special health services. These services in developed regions like Western and Eastern Europe, North America and Australia are usually called "early childhood intervention" (ECI) services. This situation can be addressed in Rwanda through the implementation of the ECD Policy and Strategic Plan, specifically through early training interventionists and therapists, who can train selected mothers to pay home visits and centre-based ECD services in rural and urban areas.

Integrated efforts are also needed to support pre-primary schools that have high rates of children with malnutrition and illness. Where parents are unable to provide breakfast and packed lunch for their children, hungry children are unable to learn and develop properly. ECD centre and pre-primary school management can respond to such challenges through the introduction of nutrition (feeding) services. In addition, pre-primary schools can provide health services (school health workers or mobile health teams) or make arrangements for referring children to nearby health clinics. Some model ECD Centres do provide integrated school nutrition and health services in Rwanda and can be used as models to be replicated in each Sector.



#### **4.4.4. Parents Education and Support**

The Consultative Workshops revealed a high nationwide demand for parents' education and support services. Apart from some brief components for parent's education in community health care services and a few small-scale NGO programmes, parent's education services are not available. MINISANTE's Community Health Workers (*Animateurs de Santé Communautaires*) provides an avenue for the provision of parent education initiatives at the *Imidugudu level*. MINISANTE reports that there are two CHW per *Umudugudu*, or approximately 29,906 CHW in all. They require additional curricular components, educational materials, and effective training to be able to assist in providing integrated parent education and support services.

Anecdotal evidence suggests that high levels of child neglect and developmental delays exist, evidenced by the presence of "Social orphans" and street children found in many areas. These phenomena are related directly to inadequate parenting skills and parent support services. It is less expensive to provide parents education and support than costly institutional services. Services for parent's education, family preservation, family therapy and counselling help to prevent child abandonment, gender-based violence, and other family pathologies such as substance abuse, child labour, and child trafficking.

#### **4.5 WATER, HYGIENE AND SANITATION**

According to Water Supply and Sanitation Policy (2010-2015), 74% of households (71% in rural area and 76% in urban area) have access to improved sources of water. In 2008, the distance to reach secure water averaged 29 minutes, the task of fetching water being allocated to women and children. The difficulty in securing potable water – or any water – directly affects personal and family hygiene and health. Water-borne diseases cause many illnesses in young children, and major efforts are required to improve access to potable water for homes, ECD facilities and health centres. Around 50% of households use unimproved pit latrines and 50 lack sanitation facilities.

#### **4.6 CHILD RIGHTS AND PROTECTION**

Birth registration is a basic child right. However, according to the 2002 Census, only 65% of children had been registered at birth. The DHS for 2005 found that 82.4% of children under age five had been registered demonstrating a significant improvement. Unregistered children appear to be rather evenly arrayed throughout Rwanda, with rural children registered at a slightly higher rate than urban children. More efforts are needed to register all children at birth.

According to the 2009 *Poverty Indicator's Survey*, the child labour index stands at 5.3%, down from 9.6% in 2000-2001. No statistics are available regarding children of six years of age and under who have been placed in abusive child labour or are affected by child trafficking and research is required on these issues and the types and amount of services required assisting these children. Orphans currently defined in Rwanda as missing one or both parents, are believed to constitute almost one-quarter of the nation's children although no reliable statistics are available. According to DHS (2005), 17.5% of children less than 15 years of age, reported one or both parents who are deceased. Reliable statistics are not available regarding the incidence of gender-based violence (GBV) against young children, child abuse, street children, and other highly vulnerable children.

## 4.7 SUMMARY OF ANALYSIS OF ECD SERVICES

There exist sectoral services in education, health, nutrition and sanitation as follows:

- Pre-primary education for children from 3 to 6 years to prepare for school;
- Antenatal, post-natal preventive and basic health care services which have improved child survival rates;
- Nutrition services, which have begun to improve children's physical development;
- Services for the prevention of mother to child transmission of HIV (PMTCT) and paediatric HIV care and support services.
- Water and sanitation services, which have provided a hygienic environment for children in many areas.

Efforts need to continue to ensure that all maternal-child health care provides a fully integrated service and is expanded at the community level in order to further reduce infant, child and maternal mortality and morbidity. Nutrition services for pregnant and lactating mothers, infants and young children will see further improvements and expansion to overcome remaining maternal and child malnutrition rates. Quality and effective services need to be maintained at decentralised levels to promote HIV free infants and children. Recent improvements in the environment of care and support for HIV infected infants and children at community level needs to be maintained and built upon to ensure that they reach their full potential. A continued focus on improved water and sanitation facilities and hygiene practices at ECD Centres, pre-primary schools, and health centres needs to be prioritized.

Community early care and development centres (day care centres and crèches) are not accessible for the majority of mothers working outside the home. The existing centres are often unregulated and are managed without adherence to quality standards. Only a small number of experimental ECD centres use an integrated, community-based approach to ECD, with promising initial results in areas such as Muhororo in Ngororero District. Less than 10% of children from 3 to 6 years of age are able to access some form of early learning opportunities, usually privately operated pre-schools, and these services lack an overarching or uniform application of standards, curricula, learning materials, infrastructure and qualifications of teachers/caregivers.

The National Skills Audit Report of January 2009 stipulates that, *"In the pre-primary category, there are no managers; no trained pre-primary teachers and no administrators. The gap is reported at almost 100%."* It continues, *"...the lack of pre-primary teachers undermines the foundation of the entire education system and the achievement of Education for All, EFA goals. Pre-primary schooling is critical to early childhood development and is the basis for all subsequent education and training."*

Once quality services for infant and child stimulation, survival, physical development, clean environment and school readiness are in place and scaled up, results can be achieved such as increasing human capital, developing life-long learners, skilled trained personnel and productive workforce for a knowledge-based economy and able citizens for sustainable peace.

## 5. RECOMMENDED POLICY ACTIONS

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The ECD Strategic Plan contains a comprehensive results framework which is organised into four Strategic Outcomes, which will be achieved over the course of the five-year Strategic Plan.

- a) Operationalize policy and institutional framework to support the implementation of ECD at all levels
- b) Increase equitable access for all children aged 0-6 to adequate early stimulation, effective and relevant education, sufficient nutrition, quality health care and protection.
- c) Strengthen effective public-private and international partnership supporting the integration of services, scale up & sustainability of ECD interventions
- d) Evidence Based Programming and Effective Monitoring and Evaluation

There are Output-level results for each Outcome which contains specific activities, with indicators, targets, timelines and budgets, with the responsible actor identified for each activity.

While the ECD Strategic Plan lays out the recommended policy actions in greater detail, below are the key recommended policy actions which will be implemented to meet the ECD Policy Objectives:

### **Operationalize policy and institutional framework to support the implementation of ECD at all levels**

- 1) Develop and disseminate ECD Standards and Guidelines to support smooth implementation
- 2) Establish National institutional framework to define roles and responsibilities, including TORs and induction programme for National coordinating bodies.
- 3) Establish Multi-sectoral ECD implementation teams at district and sector levels, conduct induction program and advocate for budget provision for ECD at district level.
- 4) Build Capacity of community ECD centre management teams and develop manual for ECD centre management.
- 5) Develop and Implement Communication strategy, organize seminars and sensitization campaigns on ECD and protection of children against violence, and contribute to Radio/TV talk shows, develop flyers, newspapers articles etc.

### **Increase equitable access for all children aged 0-6 to adequate early stimulation, effective and relevant education, sufficient nutrition, quality health care and protection.**

- 1) Adapt and include Family ECD package (stimulation, nutrition, child protection and primary health care) into existing health and nutrition programs for infants and toddlers, integrate family ECD package into training for health professionals and sensitize community leaders, parents and future parents on the importance of ECD and protection of children.
- 2) Scale up Mother and child primary health care services in communities.

- 3) Develop screening tools to identify children with special needs and developmental delays and incorporate intervention programmes for children with special needs and into ECD programmes.
- 4) Provide ECD facilities and equipment countrywide to ensure one ECD centre per Sector (Community based, school based, Health centre-based, centres for children in vulnerable circumstances).
- 5) Establish ECD pre and in service training system (accreditation and professional development) and produce textbooks and tutors' guide for ECD.
- 6) Improve quality of ECD service provision in ECD centres (3-6 year old) through curriculum and materials development, integrating ECD supervision, mentoring and monitoring support into induction programme for all Sector Officers.
- 7) Support ECD Nutrition Programme.
- 8) Train communities on child rights and protection, including protecting children against violence.

### **Strengthen effective public-private and international partnership supporting the integration of services, scale up & sustainability of ECD interventions**

- 1) Establish Effective Coordination and resource mobilisation mechanisms to bring together Public and Private sector partners, putting in place a national ECD Secretariat and a fundraising package to mobilize resources for ECD scale up.
- 2) Develop MoUs with Public and Private actors, civil society, FBOs and development partners outlining commitments to support ECD.
- 3) Establish a trust fund to support community ECD activities and ensure sustainability.

### **Evidence Based Programming and Effective Monitoring and Evaluation**

- 1) Develop and Operationalize Strategic M & E and Research Plan and disseminate and publish key findings.
- 2) Establish Data management, information and reporting systems, agree upon key ECD indicators for Rwanda ensuring their integration into national information system (DEVI INFO, EMIS, IMIS)
- 3) Implement M&E capacity building plan at national, district and community level

## **5.1 GUIDING PRINCIPLES**

The following principles will guide the National ECD Policy:

1. The Government plays a critical leadership role in ensuring that all stakeholders are able to play their part, and all work together towards the common goal of good outcomes for children.
2. The primary responsibility for a child's holistic development is with the family. Every effort should therefore be taken to empower families to fulfil their responsibilities to children in all environments.
3. Holistic ECD service provision leads to greater impact on child outcomes. Every effort should therefore be taken to ensure comprehensive and integrated service provision through strengthened inter-sector partnerships.
4. Effective, efficient and relevant ECD service provision will be achieved through active participation of all key stakeholders including communities, NGO's, CSOs, FBOs, private entrepreneurs, private sector, and Government.

## **6. STAKEHOLDERS VIEWS**

### **6.1 NATIONAL CONSULTATIONS**

National consultations were the major avenue through which views from local communities, districts, provinces to national level were sought. The consultative workshops were organized from 18 November to 12<sup>th</sup> December 2008 and participants came from various institutions, Government, NGOs, Civil Society, Faith-Based organizations, Private Sectors and One UN.

At the decentralised level, a large number of citizens and local leaders, participated in ECD consultative workshops, including Vice-Mayors in charge of Social Affairs, PTA representatives, district health officers, pre-primary teachers and head teachers, religious leaders, child welfare and protection officers, representatives of institutions in charge of child development and others from social mobilisation and civil society institutions operating in the districts, officers in charge of maternal-child care in health centres, officers in charge of security and child protection (i.e.: Rwanda National Police, gender desk). The total number of participants was 249.

During the workshops, participants identified problems and needs and highlighted some achievements in various areas of child development in Rwanda. They made their recommendations regarding strategies and programmes required to meet the needs of children and their parents.

In general, three recommendations from the ECD Consultative workshops can be highlighted for special attention: (1) To establish a national ECD Secretariat; (2) To reinforce messages to parents and caregivers by means of home visits and centre based services and through conducting ECD media campaigns in all areas of ECD; (3) To develop comprehensive integrated ECD programmes and financial planning capacity at the administrative Sector level through functional decentralized structures that put the young child at the centre of all development activities.

At national level, there is a National ECD Task Force Committee composed of representatives from concerned ministries and NGOs: MINEDUC, MINISANTE, MIGEPROF, MINECOFIN, MINIJUST, MINALOC, MININTER, MININFRA, MINAGRI, Imbuto Foundation, Save the Children, Care international, Profemme-Twese Hamwe and One UN (UNICEF, WFP). Experts from these institutions have participated and provided their inputs in the development of the ECD Policy. In addition to this, a Steering Committee composed of MINEDUC (lead), MINISANTE and MIGEPROF in collaboration with UNICEF was established to guide the policy developmental processes.

Finally, a Results-Based-Management workshop in 2010 which brought together representatives, including at the Director level, from the key concerned Ministries, coordinated by MINICOFIN developed an ECD results framework, which forms the basis of the ECD Strategic Plan, to operationalize the ECD Policy.

## 7. IMPLEMENTATION PLAN

The ECD Strategic Plan lays out the implementation plans in great detail and this section of the Policy outlines the institution framework required to support implementation as well the roles and responsibilities of key stakeholders.

### 7.1 INSTITUTIONAL FRAMEWORK

To implement the ECD Policy and ECD Strategic Plan effectively, it will be essential to strengthen current structures for young children's services and to ensure good inter-sectoral leadership, coordination and service integration, through the workings of an Inter-Sectoral ECD Steering Committee, ECD Secretariat and Inter-Sectoral Technical Committee.

#### 7.1.1. National Level

##### 7.1.1.1 ECD Secretariat

The ECD Secretariat will be established to implement and manage the ECD Policy. This expert multi-sectoral team will be coordinated by and will report to MINEDUC. These reports will be submitted to PM Office after approval by the Steering Committee.

The ECD Secretariat will have the following functions:

1. Serve as the **Secretariat** for the ECD Steering Committee and help in the coordination of the Inter-Sectoral Technical Committee.
2. **Coordinate the decentralised ECD structures, including two-way vertical coordination and horizontal coordination for sharing innovations.**
3. Prepare the **Annual National ECD Report** and the **Annual National ECD Action Plan, which will be integrated into sector plans.**
4. Promote and establish sustainable sectoral and inter-sectoral **ECD agreements and partnerships** between Government, civil society and private sector organisations.
5. Ensure the design, drafting, field-testing, and production of **ECD Learning Resources** is conducted in partnership with NCDC and other partners.
6. Guide the development of **Pre- and In-Service ECD Training Systems** through maximising the use of existing institutional resources and establishing effective partnerships with institutions of higher education.
7. Design and manage the **ECD Monitoring and Evaluation System** and coordinate **Applied Research Projects** in the area of ECD.
8. Prepare and implement the **Annual Plan for Policy Advocacy and Social Communications**, and plan and convene an annual one-day **National ECD Forum**.

##### **Inter-Sectoral ECD Steering Committee**

A high-level Inter-Sectoral ECD Steering Committee composed of key concerned ministries, coordinated by MINEDUC, will be established. The Steering Committee

will provide national ECD leadership, promote inter-sectoral coordination, and establish an Inter-Sectoral Technical Committee.

#### **Inter-Sectoral Technical Committee.**

The Inter-Sectoral Technical Committee will be composed of senior technical experts within the concerned Ministries and will work closely with the ECD Secretariat to ensure the maximum level of coordination and integration of services for children between the ages of 0-6.

#### **Ministry Capacity for ECD Programming**

As well as strengthened coordination across all sectors, the various Ministries will commit to strengthening human resource capacities and the number of staff working on initiatives targeting children between the ages of 0-6 years.

#### **Partnership Agreements**

The Government views collaboration with civil society and private sector organisations as fundamental for maximising the use of knowledge, experiences, skills and commitment of all Rwandans involved in ECD activities. To ensure good working relationships are developed and maintained among Government and civil society and private sector partners, formal **Partnership Agreements** will be essential. These Agreements will specify the roles and responsibilities of each partner. They will include adherence to established programme and personnel standards and regulations regarding finances, fees, personnel, coordination, monitoring, reporting, and expectations for collaboration with communities and Government entities. The ECD Secretariat and potential partners will work together to prepare draft formats for Partnership Agreements. This process will be totally transparent, and as needed, additional regulations will be developed over time.

#### **ECD Policy Integration, Inter-Sectoral and Sector Coordination.**

The Ministries, Sectors and Agencies addressing ECD include: Education (MINEDUC and NCDC), Health and Nutrition (MINISANTE and MINAGRI), Sanitation and Hygiene (MINISANTE, MININFRA, MINITERE, and MINEDUC), Child Rights and Protective Services (MIGEPROF, MIFOTRA, MINITERE (RNP and Prison Services), MINIJUST, the Human Rights Commission (Child Rights Observatories) and the Gender Monitoring Office). In addition, MINALOC focuses on decentralisation of pre-primary school issues and MINECOFIN pre-school finances. MINEDUC has an official mandate as a Lead Ministry for ECD Policy and Planning.

Integrated and well-coordinated services can enhance capacities of each sector to create effective ECD services. The ECD Policy and accompanying Strategic Plan include strategies and programmes for: 1) providing integrated services at the community level to fill major gaps in current services for young children, parents and legal guardians; 2) Improving services through designing better programme coordination; and 3) Expanding and improving existing sectoral programmes.

#### **National ECD Task Force**

Upon the adoption of the ECD Policy, a **National ECD Task Force** will be established and chaired by the Ministry of Education. This forum, which will bring

together government and non-government stakeholders, will consider ways to provide technical, financial and material support for the achievement of the objectives of the ECD Policy. Through nationally led donor coordination, the ECD Forum will seek to avoid unnecessary duplication, promote strong synergies for ECD investment, and help to ensure that key ECD services are made available where they are most needed.

### 7.1.2 Decentralised Levels

Because ECD is mainly community-based and Rwanda has a decentralised structure of governance, the following decentralised organisational framework will be needed.

#### **Districts:**

**District Inter-Sectoral ECD Committees** will be established and linked to *District Action Forums*. They will be composed of local authorities and representatives of civil society and private sector groups. Each District will decide which person or agency will convene the District Inter-Sectoral ECD Committee. This could be the Vice-Mayor in charge of Social Affairs or another respected local leader. The District Inter-Sectoral ECD Committee will approve: 1) Comprehensive ECD Annual Plans, and 2) Regular ECD Reports from the Administrative Sectors, Cells and *Imidugudu*.

They will ensure that a **Comprehensive ECD component is included in the Annual District Plans** and compile **Quarterly District ECD Reports**, based on input from Administrative Sectors, Cells, and *Imidugudu*. Reports will be transmitted to the central ECD structures in Kigali. These District Inter-Sectoral ECD Committees will be closely linked with District-level Committees for Child Protection, Education, Health and Sanitation. Care will be taken to avoid unnecessary duplication and support ECD service expansion and improvement in each District.

#### **Administrative Sectors**

Each Administrative Sector will establish an **Integrated ECD Services Committee**. These Committees will implement, coordinate and report on the progress, challenges and needs of all ECD services in their Administrative Sectors. They will also prepare **regular ECD Reports** and **Comprehensive Annual ECD Plans** that are based on prior consultation with all *Imidugudu* in their jurisdiction. These reports and comprehensive plans will be sent to their Districts.

#### **Administrative Cells and Umudugudu (Village) Levels**

*Each Administrative Cell will work closely with each Umudugudu* in its jurisdiction, to create an **Integrated ECD Services Committee**. This Committee will participate in and help to conduct all local ECD services, such as integrated parent education and support, ECD Centres, pre-primary schools, and health and nutrition, sanitation and protection services. It will provide volunteer support for facilities building and maintenance. In addition, it will conduct community oversight activities; prepare **Quarterly ECD Reports**, and **Annual Cell and Imidugudu ECD Plans**. Training will be provided for these activities to help ensure Committees will be effective.

## 7.2 ROLES AND RESPONSIBILITIES

There are numerous partners working together for the provision of early childhood development services who are expected to be guided by and use the comprehensive ECD policy framework as a foundation for improved service delivery for infants and



children. Management of early childhood development services and programs through various Government Ministries should be done in an integrated approach. The following partners are expected to provide different roles and responsibilities:

**Parents and other caregivers**

- Primary care, health and nutrition providers.
- Primary security and protection providers.
- Primary role of socializing children and inculcating life principles and spiritual and moral values for character development.
- Provide enabling environment for the child's growth and development.
- Provide early stimulation for the future development of the child.
- Meet the survival needs of the child from conception to 6 years.
- Ensure healthy growth of the child in terms of adequate and proper nutrition, immunization and growth monitoring.
- Ensure birth registration.

**The Community (CBOs, Local leaders, opinion leaders)**

- Support parents' efforts in providing for the holistic needs of children.
- Augment parents' efforts in providing for the needs of children.
- Mobilize resources to enhance children's holistic development and to safeguard their rights.
- Set social norms that guide parents in socializing and inculcating spiritual and moral values and life principles.
- Address the needs of the disadvantaged children within the community.
- Link children to other service providers.
- Initiate and manage community-based services for young children (for example, ECD centres, children headed households and MVC mentoring).
- Support the identification of and address if possible the needs of the disabled and disadvantaged children within the community.
- Provide alternative and complementary approaches in care, health and nutrition.

**Ministry of Education (MOE) and Education Institutions**

- Provides policy guidelines on capacity building of early childhood development and education (ECDE) personnel.
- Develops curriculum programs and materials
- Regulates and supervises ECDE programs.
- Undertakes early identification of disabilities and assessment together with MOH
- Provides assessment personnel and assessment centres together with MOH
- Co-ordinates national ECD policy implementation and monitors progress.
- Trains and certifies ECDE teachers and trainers.
- Maintains standards and quality assurance.
- Carry out school readiness programme and assessment

**Ministry of Health (MOH)**

- Maternal and child health care.
- Capacity-building at all levels especially for CHWs
- Community mobilization on health issues.
- Integrated Management of Childhood Illnesses (IMCI).

- Sanitation and food safety and hygiene education.

#### **Ministry of Justice (MINIJUST)**

- Provides legal services and promotes protection and care of children.
- Creates awareness on children's rights and their welfare.
- Promotes protection and care of disadvantaged and disabled children.

#### **Ministry of Infrastructure (MININFRA)**

- Provision of clean and safe drinking water and water for sanitation at ECD centres
- Builds capacity in water management/conservation at community level.
- Provide construction plans and supervises construction of ECD centres.
- Ensure quality of ECD and ECDE physical facilities.

#### **Ministry of Economic Development and Finance (MINECOFIN)**

- Ensures sufficient budgetary allocation for ECD.
- Facilitates the mobilization of local and international resources to support ECD
- Integrates and mainstreams the ECD program into development planning
- Maintains the necessary data on ECD for planning purposes.
- Provides funds across the ministries for ECD programs.
- Provides guidance in the creation of alternative funding strategies.

#### **Ministry of Gender and Family Promotion (MIGEPROF)**

- Promotes traditional cultural values and practices that promote healthy growth and development of all children, including those with special needs.
- Builds capacities of women and Mobilizes communities for child welfare.
- Registers ECD centres for development purposes.
- Ensure all children are treated equally irrespective of their gender/disability.
- Links children to other service providers.
- Promotes protection and care of children including disadvantaged and disabled.
- Creates awareness on children's rights and their welfare.
- Documents and maintains data on disadvantaged and disabled children for planning purposes.
- Provides alternative care approaches.

#### **Ministry of Local Government (MINALOC)**

- Supports all ECDE programs and services within their jurisdiction.
- Supports the inclusion of all children, including those with special needs in their ECD programmes and services within their jurisdiction.
- Provides land for recreation and gardening and ECD centres
- Monitors integration of ECD programs into District Development Plans

#### **Ministry of Agriculture (MINAGRI)**

- Builds capacity of parents and community for food production & storage.

#### **Ministry of Information and Communications**

- Ensure efficient communication regarding ECD including media campaigns

**Districts**

- Integrate ECD programmes in the District Development Plan after consolidation of inputs from sectors, cells and imidugudu
- Set mechanisms to support ECD programmes through Joint Action Forums
- Ensure the District ECD committee is functional and effective

**Universities and research institutions**

- Promote and undertake research on ECD
- Offer higher training for ECD including personnel for special needs education

**NGOs, FBOs and private sector**

- Provide services and technical support for ECD (e.g. health/education)
- Carry out research on issues of importance to implementation of policy and share findings with the Government and other stakeholders.
- Participate in strengthening quality assurance.
- Enhance capacity of ECD teachers, caregivers and management teams.
- Complement Government efforts in mobilizing resources.

**Bi-lateral and multilateral development partners**

- Carry out advocacy for ECD and mobilize resources for investment in ECD
- Provide technical support and build capacity of government structures to implement the ECD Policy and Strategic Plan.

***7.3. COMMUNICATION STRATEGY***

A communications strategy will be developed and implemented to both raise awareness of the importance of ECD among the general population as well as to disseminate key documents and instructions to stakeholders at all levels. The Strategic Plans envisages the organisation of regular sensitisation campaigns and seminars as well as the use of media such as newspapers and radio to create a demand for ECD as well as to educate parents on how to provide the best care and developmental assistance to their young children.

**7.4. MONITORING AND EVALUATION**

The ECD Strategic Plan contains a comprehensive results framework which will act as a Monitoring and Evaluation tool to assess progress towards achieving the objectives of the ECD Policy. The results chain of the Framework is organised into four Strategic Objectives (Outcomes), which will be achieved over the course of the five-year Strategic Plan. Output-level results for each Outcome contain specific activities, with indicators, targets, timelines and budgets, with the responsible actor identified for each activity. The Fourth Strategic Objective – Evidence Based Programming and Effective Monitoring and Evaluation – is concerned with putting in place an M&E system which will promote the improved management of ECD related data, capacity building of stakeholders in the area of M&E and research as well as a mechanism to disseminate monitoring and evaluation findings.

The Strategic Plan also contains a long term strategic Research, Monitoring and Evaluation Plan which will support the generation of evidence on the impact of ECD on education and health outcomes as well as its contribution to economic growth and development overall.

## 8. FINANCIAL IMPLICATIONS

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### 8.1 Financial Plan

The Ministry of Education has been tasked with providing leadership for ECD though all concerned Ministries will contribute through their own budgets. Currently, funding for pre-primary education mainly comes from civil society and private sector groups with only 0.2% of the Education budget earmarked for pre-primary (ESSP 2010-2015). This is far below recommended targets for the pre-primary sub sector. Education support for ECD needs to be phased in over a 5 to 6 year period. In Rwanda, approximately 50% of health service support comes from international sources, with 10% from the Government and 33% from patient fees. No breakdown for maternal-child health care could be found, but internationally it is recommended that it should receive 14% of the health budget. MIGEPROF should strive for a similar level of direct support for services for young children and their mothers. Essentially, a “mosaic” of greatly increased financial and in-kind volunteer support will be required in order to rapidly expand and improve ECD services.

**Government support** will include a commitment to expand current budgets in all relevant ministries for integrated initiatives supporting children between the ages of 0-6 as outlined in the ECD Strategic Plan. Government will establish salary levels for key field workers such as pre-primary teachers and ECD caregivers which will contribute to providing an enabling environment for ECD development. For Government-supported ECD centres of all types, it will contribute to pre-primary teacher/ caregiver motivation, as well as the provision of some construction materials; training opportunities for caregivers as well as learning materials and toys. Government will also support the on-going development of ECD curricula and learning materials and provide an oversight function through monitoring and evaluation of all ECD centres to ensure they are adhering to government quality standards. Finally, government financial commitments extend to supporting awareness raising and communications exercises which support an increasing demand for and understanding of the importance of ECD nationwide.

**Community participation** will include sliding scale fees for ECD services depending upon parents' income levels; management and oversight activities of ECD centres; provision of supervised volunteer caregivers; support for the construction and maintenance of ECD centres. Combining both in-kind and financial support, such contributions will play a significant part in the successful functioning of community-based ECD centres.

**Civil society, faith-based and private sector partnerships and contributions** mechanisms and agreements for shared responsibility with Government will be developed, including roles for Governmental leadership for quality, standards-setting,

regulations, monitoring and programme improvement. Percentages of partner support will be established to achieve long-term, sustainable collaboration. Development partner organisation such as UNICEF will also provide support in developing standards, both for the infrastructure associated with ECD centres as well as for the quality and content of ECD programmes provided through the centres.

**International partnerships for ECD** (ONE UN, multilateral and bilateral donors, and international NGOs) will be rapidly expanded. They could grow substantially to assist with developing Integrated ECD Centres nationwide, with a phased reduction of external assistance as national contributions increase over time. Support could include funds, technical assistance, monetised food contributions, pre-primary school feeding services, and higher education partnerships for teacher training.

**Fast Track Initiative Funds** now can be used for ECD and Pre-Primary Education, and the World Bank potentially could provide significant support for ECD in Rwanda.

## 8.2 Human and Institutional Resource Development Plan

The ECD Policy envisages the established or strengthening of several coordinating bodies at both the national and decentralised levels. The accompanying Strategic Plan provides details on the training and induction programmes which will be implemented at all levels in order to ensure that responsible personnel, from the ECD centre caregivers to ECD community management teams, up to Sector, District and National level coordination bodies are fully equipped to support the achievement of the Goals and Objectives of the ECD Policy and Strategic Plan. Each level of the human resource development plan has been costed in the Strategic Plan results framework, with the lead and partner agencies identified.

Specific measures to ensure systems strengthening to support monitoring, oversight and quality assurance are also outlined in the Strategic Plan, including guidance on the establishment and functioning of the institutional framework.

## 9. LEGAL IMPLICATIONS

It is not envisaged that the adoption of this policy will result in any new legal commitment or obligations for the Government of Rwanda.

The ECD Policy provides direction to the Government of Rwanda and all stakeholders on how best to fulfil already existing legal obligations and commitments to children such as:

- Convention on the Rights of the Child (CRC), its Optional Protocols, and Comment 7 on Child Rights in Early Childhood,
- African Charter on the Rights and Welfare of the Child, 1999,
- Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), 1981,
- Convention on the Rights of Persons with Disabilities, 2006, along with its Optional Protocol, 2008.

- Millennium Development Goals.

## 10. IMPACT ON BUSINESS AND THE ECONOMY

The ECD Policy seeks to support the achievement of national development goals, including Vision 2020, not least pillars 2 and 3:

- ✓ Pillar 2- Human Resource Development and a knowledge based economy, with improvements in Health and Education services used to build a productive and efficient workforce;
- ✓ Pillar 3: A private sector-led economy characterized by competitiveness and entrepreneurship.

The ECD Policy and Strategic Plan contains a long term strategic Research, Monitoring and Evaluation Plan which will support the generation of evidence on the impact of ECD on education and health outcomes as well as its contribution to economic growth and development overall. It is expected that the implementation of the ECD Policy Actions will result in a healthier and better educated workforce, providing a large and talented human resource pool, equipped with critical thinking and entrepreneurial skills which will drive forward Rwanda's economy in the years to come.

As well as these positive results, the economy will also benefit from reductions in other costs:

- Reduced health care costs (neonatology, hospital and clinic costs for infants and young children)
- Reduced costs from delays & disabilities (ECI and special education)
- Reduced nutrition care costs (supplementation and feeding programs)
- Increased safety & learning opportunities for children = mothers willing to work outside the home
- Improved education outcomes & increased internal efficiency of education system (lower costs due to reductions in repetition and drop out, and to higher achievement and primary school completion)
- Reduced costs for special education in primary & secondary school
- Reduced child welfare & child protection services
- Reduced juvenile delinquency & justice system costs for youth

All of which contribute to higher national productivity

There are also several business opportunities related to the implementation of the ECD Policy. As the demand for ECD services grows, there will be greater returns on private investment in ECD services. As the provision of ECD services is professionalised, and as communities and government invest more in such services, there will be a demand for toys and materials which will be produced locally, as well as for construction materials and skilled caregivers, all of which will have a positive impact on economic output.

## **11. IMPACT ON EQUALITY, UNITY AND RECONCILIATION**

ECD promotes an equity-based approach for providing nurturing environments for children. This is in recognition of the fact that socially disadvantaged children are vulnerable to poor development but that they stand to gain the most from quality ECD programs. Poor and otherwise disadvantaged children are less likely to enroll in school at the right age. They are also more likely to attain lower achievement levels or grades for their age and to have poorer cognitive ability (Vegas and Santibáñez 2010). Some evaluations suggest that at school entry, children from disadvantaged backgrounds could already be years behind their more economically advantaged peers (Brooks-Gunn, Britto and Brady 1999).

Interventions in the early years have the potential to offset these negative trends and to provide young children with more opportunities and better outcomes in terms of access to education, quality of learning, physical growth and health, and, eventually, productivity. These interventions are among the most cost-effective investments a country can make in the human development and capital formation of its people (Heckman 2008) and the impact in poorer communities can be quite stark. In short, expansion of ECD services throughout Rwanda has the potential to break the cycle of poverty and to act as a great social and economic equalizer.

Parent education will also promote positive values among parents and will equip them with the skills to participate fully in the development of their children and to fulfil their obligations and duties as the primary caregivers of the young of the nation.

Children who reach the end of early childhood will be developing well in the physical, cognitive, linguistic, and socio-emotional areas in order to fully benefit from further opportunities. They will be (1) healthy and well-nourished, (2) securely attached to caregivers and able to interact positively with extended family members, peers, and teachers, (3) able to communicate with both peers and adults, and (4) ready to learn throughout primary school. In essence the provision of ECD services will result in well-rounded young people who are well placed to contribute to the development and future prosperity of their nation, in a positive, peaceful and innovative manner.

## 12. CONCLUSION

The integrated approach to ECD calls for inter-sectoral coordination on the part of the Education, Health, Nutrition, Sanitation, and Child Protection sectors. ECD forms the foundation of Basic Education programmes of MINEDUC; maternal and child health, nutrition and sanitation services in MINISANTE and MININFRA; and social protection services in MIGEPROF, MIFOTRA and other agencies and groups.

Policy Advocacy will be important to ensuring that the needs of all of Rwanda's children, and especially vulnerable children, are placed front and centre on the national development agenda. National leaders, community leaders and parents will be targeted for key ECD messages.

By definition, all ECD services are local. The role of parents and legal guardians is of central importance to improving child development, with the support of parent educators, Early Care and Development Centres, Pre-Primary Schools and Health Centres. Participants in nationwide Consultation Workshops emphasised that Parent Education and Support services are essential to ensuring improved child development in Rwanda.

The ECD Policy is tailored to:

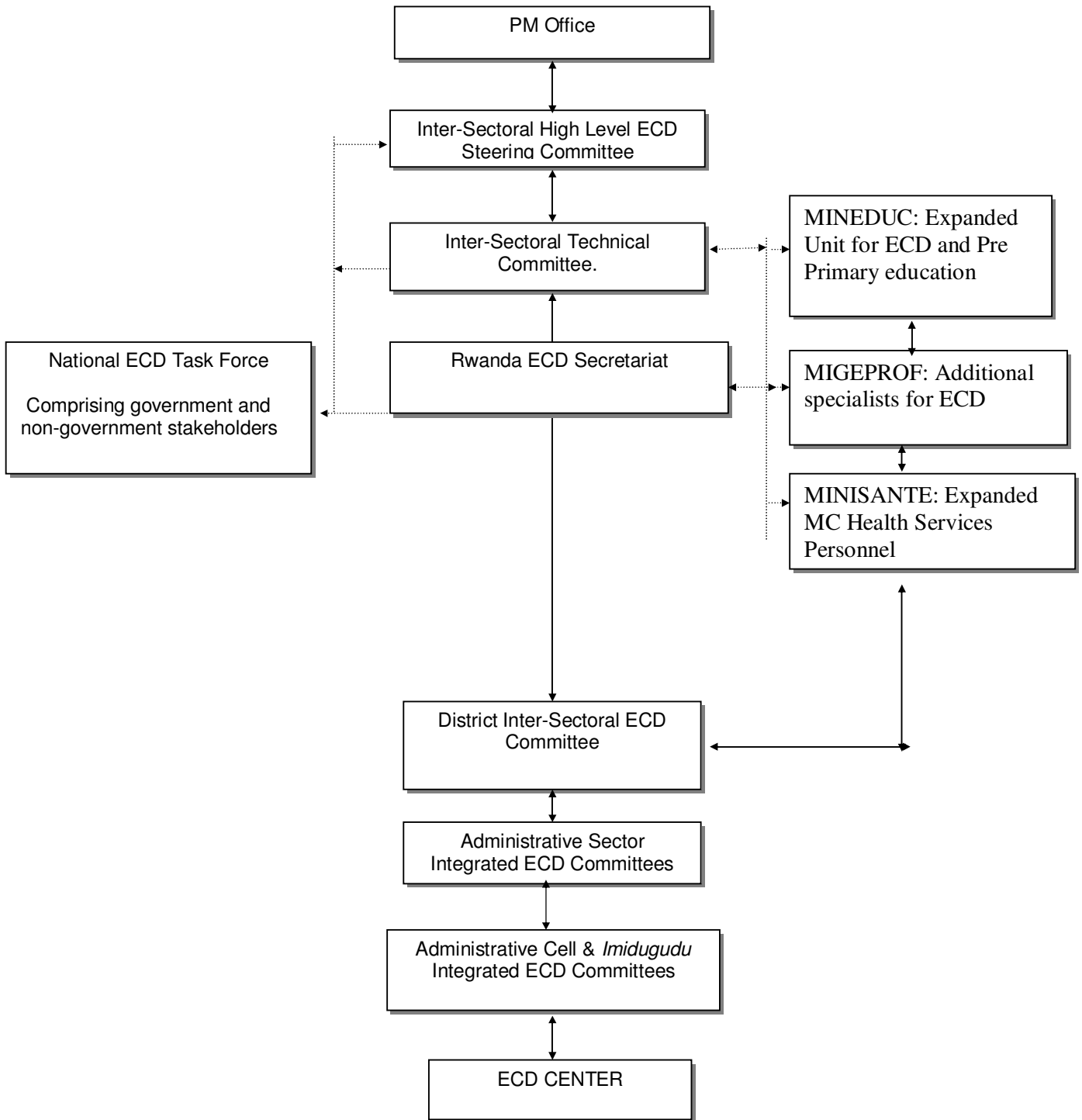
- Reduce fertility rates, infant and maternal mortality, and improve birth outcomes.
- Improve parents' and legal guardians' knowledge, skills in child development and family relations.
- Ensure infants and toddlers of working mothers receive nurturing care and developmental services, and young children from three to primary school entry are well developed and prepared for success in school and life.
- To ensure that all children are ready to begin school at the correct age and this may entail the special provision of rapid school readiness programmes.
- Overcome child malnutrition, prevent and reverse developmental delays, and improve child development outcomes for children with disabilities.
- Reduce under-5 child mortality and morbidity.
- Reduce the incidence of childhood illnesses and diseases.
- Ensure that child rights are respected and children are safe and secure.

The ECD Policy promotes expanded Government investment in ECD programmes and services as well as the establishment of formal inter-sectoral agreements and partnerships with civil society, private sector and international donors in order to maximise the use of national and international resources for child and family development in Rwanda, and achieve the highest quality of ECD services in the shortest possible time.

Ultimately, it is expected that in the short, medium and long term, the ECD Policy and its Strategic Plan will yield high levels of economic and social returns on investment. This integrated approach to ECD will help Rwanda achieve the objectives and targets of Vision 2020 and the EDPRS for overcoming poverty, expanding economic and social development, and achieving durable peace and prosperity.



## ANNEX I: Coordination Chart for Implementing the Early Childhood Development Policy



## ANNEX II : BIBLIOGRAPHY

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