

REPUBLIC OF RWANDA



MINISTRY OF GENDER AND FAMILY PROMOTION

EARLY CHILDHOOD DEVELOPMENT POLICY

Uburere buruta ubuvuke

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FOREWORD

The long term vision for the Government of Rwanda is to transform the economy from an agrarian to a knowledge-based economy with its population as a formidable force behind this transformation. In order to realise this vision, we have an obligation to enhance human skills and knowledge development especially for the young generation through Early Childhood Development (ECD) interventions. Early Childhood Development interventions develop sensory-motor, social-emotional, cognitive-language skills in for young children, while building the capacity of parents and other caregivers to fulfil their parenting obligations.

Scientific evidence affirms that the first 3 years are the most important in the life of a child. 80% of the child's brain grows within the first 3 years, making it a period of greatest sensitivity to environmental influences. Any deficiencies, therefore, during this course of life affect subsequent development stages across a child's growth continuum. The government adopted the first ECD Policy in September 2011 setting pace for an organised approach to the development of young children. The ECD policy has been revised to address incumbent and anticipated programme constraints whilst aligning the policy objectives to emerging national priorities, through holistic, successive and uninterrupted interventions to make our children healthy, physically developed, socially adaptable, emotionally balanced and productive citizens.

It should be noted that providing ECD services requires multi-stakeholder and multi-sectoral collaboration. We will ensure a coordinated planning and implementation process to ensure full stakeholder participation that is without duplication and overlaps. During this journey, Parents and caregivers are specifically called upon and empowered to take lead on child development support through parenting education sessions. The revised ECD Policy provides a framework within which interventions from government and its stakeholders are defined and government commits to provide a framework for continuous stakeholder engagement.

Signature


Dr GASHUMBA Diane
Minister of Gender and Family Promotion



TABLE OF CONTENTS

FOREWORD	2
TABLE OF CONTENTS	3
ABBREVIATIONS AND ACRONYMS	4
TERMINOLOGIES	6
OVERVIEW OF POLICY	7
1.1. The Case for Investing in Early Childhood Development	9
1.2. Rationale for a Revised National ECD Policy.....	9
1.3. The ECD Policy review process	11
CHAPTER 2: SITUATIONAL ANALYSIS OF EARLY CHILDHOOD DEVELOPMENT: PROGRESS, INTERVENTIONS, AND POLICIES	12
2.1. State of Early Childhood Development (ECD) in Rwanda	12
2.2. The Policy Environment to Support ECD in Rwanda	16
2.2.1. National Context	17
2.2.2. International and Regional Context	18
2.3. The Range of Interventions Necessary to Support ECD in Rwanda: Achievements and Bottlenecks	19
CHAPTER 3: POLICY FRAMEWORK	21
3.1. Policy Mission, Vision and Goal.....	21
3.2. Policy Objectives.....	21
3.3. Policy Principles	22
3.3. Policy Statements	23
CHAPTER 4: IMPLEMENTATION ARRANGEMENTS	25
4.1. Roles and Responsibilities.....	25
4.2. Coordination and Reporting Framework.....	29
4.2.1. National Level Coordination	29
4.2.2. Districts Level Coordination and Reporting Arrangements	30
4.3 Financing Mechanisms	31
4.4 Policy Communication	31
CHAPTER 5: LEGAL AND REGULATORY FRAMEWORK	32
Annex 1: ECD Coordination Framework	33
REFERENCES	34

ABBREVIATIONS AND ACRONYMS

(3) Rs	Reading, Writing and Arithmetic
ARV	Anti Retro-Viral (Drugs)
CBO	Community Based Organisations
CDLS	Commission de District de Lutte Contre le SIDA
CHW	Community Health Workers
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DFID	Department for International Development (United Kingdom)
DHS	Demographic and Health Survey
DPT3	Diphtheria, Pertussis and Tetanus immunisation
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECDE	Early Childhood Development and Education
ECD & F	Early Childhood Development and Family
EDPRS	Economic Development and Poverty Reduction strategy
EFA	Education for All
EICV	Enquete Intégrale sur les Conditions de Vie (French); Integrated Household Living Conditions Survey
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESSP	Education Sector Strategic Plan
ESSP	Education Sector Strategic Plan
FAWE	Forum for African Women Educationalist
FBO	Faith-Based Organisations
GER	Gross Enrolment Ratio
HDR	Human Development Report
IMCI	Integrated Management of Childhood Illnesses
MDG	Millennium Development Goals
MIGEPROF	Ministry of Gender and Family Promotion
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government,
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MININFRA	Ministry of Infrastructure
MINISANTE	Ministry of Health
MIS	Management Information System
NCC	National Children's Commission

NER	Net Enrolment Rate
NFNP	National Food and Nutrition Policy
NGO	Non-Governmental Organization
NIS	National Institute of Statistics
NISR	National Institute of Statistics
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-To-Child Transmission (of HIV/AIDS/AIDS)
RNP	Rwanda National Police
SACCO	Savings and Credit Cooperative Organisation
TTCs	Teacher Training Collages

TERMINOLOGIES

Terminology	Definition
Adult Literacy	The capacity to read and write a short and simple statement
Care	The attention to body, health, nutrition, emotional, social, language and intellectual development of a child throughout their childhood
Caregivers	Persons charged with attending to the body, health, nutrition, emotional, social, language and intellectual development needs of a child, including parents, family members and other persons accorded with such duties.
Centre-Based ECD	An early learning and development centre where children from 3 to 6 years are sent to undergo sensory-motor, social-emotional, and cognitive-language development support as well as training on school readiness by experienced caregivers.
Crèche	A nursery where babies and young children are cared for during the working day
Cognitive Potential	The psychological ability of knowing, information processing, conceptual skills, language learning, perception, reasoning and judgment and other aspects of brain development.
Community-Based Centre	An "improvised centre" normally arranged by members of the community where temporally structures belonging to other owners are turned into learning areas for young children.
Comprehensive Strategy	A strategy which ensures children receive all the inputs they require from a range of service providers who do not necessarily need to operate as one programme
Development	A process of change in which a child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment
Disability	Refers to a physical, sensory or psychological impairment that can create hindrance for children from taking part in everyday activities
Early Childhood	The period between birth and 6 years of age for purposes of this policy
Early Childhood Development	This refers to the sensory-motor, social-emotional, and cognitive-language Development changes through which a child undergoes during their early years of life from conception to 6 years, as well as support that caregivers need to provide childcare. From a programming perspective, ECD entails providing integrated services that helps children develop to their full potential in health and nutrition, education and psychosocial wellbeing.
Early Stimulation	A responsive and nurturing interaction with caregivers, where children are exposed to rich learning opportunities(Landry, S.H., 2008)
Family	Is a basic social unit consisting of parents and their children, sometimes may include grandparents, uncles, aunties, cousins-considered as a group, whether dwelling together or not.
Fertility Rate	Refers to the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accordance with current age-specific fertility rate
Gross Enrolment Ratio	Total number of students enrolled in a specific level of education, regardless of age, as a percentage of the official school-age population corresponding to the same level of education in a given school-year.
Home-Based ECD Centre	An informal centre where a group of neighboring households designate one home to serve as a center for children's, aged between birth to three years, early learning during the day as they wait for the parents to come and pick them at the end of their day's work.
Net Enrolment Ratio	The total number of children enrolled in a specific level of education as a percentage of the total population of the same age group.
Pre-Primary	An initial stage of organized instruction, designed primarily to introduce young children up to 6 years of age to a school-type environment, providing a bridge between home and a school-based atmosphere (OECD, 2008).

OVERVIEW OF POLICY

The first 6 years of a child's life are critical to their sensory-motor, social-emotional, and cognitive-language development and will influence long health, learning and behavioural outcomes. Protective interventions in early childhood can support healthy brain development. Evidence from economics, and the behavioural and neurosciences suggests the earlier the interventions, the greater the economic returns on investment (Leslie J. Calman, L.J.& Linda Tarr-Whelan, L.T., 2005).

Rwanda has around 5 million children of which approximately 15% are potential beneficiaries of Early Child Development (ECD) service; however, currently few ECD services reach this population. In the past, early childhood interventions have been implemented through scattered endeavours without clear policy orientation. To provide clear guidance on interventions by all parties to ECD, the government elaborated the first Early Childhood Development Policy in September 2011. In 2014, Ministry of Gender and Family Promotion (MIGEPROF) was assigned to coordinate ECD policy implementation, given its incumbent mandate of family promotion and child protection, which are the bedrocks for effective ECD. Thereafter, MIGEPROF undertook a quick situational analysis in August 2014 to ascertain the lessons learnt from the past 3 years of policy implementation, and areas for improvement to inform future interventions. Key policy gaps, included; the lack of minimum operating standards, lack of a comprehensive ECD curriculum, unsustainable financing, lack of attention to children under 3 years of age, and unclear coordination mechanisms among stakeholders, services, and policies. The revised ECD policy proposes various policy remedies to the aforementioned challenges.

The mission, goals and objectives of Rwanda's Early Childhood Development (ECD) Policy establish the country's vision for its youngest citizens (Table 1). They are also the directives for the ECD strategic Implementation Plan, which is designed to streamline and prioritize areas for investment, programmes, services and activities to achieve the aims of the Policy. The mission of the Policy emphasizes the delivery of credible interventions that can effectively support the development of children from conception to 6 years of age in Rwanda. This requires the support of programmatic strategies that are evidence-based, contextual, and that effectively address the developmental needs of all children. The mission is aligned with the overall vision of providing children with learning opportunities that enable their holistic development (some of them through integrated approaches) while engaging a mobilized community. This vision requires the operationalization of integrated modalities - where integration is feasible and relevant - and strong community engagement. The general objective of the policy emphasizes principles of equity, access and quality of ECD services and requires systems that are coordinated and provide sustainable services.

Table 1: Mission, Vision, Goal, Objectives, Policy Principles, and Policy Issue Addressed in the revised National ECD Policy

Mission	To establish and implement interventions that supports effective Early Childhood Development for children from conception to 6 years in Rwanda.
Vision	A population of young children with integrated early learning and development opportunities in an informed, empowered and responsive community.
Goal	To achieve a healthy, safe and knowledge rich infant population with the highest chances of survival to become successful as well as responsible citizens.
General Objective	To ensure improved quality and equal access to Early Childhood Development Services by all the intended beneficiaries in a clear, coordinated and sustainable manner.
Specific Objectives	<ol style="list-style-type: none"> 1. To increase children’s preparedness to cope with primary school environment 2. To enhance positive parenting and community participation in child protection 3. To reduce malnutrition and stunted growth among young children 4. To reduce under 5 and maternal mortality rate 5. To develop children’s self-awareness, self-esteem and self-confidence 6. To eliminate physical, moral and psychological abuse of young children 7. To enhance equal access by children with special needs to services offered under ECD
Policy Principles	<ul style="list-style-type: none"> • Holistic/All-Inclusive Service Provision • Integrated Planning • Non-discrimination • Parents at the centre of care giving • Gender equality
Policy Issues Addressed	<ul style="list-style-type: none"> • Unclear coordination and reporting framework • Lack of approved minimum operating standards • Inadequate human resources • Multiple ECD models • Inadequate infrastructure • Programme sustainability • Limited attention to children with special needs • Limited attention to informal early childhood needs (0-3 years) • Attention to vulnerable families and children

The ECD Policy is supported by a Strategic Implementation Plan, which comprises of five key strategic areas of programme investment and focus as follows:

- (a)* Parenting Education and Support;
- (b)* School readiness and Transitions;
- (c)* Child Protection and Family Promotion;
- (d)* Health, Nutrition and WASH and;
- (e)* Co-ordination, governance, resourcing, monitoring and evaluation

The compendium of interventions identified for the promotion of ECD are intended to (1) Guides programmatic priorities; (2) Establish potential areas for inter-sectoral

coordination; and (3) Provide a framework to operationalize the implementation of the policy.

CHAPTER 1: INTRODUCTION

1.1. The Case for Investing in Early Childhood Development

Evidence from economics, behavioural and neurosciences, health, and education show investment in early childhood can potentially yield long-lasting benefits for children, families, communities, and nations (Alderman, H. and King, E.M., 2006). Children who receive interventions to support their health, growth, and development in the formative years are likely to achieve greater educational success, higher earnings, and good physical and mental health in adult life reducing dependence upon government supported welfare. Investment in a host of interventions during early childhood that mitigate risks which threaten the well-being of young children can result in one of the highest returns to investment by the Government.

Children's development is a gradual unfolding of sensory-motor, social-emotional, and cognitive-language capacity. These capacities help children to think, solve problems, communicate, express their emotions and form healthy relationships which are the building blocks for future human capital formation. The period of early childhood development (ECD) is a sensitive period of brain development which is shaped by genetics, environment and experience. Early adversity from a host of factors including malnutrition, infectious illnesses, maternal depression, lack of early learning opportunities, and violence can harm the developing brain resulting in poor health, learning and behaviour outcomes in the life course. While, protective interventions can promote the quality of brain development by creating a buffer against risks. The period of conception through to the first 6 years of life is a window of opportunity to promote healthy brain development through the provision of care for children's physical and mental health, adequate nutrition for growth, opportunities to learn, safe care giving environments, and protection from harm.

1.2. Rationale for a Revised National ECD Policy

Rwanda has achieved tremendous improvements in the field of child care, reducing maternal and infant mortality, improving sanitation and nutrition as well as enhancing opportunities for early learning. The government has made great strides in reducing extreme poverty, with tangible reductions in the past decade. Notwithstanding, 44.9% of the population live below the poverty line and although many children now survive, they still face multiple risks that prevent them from developing their full physical,

sensory-motor, cognitive-language, and social-emotional potential with long term detrimental implications for human capital formation. To address this challenge, the Ministry of Education developed the first National Early Childhood Development (ECD) Policy, which was adopted by cabinet in September 2011.

The National ECD Policy (2011) provided a framework to ensure a holistic and integrated approach to the development of young children across Education, Health, Nutrition, Water and Sanitation, Child and Social Protection to ensure that young children grow in an environment with empowered and supportive families (MININFRA, 2013). The rationale for revising the National ECD Policy was to align the policy to emerging national and international commitments to which Rwanda is party, but also addressing unresolved issues neglected in the previous policy. In summary, the policy approved in 2011 was revised to ensure:

- **Alignment with Emerging Priorities:** The revised policy intends to align its objectives to new government aspirations reflected in the EDPRS II, Vision 2020, Social Protection Strategy, Family Policy and the Post MDG Sustainable Development aspirations, to avoid a situation where policy remains stand-alone and overtaken by events (*EDPRSII, 2013*), (*Vision2020, 2010*).
- **Attention to Critical Issues:** The revised policy seeks to fill existing policy gaps never covered in the previous policy, including; informal parenting and child education (0-3 years), a lack of attention to child protection minimum standards, effective coordination and quality assurance among others. This policy highlights and strengthens the role of positive parenting in preventing and solving issues relating to child protection: Gender Based Violence, Child Abuse, malnutrition and stunting, and others.
- **Clear and Unambiguous Roles and Responsibilities:** The policy provides a clear separation of stakeholder roles and responsibilities as well as structured oversight and coordination framework to avoid duplication and overlapping of responsibilities.
- **Clear Communication and Outreach Plan:** The revised policy clarifies the need for effective forms and forums of communication to avoid mixed messages derailing programme implementation. The policy recommends the elaboration of a clear and effective communication and outreach plan to all the intended beneficiaries.
- **ECD M&E Framework:** To measure progress, to keep track of milestones set and assess impact of programmes in terms of real change on the child's wellbeing is at the core of well-conceived ECD monitoring and evaluation framework. For this to be realized, MIGEPROF and its stakeholders will develop a Joint ECD M&E framework with clear indicators and reporting mechanisms. The M&E framework

will serve two purposes: to monitor implementation of policy and programme priorities and to evaluate impact.

The revised National ECD Policy prescribes interventions to enhance the optimal development of children's full sensory-motor, social-emotional and cognitive-language potential from conception to the age of 6 years whilst empowering their parents to serve as key service providers. These interventions provide the essential base for the achievement of Education For All (EFA) goals, contribute to reducing poverty, support the overarching objective of the Millennium Development Goals (MDGs) and the forthcoming post-2015 Sustainable Development Goals (SDGs), and enable the achievement of social justice (*The Importance of Early Childhood Development to Education, 2013*). Further, early learning opportunities improves the efficiency of the schooling system and saves money by reducing repetition and drop-out and improving achievement and completion rates, especially for girls and marginalized groups.

In Rwanda specifically, investing in ECD interventions will help in the realization of the Vision 2020 objectives. ECD interventions for infant and maternal health will be in line with the second objective of Vision 2020 to reduce infant and maternal mortality rates and to increase life expectancy from 49 to 55 years (Government of Rwanda, 2010). Further, strategies to support ECD will ensure equity in the population; for example, only 13.3% of children aged 3-6 years have access to any type of early learning and development services, and these tend to be mainly in urban areas (MINEDUC, 2014). In order to ensure equitable access to ECD services throughout the country, there is a need to boost capacity of especially vulnerable families to send their children to early learning centres. The government in collaboration with its development partners and NGO's intends to provide targeted services for these vulnerable groups over time, in addition to universal services.

1.3. The ECD Policy review process

During the 2014 National Leadership Retreat, one of the meeting resolutions was to strengthen the provision of ECD services in Rwanda and improve stakeholder coordination and engagement. Subsequent to the retreat resolutions, the Social Cluster Ministers Forum developed and approved a proposal to entrust the Ministry for Gender and Family (MIGEPROF) with the mandate of coordinating the implementation of the ECD policy given its primary responsibility of harnessing positive family values and child protection which are the bedrocks for effective Early Childhood Development.

A technical team from MIGEPROF undertook protracted consultations with key stakeholders including Development Partners, Community Based Organizations, Private Sector as well as programme beneficiaries to get an informed perspective of

key programme achievements, challenges as well as lessons learnt to inform the revised ECD policy. Following this, a multi-institutional technical working retreat was held to discuss preliminary issues that arose from the initial consultations and came up with a proposed roadmap for the entire policy review process. From the literature reviews, field appraisals of various ECD interventions and stakeholder interviews conducted, a draft revised ECD policy was developed and extensively shared with stakeholders for further inputs.

CHAPTER 2: SITUATIONAL ANALYSIS OF EARLY CHILDHOOD DEVELOPMENT: PROGRESS, INTERVENTIONS, AND POLICIES

2.1. State of Early Childhood Development (ECD) in Rwanda

Rwanda has an estimated population of 10.5 million people with a 2.6% annual average growth rate. (NISR, 2012). It is estimated that total child population is around 5 million of which 15% are potential ECD service beneficiaries. Formally, Rwanda's education system comprises 4 main levels, these are; i) Pre-primary education level, ii) Primary education, iii) Secondary education, and iv) Higher Education (Universities and other higher institutions of learning). Non-formal education including Adult Basic Education (ABE) has also been implemented to address illiteracy. Government has expressed commitment to prioritise ECD on its development agenda as reflected in the EDPRS II, the seven year government programme, the revised national family promotion policy and the predecessor of this ECD Policy approved in September 2011. In each sector, strategies to support ECD are in place:

- **Early Childhood Education:** The mission of Rwanda's education sector is to prepare Rwandan citizens for the country's socio-economic development by ensuring equitable access to quality education programmes. Currently, there are no deliberate government lead integrated ECD programmes that address the needs of children 0-3 in a holistic manner. The pre-primary education programme is designed for children aged between 4 to 6 years, to enhance their readiness for primary schooling. To date, most pre-primary schools are located in urban areas and are privately owned with government providing some limited support in form of teaching materials and infrastructure support. The Pre-primary net enrolment Rate increased from 6.1% in 2010 to 13.3% in 2014 (MINEDUC, 2014). Although it continues to increase, the 2014/2015 ESSP target of 17% was not attained in 2014, meaning that only 13.3% of population in the pre-primary age category are actually attending pre-primary education in Rwanda (MINEDUC, 2014, p. 8). In 2013, the pre-primary pupil teacher ratio was reported at 38:1, in 2014, EMIS report had no updated data on this indicator; nevertheless, the government commits to reduce this ratio to capping at less than 25 children per teacher in the medium term. The government also commits to increase Gross Enrolment Rate (GER) in pre-primary schools to 30% in 2017 (MINEDUC, 2013/17). To enhance school readiness among

young children, a competency-based curriculum for 3-6 year olds has been developed and will be implemented from January 2016. The government plans to roll-out a one year school readiness programme for 5 and 6 year olds across all districts. Because parents are primary caregivers of children to develop full physical, sensory-motor, cognitive-language, and social emotional potential of children, MIGEPROF and partners will initiate ECD interventions at cell level with the target of scaling the services at village level through home based ECD groups.

- **Parenting Education and Support:** Parenting education and support has received little attention, but recently, government with support from its development partners have launched home-visiting programmes to enhance parenting skills to help families fulfil their parental obligations and to provide access to ECD services for children less than 3 years of age who may not attend formal ECD centres. The objectives of the parenting education and support programmes are four-fold: (1) Provide a holistic parenting education curriculum for parents and their children in the first 3 years of life 3 years, and a complementary curriculum for parents caring for children aged 3 to 6 years; (2) Help parents acquire the skills to support the development of their children's emergent literacy skills; (3) Support local commercial publishers to produce high quality, age appropriate children's books; (4) Promote a culture of reading and ensuring access to reading materials in rural areas, through community libraries; and (5) Advocate for local and national authorities' awareness on the importance of ECD and emergent literacy within parenting education.
- **Access to Health Services:** Access to health services has been expanded in Rwanda through the introduction of community-based health insurance and increased number of Community Health Workers (CHWs). As a result, under5 mortality fell from 196 to 50 deaths per 1,000 live births from 2000 to 2014 (MINISANTE, 2014/2015). The Government of Rwanda has continued its efforts to improve the health status of Rwandans by streamlining the health insurance scheme, improving the quality of services provided and physical infrastructure, positioning Rwanda among the countries which reached targets on the implementation of the "Abuja call for action towards universal access to HIV/AIDS, Tuberculosis and malaria services (UNDP, 2013). The Implementation of different community health interventions has significantly contributed to improved access to health services for children. The proportion of infants under 5 years who were fully immunized against infectious diseases increased significantly from 82.7% in 2010 to 93% in 2014/15 (MINISANTE, 2010 & 2014/2015), while the proportion of the entire population with access to health insurance increased from 43% in 2005 to 70% in 2013/14, implying that 7 in every 10 individuals in Rwanda are covered by some type of health insurance (EICV 4, 2013/2014). The EDPRS II highlights government commitment to have at least 1 health centre in each Administrative Sector by 2017. To-date, there are 495 health centres in the 416 Administrative Sectors (MINISANTE, 2005). The establishment of close to 45,000

CHW and volunteers represents a positive effort to improve access to health assistance. Further, the national health insurance schemes for families living below the poverty line have successfully benefited over 85% of target families (MINISANTE, October 2010).

- **Family Planning:** Awareness of birth control among Rwandan families has improved; however, more needs to be done to support preparation for pregnancy, and the provisions of immunisation and micronutrients such as folic acid, iodine and iron to pregnant women. 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 essential to avoid poor birth outcomes. Only 44% of pregnant women complete at least 4 of the prescribed antenatal health care visits (MINISANTE, 2014/15).
- **Maternal Mortality:** Maternal mortality rate declined from 1,071 per 100,000 in 2000 to 750 in 2005 and even further to 476 by 2010 and 210 in 2014-15 (DHS, 2014-15). The percentage of women giving birth in health centres or hospitals has risen to 91% and about 91% of women interviewed during the survey reported that a health professional was present during delivery (MINISANTE, 2014/15). However, the percentage of deliveries assisted by health professionals is higher in urban areas at a rate of 97% compared to the rural area where the rate is at 89%. The EDPRS II target for medically attended deliveries is set at 82% by 2017 through increased service availability, antenatal education and training of more physicians and mid- wives.
- **Water, Sanitation and Hygiene:** Rwanda is among the few countries which have sharply increased access to improved water and sanitation to a large number of the population since 1995. According to EICV 4, 85% of the population in Rwanda has access to improved water supply while 83% has access to improved sanitation facilities (NISR, 2011). Despite the gains made since the 1990s, around 1.7 million people in Rwanda still lack access to an improved water source. There are also large differentials in access levels across the country. The water supply access level in rural areas (84%) is significantly lower than in urban areas (90%). Access to improved drinking water sources is highest in the Northern Province (91%), with the lowest proportion of households with access to safe drinking water being found in the Eastern Province (81%). The access to improved water supply ranges from 81% for the poorest 20% to 89% for the richest 20%.

Based on EICV- 4, approximately 1.9 million people Rwanda still do not have access to improved sanitation. In addition, disparities exist in sanitation coverage between, and even within, individual districts and among the rich and the poor. Access to improved sanitation is highest in Kigali City (93%) followed by the Eastern Province (88%), with the lowest proportion of household being found in the Southern Province (70%). The access to improved sanitation for the poorest

population (bottom 20%) averages 70% compared to 94% coverage for the richest 20% (NISR, 2011).

Recognizing the key role of water, sanitation and hygiene in protection of public health, socio-economic development and gender empowerment, the Government of Rwanda has committed itself to a target of 100% water and sanitation coverage by 2017/2018, as outlined in EDPRS II.

- **Nutrition:** Although breastfeeding rates are generally high, many lactating women are malnourished, failing to produce enough breast milk and resorting to bottle feeding in a period less than the recommended 6 months after delivery putting their children at risk of stunting. Mothers require nutritional supplements during the antenatal and lactating periods for at least for three years.

National child malnutrition figures show that 38% of children under the age of 5 years are stunted, 14% are severely stunted, 9.3% are underweight and 2.2% severely underweight (MINISANTE, 2014/15). In general, poor early growth, the prevalence of anaemia, an outcome of poor diet in children is high at 36.5% causing irreversible developmental delays in young children (MINISANTE, 2014-15). However, government is committed to reduce cases of malnutrition through active nutrition screening of all children under 5 years of age by CHWs, under the National Protocol for the Treatment of Malnutrition, National Strategy for the Elimination of Malnutrition and the District Plan for the Elimination of Malnutrition. Children detected to be at risk of malnutrition are referred to the nearest health facility for appropriate treatment, using therapeutic interventions which include: therapeutic milks, ready-to-use therapeutic food for severe cases, and corn soy blend for moderate cases. Scale-up of services is constrained by the marked lack of qualified nutritionists and insufficient funds to implement the national and the district plans to eliminate malnutrition.

- **Child Survival:** Rwanda's infant mortality rate is reported to be 32 per 1,000 live births, while under 5 child mortality stood at 50 per 1000 live births (MINISANTE, 2014/15). Neonatal mortality (death before the end of the first month) has dropped to 20 per 1,000 down from 27 registered in 2010 (MINISANTE, 2014/15). Despite the significant fall, there is a need for more neonatal check-ups and follow-up of fragile infants to eliminate unnecessary deaths. Underweight prevalence among children reduced markedly from 18% in 2005 to 9.3% (MINISANTE, 2014-15). This is a manifestation of positive returns on nutrition campaigns as well as frequent medical attendance to pregnant mothers.
- **Child Protection:** The law related to the protection of the child in Rwanda defines the child as any person under the age of (18) years. Child protection is defined as all legislative, administrative or judiciary measures that are taken for the best interest of the child including to protect children from violence, exploitation, neglect and abuse. The GoR has put a particular attention on child protection not only because

they have the right to be protected but also because it will help better prepare the future generations. Alternate parental disciplining measures need to be introduced to safeguard the children against the acceptable norm of corporal punishment. Sensitization, attitude change and skills development, of parents towards positive disciplining measures is required.

- **Birth Registration:** According to the 2012 Population and Housing Census, 79% of children in Rwanda have been registered with civil authorities. This represents an increase from the 2010 DHS, when only 63% of children had been registered, but remains lower than the 82% of registration recorded in the 2005 DHS. Of the 63% of children registered according to the 2010 DHS, only 7% possessed birth certificates. The 2012 Census further reveals that only 57% of children below the age of two are registered with civil authorities. Children in households headed by a person without education are less often registered than other children. Birth registration is more common in rural areas (80%) than in urban area (74%). By Province, birth registration is less common in the capital city, Kigali City (74%), in the West (76%) and the East (78%). It is more widespread in the North (87%) and in the South (80%). The goal of the government is to have a completed and fully operational CRVS system by 2018.
- **Social Protection:** The Government of Rwanda is committed to building a national social protection system that is child sensitive and has put in place an elaborate framework of its delivery at national and decentralized levels. The social protection system aims to achieve improved delivery of holistic, equitable and child-sensitive social protection services by increasing its coverage of the poorest households with children, maximizing impact of the social protection programmes and creating synergies with complementary programmes, including nutrition and ECD among others. Child-sensitive social protection programmes are developed and implemented by the Ministry of Local Government, other Ministries and institutions responsible for implementation of the Rwanda Social Protection Strategy, as well as development and implementing partners. The priority programmes include modelling of the expanded public works that are supporting households with child-caring responsibilities, with particular focus on children under 5 years of age. In addition, the SP sector prioritized implementation of childcare options, such as the crèche ECD programme for children aged 0-24 months to be implemented as part of the public works programmes.

2.2. The Policy Environment to Support ECD in Rwanda

The revised National ECD Policy is not a stand-alone policy; rather it is informed by other related local, regional and international policies strategies, conventions and protocols among others to which Rwanda is party. The revised National ECD Policy will align and support these on-going policy commitments:

2.2.1. National Context

- **Economic Development and Poverty Reduction Strategy (EDPRS II):** The EDPRS II reiterates that early learning equips children with necessary cognitive and non-cognitive skills including literacy, numeracy, language and social skills that provide a requisite foundation for national development.
- **Vision 2020:** The second pillar of Vision 2020 is on human resource development and a knowledge-based economy. One of the objectives of this pillar is to reduce infant and maternal mortality rates, a foundation stone on which ECD thematic area on maternal and infant health is built (Government of Rwanda, 2010).
- **National Food and Nutrition Policy (NFNP):** The policy emphasizes the importance of food and nutrition during pregnancy and the first 2 years of a child's life to ensure normal growth during gestation period and early development of a child.
- **Education Sector Strategic Plan (ESSP):** The 2010/15 ESSP calls on schools to prioritize not only teaching, but practicing good nutrition, health, hygiene and sanitation behaviors in schools, through curricula and co-curricular activities. Investment in ECD increases participation and retention in all later schooling and reduces repetition, dropout and underperforming.
- **National Gender Policy:** The Policy highlights the need for household access to safe and clean water, reducing women's water collection burden and increasing men's partnership in the water and sanitation management system (MIGEPROF, 2010).
- **National Policy on Family Promotion and Protection:** The revised family policy advises that every child should grow, be nurtured, educated, protected and socialized in a stable and loving environment (MIGEPROF, 2014). It also places emphasis on the pivotal role of men in child care and development.
- **Rwanda Seven-Year Government's Programme:** The government commits to continue sensitizing families on family planning, fighting malnutrition, promotion of family hygiene as well as efforts to reduce maternal mortality (Government of Rwanda, 2010).
- **Health Sector Policy:** One of the priority interventions highlighted in Rwanda's health sector policy is improving financial accessibility to health services and nutritional support, particularly amongst the poorest and most vulnerable groups in society (MINISANTE, 2005).

2.2.2. International and Regional Context

- **Post-2015 World Fit for Children: Places the child development:** Contend that effective ECD requires multidimensional governmental, societal, and familial resources and attention. It recognizes the role families and particularly mothers have in ECD, the Post-2015 Development Agenda emphasize the need for an increase in the proportion of children experiencing positive, responsive, sensitive and nurturing children caring practices in safe and peaceful home environments.
- **Sustainable Development Goals:** Goal 4 “ensure access to equitable and quality education and promote lifelong learning for all”. Target 4.2 under this goal states that “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”
- **Millennium Development Goals (MDGs):** Early Childhood Development interventions especially on health, nutrition and sanitation contributed to the realization of MDGs 4 and 5 on reduced infant and maternal mortality respectively, and will be addressed under the umbrella of the post-2015 Sustainable Development Goals (The Importance of Early Childhood Development for Education, 2013).
- **Convention on the Rights of the Child (CRC), 1989:** Every child has basic rights; including the right to life, own name and identity, to be raised by his or her parents within a family or cultural setup and to have a relationship with both parents, even if they are separated (UN, 1989).
- **Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption, 1993:** The convention calls for inter-country cooperation to fight against child abduction, sale and or trafficking-in line with the ECD policy thematic area on child protection. It asserts that children should be raised by their families and in their own countries and institutional care should be considered as a last resort for a child in need of a family (The Hague, 1993).
- **African Charter on the Rights and Welfare of the Child (ACRWC):** Adopted in 1990, in Addis Ababa (Ethiopia), the charter came into force on November 29th 1999, emphasising the need to prevent the sale and trafficking of children, child kidnapping and child begging (African Union, 1990).

2.3. The Range of Interventions Necessary to Support ECD in Rwanda: Achievements and Bottlenecks

Figure 1 shows the range of interventions across sectors that contribute to the promotion of ECD in the first 6 years of life. The revised National ECD Policy acknowledges that many of these interventions are implemented in Rwanda, while there are gaps in other areas. The policy is intended to provide a description of roles and responsibilities, coordination and avoidance of duplication of effort.

Figure 1: Essential Early Childhood Development Interventions

	Pregnancy	Birth-6m	6m-12m	12m-24m	36-54m	54m-72m
HEALTH	Antenatal visits	Immunization				
	Attended delivery			Deworming		
	Prevention and treatment of maternal depression					
	Early detection of disabilities and intervention					
	Parenting education: responsive care and stimulation, feeding, health and development					
	Availability of insecticide-treated bed nets					
	Family planning and birth spacing					
	Access to healthcare, including services for mental health					
	Smoking awareness programmes, substance abuse prevention and treatment programmes					
	NUTRITION	Iron folate supplementation	Immediate and exclusive breast feeding	Continued breast feeding, complementary and responsive feeding		Adequate nutrition, Dietary diversity
Adequate diet			Therapeutic zinc supplementation for diarrheal illness			
Micronutrient supplementation and food fortification						
WATER & SANITATION	Access to safe water					
	Adequate sanitation					
	Hand washing					
EDUCATION	Women's education					
	Vocational Training					
					Quality early childhood and pre-primary programmes	
						Transition to quality primary education
CHILD PROTECTION	Birth registration					
	Safe and quality child care					
	Child protection services					
	Injury and violence prevention					
Social assistance programmes						

Source: Modified from Denboba, A.D., et al. (2014) *Stepping Up Early Childhood Development- Investing in Young Children for High Returns*. World Bank Group and Children's Investment Fund Foundation: Washington DC.

In order to advance these interventions which support ECD, a number of achievements are recognized across a range of lead Ministries including the establishment of: (1) a National Children Commission; (2) Child Protection Committees, an innovative initiative called *Inshuti z' umuryango* comprising community-based volunteers responsible for assisting in the protection of children from violence, exploitation, neglect and prevent the occurrence of child related protection risks; (3) ECD centres of excellence which will be used as reference centres during the rollout and upgrading of existing centres; (4) an ECD department in the University of Rwanda-College of Education and Teacher Training Collages (TTCs) for pre-service training on early childhood learning and development needs; and (5) Day-care centers for children under 3 years with detained mothers.

Further literature review and analysis of the ECD situation in Rwanda reveal structural, policy and programmatic bottlenecks that hinder effective delivery of ECD services. These are:

- Unclear coordination and reporting framework for ECD services.
- No approved minimum operating and quality standards for ECD services.
- Inadequate ECD and pre-primary infrastructure (play and learning spaces).
- Inadequate human resources with respect to trained ECD workers.
- Lack of holistic ECD services with only a few providing comprehensive services to parents and children up to 6 years in line with the scope of this policy.
- Limited local awareness about ECD among multiple stakeholders including families.
- Inadequate allocation of resources to ECD programmes rendering most of them unsustainable.
- Lack of national regulatory framework to regulate the provision performance of ECD services and there is no designated institution for quality assurance, issuing and revocation of operating licences.

The revised National ECD Policy builds upon the existing services and achievements which contribute to the promotion of ECD in Rwanda while also addressing key strategic gaps and bottle necks to unify the ECD country landscape using a holistic lens. The revised National ECD Policy establishes the scientific, social, economic and political benefits as follows:

- Early brain stimulation
- Protection against violence
- Long term national economic saving
- Harnessing responsible parenthood
- Promoting social justice
- Social cohesion and national unity
- Enhance support for infant and young children with disabilities and their families

- Preserve moral values

CHAPTER 3: POLICY FRAMEWORK

This chapter summarises the overarching government policy orientation on which ECD interventions should be anchored. The GoR commits to preside over fundamental changes in the ways and means of delivering ECD services to the intended beneficiaries. This change is anchored on 3 core principles of integrated planning, holistic interventions, and a participatory approach to delivery of interventions across education (formal and informal), health, nutrition, water, sanitation and hygiene, and child and social protection. The policy interventions are developed carefully to suit the interest of the following beneficiaries: (1) Young children from birth to 6 years age (with attention to the preconception period); (2) Parents whether biological or legal, and other primary caregivers; and (3) Supporters and promoters of ECD Programmes, as well as government agencies. In terms of service delivery, the policy aims at achieving successful and un-interrupted interventions, a supportive private sector and Development Partners' Community as well as full local ownership of various ECD programme interventions.

3.1. Policy Mission, Vision and Goal

Mission: To establish and implement a set of credible interventions that support effective and holistic ECD for children from conception to 6 years in Rwanda.

Vision: A population of young children growing up with integrated early learning and development opportunities in an informed, empowered and responsive community.

Goal: To achieve a healthy, safe and knowledge rich infant and young child population guaranteed to become successful as well as responsible citizens.

3.2. Policy Objectives

The overriding objective of the revised National ECD Policy is to ensure improved quality and equal access to ECD Services by all the intended beneficiaries in a clear, coordinated and sustainable manner. The specific objectives of the policy are:

1. To increase children's preparedness to cope with the primary school environment.
2. To promote optimal child development.
3. To enhance positive parenting and community participation in child protection.
4. To reduce malnutrition and stunted growth among young children.
5. To reduce under 5 years and maternal mortality rate.
6. To develop children's self-awareness, self-esteem and self-confidence.
7. To eliminate physical, moral and psychological abuse of young children.

8. To enhance equal access by children with special needs to services offered under ECD a range of programmes.

3.3. Policy Principles

The policy principles in this context are to guide any future interventions related to ECD in Rwanda:

- **Holistic/All-Inclusive Service Provision:** All the development needs of a child from early learning, physical, psycho-social, emotional and cognitive development, are interconnected in a child's life and need to be developed simultaneously since progress in one area affects progress in others. The policy requires stakeholders to provide a complete set of such services to young children in a successive and uninterrupted manner to enable a child's full development potential.
- **Integrated Planning:** The mandate to deliver ECD services is spread through a cross section of stakeholders including both government and non-state actors. To avoid duplication of efforts and overlapping commitments, the government of Rwanda will promote a joint planning framework coordinated by MIGEPROF and approved by the social cluster before any interventions are affected.
- **Nondiscrimination:** Early Childhood Development services should be accessible to all, irrespective of gender, geographical location, religion or disability. Special attention will be paid to vulnerable children and those with special needs and affirmative action will be applied where necessary. Further, ECD services will be integrated into the social protection programmes to cater for the needs of the most vulnerable families.
- **Parents at the Centre of Care giving:** Both parents (legal and or biological) where applicable should be primarily responsible for child care and protection. Article 27 of the constitution of the Republic of Rwanda as amended to-date obliges parents to be the primary caregivers.
- **Gender Equality:** For the case of single family units comprising of male and female parents, early child care should be a shared responsibility between a man and woman when, defined by equality and complementarity. Male parents should specifically play a clear and positive role in child development, breaking from the old tradition of classifying child care as an obligation reserved for their female counterparts.

3.3. Policy Statements

The policy statements reflect the proposed government positions to guide the management of interventions around ECD in Rwanda. Following findings from the situation analysis each issue incumbent or potential bottleneck is highlighted and a corresponding government policy position is presented in Table 2.

Table 2: Policy Statements Addressing Issues for an Effective ECD Policy

Issue	Policy Statements
Unclear coordination and reporting framework	<ul style="list-style-type: none"> • The government shall put in place an appropriate coordination and reporting framework where activities of all stakeholders from government and non-government actors will be monitored, reported and evaluated. • The Government shall develop and maintain an effective forum for continuous dialogue between government and all stakeholders. • The government in collaboration with its development partners will elaborate a comprehensive monitoring, evaluation and reporting framework to ensure timely reporting and early detection of deviations from the programme objectives.
Lack of approved minimum operating standards	<ul style="list-style-type: none"> • Government will develop and implement minimum standards for ECD infrastructure (soft and physical) as a pre-condition for future licensing. • Government will develop, disseminate and implement a comprehensive national ECD curriculum, for parenting education and early learning and development. • Government will develop and implement a training programme (basic and advanced) for ECD caregivers to ensure quality and uniformity across the beneficiary spectrum. • Government through the Ministry of Gender and Family Promotion and the Ministry of Education will also elaborate a national curriculum for training of caregivers to ensure quality graduates at the end of trainings.
Inadequate human resources	<ul style="list-style-type: none"> • The government in collaboration with its stakeholders will identify training opportunities to support skills enhancement for existing and future caregivers • The government will organize a nationally approved minimum required training for current and future caregivers
Multiple ECD models	<ul style="list-style-type: none"> • The government will allow mixed ECD implementation approaches and models. However, any ECD approach or model taken should be sustainable as well as contextually and culturally relevant to the beneficiary communities at the same time meeting the minimum prescribed national ECD standards by the government of Rwanda.
Limited local awareness and ownership	<ul style="list-style-type: none"> • The government will develop a communication and advocacy strategy and outreach plan defining the meaning and significance of ECD as well as role of each stakeholder in implementing the policy proposals herein highlighted. • The respective mandate of implementation ECD policy interventions

Issue	Policy Statements
	<p>for parents and local authorities will be incorporated into their performance contracts to ensure ownership and accountability.</p>
Inadequate infrastructure	<ul style="list-style-type: none"> • The government in collaboration with the stakeholders will support scale up of ECD facilities that meet minimum prescribed national quality standards. • The government will mobilise the private sector specifically to invest in ECD infrastructure and capacity building. • Government will support investments into the production of locally made learning and playing materials to ensure availability of adequate and quality local materials.
Programme sustainability	<ul style="list-style-type: none"> • The government will analyse potential increment in budget allocation and spending on Early Childhood Development Services to meet the ambitious rollout plan elaborated in its 7 year plan. • Government will establish a model ECD centre in each cell and at least one ECD centre in every village by 2017. • Government will establish an ECD fund as an earmarked pool of resources from existing and future financiers with a government counterpart fund, replacing current fragmented financing approaches. • Government will explore other innovative funding mechanisms such as private public partnerships or corporate financing to enhance ECD programmes roll-out.
Limited attention to children with special needs	<ul style="list-style-type: none"> • The government through responsible institutions will develop and implement minimum infrastructure standards to ensure that ECD facilities are accessed by all including Children with Disabilities (CWD). • Government in collaboration with its development partners will scale up special provision of health and other support services required by CWDs or other vulnerable groups. • The government in partnership with its partners will develop and incorporate special ECD related messages to cater for the needs of CWDs in the National ECD curriculum for training of caregivers. • Government will incorporate special ECD messages into the Community Health Workers programme, highlighting special care requirements, appropriate stimulation activities and training approaches tailored to the conditions of CWDs. • The government will provide support to families caring for children with disabilities.
Limited attention to early childhood needs for children from birth to age 3 years	<ul style="list-style-type: none"> • The government shall develop and oversee the implementation of a comprehensive ECD package by all service providers covering all the child development needs from education to health, sanitation to nutrition and child protection as well as parenting education. • The government shall continue to support home visiting programmes that aim at capacitating parents on how to support their children's emergent numerical and literacy skills, physical and psycho-social development needs, emotional and cognitive skills through simple but effective home practices.
Attention to vulnerable children and their families	<ul style="list-style-type: none"> • The government through responsible Ministries shall ensure that ECD interventions are mainstreamed into social protection programmes to support poor and vulnerable families and children. This includes

Issue	Policy Statements
	linking VUP to ECD services through expanded public works options, and ECD related cash incentives to vulnerable families. However, careful attention will be needed to design tailored content and delivery mechanisms for effective mainstreaming of ECD in social protection programmes.

CHAPTER 4: IMPLEMENTATION ARRANGEMENTS

The responsibilities of providing ECD services go beyond the mandate of one Ministry or Government institution. Given the multi-disciplinary nature of ECD related services, provision of holistic ECD package for children and their families fall under the jurisdiction of various institutions both government and non-government. Implementation arrangements for coordination, financing and monitoring will be further elaborated in the Implementation Strategy and future plans of actions. Integrated and holistic ECD programmes will be measured from the quality and quantity of essential services that a child receives at critical points between the ages of 0-6 years provided by a myriad of partners. The ECD Policy will have multiple social policy and cross-cutting implications including on issues such as child care, education, growth and development, and safety and security. The policy also imbibes norms and values that are key to behaviour formation around equity, unity, peace and reconciliation.

4.1. Roles and Responsibilities

Ministry of Gender and Family Promotion (MIGEPROF):

1. Overall coordination, monitoring and evaluation of the ECD Policy implementation.
2. Promoting values on positive parenting including advice on positive discipline
3. Mainstreaming ECD in all family promotion programmes
4. Mainstreaming gender in ECD related interventions
5. Enhancing awareness and protection of children's rights
6. Collecting, analysing and sharing data and information on ECD interventions
7. Assessing and advising on alternative care options
8. National regulation of ECD services including approving establishment of ECD centres coordinating interventions and oversight

National Commission for Children (NCC):

1. Implementing strategies to enhance children's knowledge of positive values, their rights and responsibilities
2. Follow-up Programmes to ensure full participation of all stakeholders in promoting and upholding child rights and national values

3. Ensure the implementation of international and regional commitments on protection of children
4. Ensure respect and promotion of the interests of children with disabilities
5. Implement strategies on the protection of children against all forms of violence and abuse especially sexual violence and child trafficking
6. Ensure availability of relevant information on the situation of the child rights and on the implementation of national laws and international child-related conventions ratified by Rwanda

Ministry of Education (MINEDUC):

1. Provides technical lead in the elaboration of ECDE curriculum
2. Organise necessary capacity building opportunities for caregivers and other ECD service providers in consultation with relevant stakeholders
3. Participate in monitoring of ECD service providers to ensure conformity to minimum quality and operating standards

Ministry of Health (MINISANTE):

1. Promote key family health practices at household, school and health facilities' level
2. Elaborate and supervise provision of antenatal care services for the expectant mothers and their unborn babies
3. Elaborate and supervise the provision of neonatal and postnatal care services
4. Build capacity and facilitate activities of Community Health Workers(CHWs) to provide quality and efficient health services to communities they serve
5. Strengthen referral system for children with special needs
6. Track and report all indicators on child continuum of care through Rapid SMS and other data capturing and reporting tools.
7. Increase postnatal home visiting/follow-ups to mothers and new-borns
8. Elaborate and implement services to preserve and promote maternal and family mental health
9. Administer and scale-up immunization services to reach every child
10. Early detection and follow up management of children with disabilities
11. Provide guidelines for growth monitoring and feeding for infants and children
12. Education and continuous sensitisation on family planning
13. Educate parents and caregivers on early stimulation
14. Undertake adolescent and parental health education
15. Collate, analyse and disseminate information on maternal and child nutrition
16. Provide guidelines on infant, community hygiene and environmental services

Ministry of Finance and Economic Planning (MINECOFIN):

1. Facilitate the mobilization of national and international resources to support ECD programme in Rwanda

2. Integrate and mainstream ECD interventions into National Development Planning
3. Advise on ECD programme innovative financing proposals

Ministry of Agriculture (MINAGRI):

1. Facilitate the implementation of family feeding support programmes such as: *Girinka Munyarwanda, Akarima K'igikoni, Inkongoro Yumwana* and others aimed at promotion of family wellbeing and socio-economic prosperity
2. Undertake impact evaluation of government family support programmes above and propose potential future improvements

Ministry of Infrastructure (MININFRA):

1. Scale up access to clean water & sanitation services at a household and community level
2. Approve standards for construction of ECD facilities

Ministry of Local Government (MINALOC):

1. Promote inclusion of ECD into social protection programmes
2. Facilitate land allocation and approvals for construction and renovation of ECD facilities,
3. Oversee integration of ECD in District Development Plans
4. Participation in community mobilisation to uphold ECD interventions
5. Scale up children's birth registration and certification
6. Mobilise local/innovative fund raising mechanisms for ECD scale-up
7. Assist in early detection and reporting of child abuse and neglect
8. Management of children with disabilities

Local Government/Decentralised Entities:

1. Integrate ECD programmes in the District Performance Contracts
2. Incorporate ECD programme interventions into Joint Action Forum discussions
3. Monitor and support operations of District ECD committee
4. Entrench ECD programme interventions into the minds and work of local communities to improve their ownership and participation
5. Ensure incorporation of ECD programme services into local forums discussions such as: *Umugoroba w'Ababyeyi, Umuganda*, among others
6. Mobilise local financial and non-financial support to ECD programme scale-up such as through voluntary contribution, among others

Ministry of Justice (MINIJUST):

1. Provide guidance on legal services for promotion and protection of children's rights
2. Create awareness on children's rights and their welfare
3. Promote protection and care of disadvantaged and disabled children

4. Advises on future need for enactment of new laws or amendment of existing ones on family promotion and child protection
5. Provide enabling environment for access to justice for children in conflict with the law

Development Partners:

1. Provide technical and financial support on institutional and personnel capacity strengthening
2. Resource mobilisation to support ECD programme implementation
3. Facilitate research and continuous improvement of ECD service provision through evidence based programming

Community Based Organisations (CBOs):

1. Provide technical, financial and material support in ECD programme implementation
2. Undertake research and studies on ECD programme improvements
3. Link vulnerable children to available opportunities to help them realise the full growth
4. Support in capacity development of ECD caregivers, and management teams
5. Carry out advocacy on comprehensive education on rights of children
6. Support in scaling up of home visiting/positive parenting

Private Sector:

1. Invest in ECD as a corporate social responsibility
2. Carry out research on issues of importance to revitalise ECD initiatives in Rwanda
3. Establish training opportunities on ECD related skills development

Community Leaders:

1. Mobilise families to send their children to ECD centres and other ECD programmes and ensuring parents participation in parenting education programmes
2. Early detection of cases of child abuse and reporting them to appropriate government authorities
3. Popularise and transmit messages on ECD services to communities through existing forums such as Umugoroba w'Ababyeyi, Umuganda and other local fora
4. Consolidate, communicate and popularise Rwandan social norms and values and monitoring adherence to the same at a community level
5. Support the identification and referral of the needs of children with special needs in their respective communities

Academia/Research Institutions:

1. Undertake and promote research on ECD to inform future programme improvements and policy reviews
2. Provide opportunities for advanced training and development on Early Childhood Development including specialised training on managing infants with special needs
3. Provide technical support and advisory services on ECD programme improvement including programme design and personnel requirements

Parents and Other Caregivers:

1. Provide primary care for infants including; early numerical and literacy skills, nutritious food and hygienic environment
2. Manage and be conscious of safety and security of their children both in homes and in the context of the wider community
3. Speak against and report cases of child abuse and violence against children
4. Enhance children's capacity to socialise and inculcate positive spiritual and moral values amongst young children to shape positive character formation and development
5. Provide early stimulation required for the immediate and future development of the child
6. Undertake mandatory child birth registration
7. Administer positive discipline and moral rehabilitation to evasive children without resorting to torture and use of corporal punishments
8. Initiate action for holistic child health check-ups/screening at appointed times and ensure compliance to completing all under-five enlisted child health services

4.2. Coordination and Reporting Framework

The purpose of coordination is to ensure harmony among stakeholder activities so that ECD related assignments can be jointly executed and desired objectives collectively achieved without duplication of effort. The proposed coordination framework is broken down into national level and sub-national/district level coordination arrangements.

4.2.1. National Level Coordination

National ECD Coordination Steering Committee: A five member inter-ministerial committee, comprising senior representatives from each line ministry (or institution) chaired by MIGEPROF will make ECD related policy decisions and facilitate harmony and complementarity of activities of stakeholders, alerting partners on potential deviations, advising on rooms for improvement, and ensuring conformity to respective

obligations stated herein the ECD policy. The steering committee will meet twice a year but can meet more than twice as need arise.

National ECD Technical Working Group:

A national ECD technical working group comprising the Ministry of Education, Ministry of Health, Ministry of Local Government, Ministry of Infrastructure, Ministry of Gender and Family Promotion (Chair), and key stakeholders from the Development partners and civil society (NGOs). The National ECD Technical Committee's role will be advisory on ECD related technical issues and will ensure regular flow of information and feedback between government and its stakeholders on key ECD milestones and events. Meetings will be convened on a quarterly basis to discuss progress on ECD policy implementation and propose process related interventions on joint planning, implementation, monitoring and reporting of all integrated ECD interventions and to address incumbent and anticipated delivery challenges. This committee will be an inter-sectoral committee comprising ECD related subject matter experts. The charge of the committee will be to:

1. Review and approve the Joint ECD action Plan.
2. Elaborate ECD related monitoring indicators to be approved by the coordination committee.
3. Produce and disseminate reports of ECD Working Group meetings to all other stakeholders.
4. Monitor local level coordination structures and advise on performance improvements.
5. Develop and disseminate the ECD Monitoring and Evaluation System.
6. Participate in the development and review of National ECD standards and curriculum.
7. Participate in the development and review of ECD regulatory and quality assurance procedures.
8. Propose an ECD research agenda.

4.2.2. Districts Level Coordination and Reporting Arrangements

District ECD Committee: District ECD Working Groups that coordinate, monitor and report on decentralised ECD services will be established in addition to mainstreaming ECD in other already existing District Committees. Each district will have an ECD Committee that provides guidance on programme implementation to the sector authorities and reports on progress to the National Technical Committee. The details on the composition and functions or Terms of Reference of the district committees to be detailed in the implementation plan.

4.3 Financing Mechanisms

The Government of Rwanda will adopt a mixed approach fundraising model for ECD financing. Early Childhood Development Programme requires robust yet sustainable financing mechanisms to ensure continuity in taking programmes to scale with quality. The ECD Policy implementation plan details the options of resource mobilisation that will be used by MIGEPROF to increase the percentage of budget allocated to ECD (ECD Policy Implementation Plan, Table 2, and ECD Program Financing Options) through the Government budget and financing from Development Partners, CBOs, and Private Sector.

4.4 Policy Communication

The Government in collaboration with its partners will elaborate an effective ECD communication and advocacy strategy. This will resonate with the findings from the bottleneck analysis of the previous policy which pointed to low levels of awareness of the importance and benefits of Early Childhood Development. Media options include:

- Focused Radio Programmes during prime hours discussing the rationale for ECD, roles and responsibilities of various stakeholders, collective responsibility and future plans.
- Local TV broadcasting during peak hours to demonstrate some of the ECD related services such as infant early stimulation services, cognitive and language development, playing and learning materials, as well as other basic care-services.
- Print and electronic media will also be used.
- The Policy will be posted on the websites of MIGEPROF, MINEDUC, MINISANTE, MINALOC, and NCC.

Options for forums include:

- *Umugoroba w' Ababyeyi*: A forum where parents meet on a selected evening to discuss various issues influencing their family welfare, in their respective communities.
- *Umuganda Community Meetings*: An initiative where members of a village meet to do joint communal work for communal benefits.
- *Awareness Campaigns*: other Potential Forums that can potentially be utilised to communicate ECD policy include the Day of the African Child and *Inteko rusange y' Abaturage* among others.

CHAPTER 5: LEGAL AND REGULATORY FRAMEWORK

This chapter outlines the underlying legal environment and regulatory framework on the basis of which this policy is developed. From the situational assessment undertaken, there is evidence of sufficient local and international legal commitments to embrace holistic ECD programme interventions. At this moment, there will be no need for enacting new laws or repealing existing ones as a result of this policy. The existing local and international legal pronouncements in line with ECD include the following among others:

- Convention on the Rights of the Child (CRC), 1989
- Convention on the Protection of Children and Co-operation in Respect of Inter-Country Adoption, 1993
- Convention on the Rights of Persons with Disabilities, 2006 and its Optional Protocol, 2008.
- African Charter on the Rights and Welfare of the Child (ACRWC), 1990
- The Constitution of the Republic of Rwanda, 2003
- Law n°54/2011 of 14/12/2011 relating to the Rights and Protection of the Child, 2012

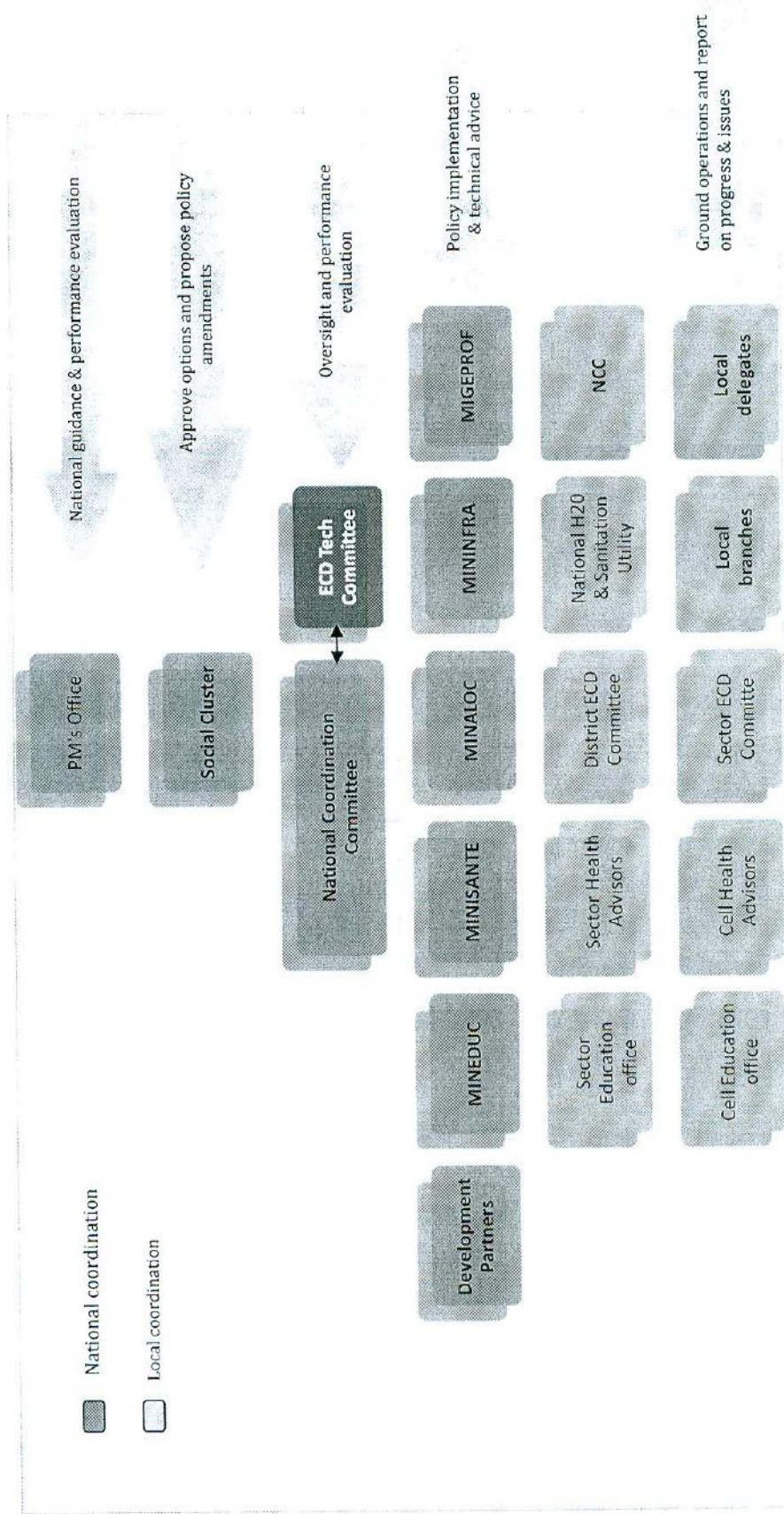
Interventions and investments into ECD have gone on unregulated for long. The government is committed to establish and enforce a clear regulatory framework as a means to ensure quality service delivery. Going forward, irrespective of the ECD model, every ECD service provider must adhere to the prescribed minimum operating standards, regulated by the National Coordinating Body. The regulatory framework will cover the following among other aspects:

- Formal standards for the establishment and operation of an Early Childhood Development centres. This includes space, the quality of structures, learning and playing materials and WASH facilities.
- Basic minimum competency skills for ECD caregiver.
- Requirements for caregivers working with children to meet minimum background character checklist.
- Procedures for seeking, granting and or revocation of an operating licence.
- Requirements for registering as an ECD service provider and eligibility criteria irrespective of the model.
- Minimum ECD Centre enrolment age for the children attending to ECD services from designated centres outside their home environments.
- Child safety standards and emergency preparedness plans and procedures.

Annex 1: ECD Coordination Framework

Coordination & reporting structures

Summary of duties



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