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Marianne van Dorp
Human Capital Development project
UNICEF Rwanda

November 11-15, 2019

Nutrition monitoring mission

Marianne van Dorp
Nutrition monitoring mission
November 11-15, 2019

Human Capital Development project
UNICEF Rwanda

Marianne van Dorp

This mission was financed by the Embassy of the Kingdom of the Netherlands in Kigali, Rwanda.

Wageningen Centre for Development Innovation
Wageningen, January 2020

Report WCDI-20-091
The mission was implemented to support the Embassy of the Kingdom of the Netherlands in Kigali in the monitoring of the progress of the UNICEF Human Capital Development project, 2017-2020. The project is well under way, and making good progress in most pillars. Additional attention is requested for issues such as a phasing out strategy and sustainability.

Keywords: UNICEF, Early Childhood Development, Human Capital Development, Nutrition, Monitoring

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Report WCDI-20-091

Photo cover: Marianne van Dorp
# Contents

List of abbreviations and acronyms .................................................. 5

Executive Summary .............................................................................. 7

1 Introduction ...................................................................................... 9  
   1.1 Approach ................................................................................ 9

2 Results and observations ................................................................. 11 
   2.1 General observations .............................................................. 11 
      2.1.1 Design of the project ...................................................... 11 
      2.1.2 Alignment with Government of Rwanda ...................... 11 
      2.1.3 Alignment with the Netherlands policy ....................... 12 
   2.2 Specific interventions .............................................................. 12 
      2.2.1 Interventions in Nutrition .............................................. 13 
      2.2.2 Early Childhood Development .................................... 14 
      2.2.3 Water and Sanitation and Hygiene (WASH) ................. 15 
      2.2.4 Social Protection ......................................................... 15 
      2.2.5 Pre-primary education ................................................. 16 
      2.2.6 Multi-sectoral project interventions ......................... 16 
      2.2.7 Addressing malnutrition in the tea producing areas ........ 17 

3 Conclusions and recommendations .................................................. 19 
   3.1 General conclusions .............................................................. 19 
   3.2 Conclusions related to the outcome areas .............................. 19 
   3.3 Conclusions related to the questions in the ToR ...................... 20 
   3.4 Recommendations ................................................................ 22

References ............................................................................................ 23

Appendix 1 Terms of Reference ............................................................ 25 

Appendix 2 Program for the external monitoring visit for the EKN Nutrition/ECD program, 11-15 November 2019 .................................................. 27

Appendix 3 Districts covered by UNICEF Human Capital Development project (2017-2020) ................................................................. 29

Appendix 4 Progress Human Capital Development project. Presentation by UNICEF Team, November 11, 2019 .................................................. 31

Appendix 5 Presentation debriefing at UNICEF Marianne van Dorp, November 15, 2019 ................................................................. 55
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPEM</td>
<td>District Plan to Eliminate Malnutrition</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>EKN</td>
<td>Embassy of the Kingdom of the Netherlands</td>
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<tr>
<td>GoR</td>
<td>Government of Rwanda</td>
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<tr>
<td>LODA</td>
<td>Local Administrative Entities Development Agency</td>
</tr>
<tr>
<td>MNP</td>
<td>Micro Nutrient Powder</td>
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<tr>
<td>MTR</td>
<td>Mid Term Review</td>
</tr>
<tr>
<td>REB</td>
<td>Rwanda Education Board</td>
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<tr>
<td>NECDP</td>
<td>National Early Childhood Development Programme</td>
</tr>
<tr>
<td>RBA</td>
<td>Rwanda Broadcasting Agency</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready to Use Therapeutic Feeding</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation &amp; Hygiene</td>
</tr>
<tr>
<td>WCDI</td>
<td>Wageningen Centre for Development Innovation, Wageningen University &amp; Research</td>
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<tr>
<td>WUR</td>
<td>Wageningen University &amp; Research</td>
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Executive Summary

Introduction
This is the report of a nutrition monitoring mission in order to assess the progress of the Human Capital Development project, implemented by UNICEF Rwanda and funded by the embassy of the Kingdom of the Netherlands in Kigali, Rwanda. The Human Capital Development project is implemented from January 1, 2017 to 31 December 2020.
The Human Capital Development project is a second phase of an earlier project funded by the EKN Kigali, known as the ‘EKN project’, and also implemented by UNICEF, that was targeted at reducing stunting levels in Rwanda. This project ran from October 31, 2013-December 31, 2016.

Important difference between the two projects is that the earlier EKN project was oriented specifically at the reduction of stunting and had children <2 years of age (first 1000 days of life) and their parents/caregivers as their target population. The Human Capital Development project is aimed at Early Childhood Development, and is characterised by a differentiated target group consisting of children <6 years of age and their parents/caregivers.

Achievements in the 7 outcome areas

Nutrition
The project expenditure on nutrition specific activities such as capacity development of health personnel and the procurement of nutritional supplies such as Vit A, deworming, RUTF, MNPs, is relatively high.
Regarding the foreseen phasing out of the project (at least with Netherlands funding), and regarding the high priority of the GoR for nutrition improvement, the responsibility for at least the procurement of nutrient supplies should be taken over by the GoR. There seem to be little willingness or readiness with GoR and/or NECDP to take over this procurement.
The implementation of kitchen gardens and/or mixed cropping including vegetables is coming up to speed with around 6000 kitchen gardens established by the end of 2019.

Early Childhood Development
Early Childhood Development has a high priority on the Rwanda policy agenda, as is evident through the establishment of the NECDP and the establishment of ECD Model centres in the country, that also spread their influence through home based ECD. The Imbuto Foundation is supporting and guiding their construction and establishment. It is not clear how many children are currently reached by ECD services. (was 17% of all children in 2018). However, the approach of Early Childhood Development seems to be well accepted and embedded in the Rwanda context, and is likely to continue after the project’s ending.
The more holistic approach to childhood development ‘dilutes’ the specific and explicit attention from stunting reduction, and is on the one hand good for the sustainability of the result, on the other hand challenges the very high ambition by GoR to reduce stunting to 19% by 2024.

Social protection
Objective of the project is to pilot an approach of Expanded Public Works with 2000 households. This pilot, of offering light labour with child care to labour constrained household has been completed and LODA is currently rolling out to more households.

Education
Pre-primary education is part of all ECD Model Centres and is also the purpose of the home-based ECD. It is hoped to achieve school readiness with the children 3-6 years old. The project aims to construct a limited number of pre-primary school buildings (10), comprising of 3 class rooms each, training of pre-school teachers and the contribution to the development and printing of education materials. Last planned construction works will finalize in December 2019. Development of curricula
has taken place with Rwanda Education Board including printing of 8000 copies. In addition, teachers training took place.

**Multi-sectoral project interventions**
The component of multi-sectoral project interventions, or cross-cutting components comprise of planning, monitoring and evaluation and of a communication strategy for behaviour- and social change. During 2019, baseline data were gathered, analysed and published and a Capacity Gap Analysis was done. Also the Mid Term Evaluation took place, revealing interesting information on progress, and areas still to be strengthened, such as capacity strengthening, especially at the decentral levels and coordination.
The project is quite actively involved, together with RBA, in mass media campaigns (radio, television, social media).

**Linkages with the Private Sector**
The preparedness with tea companies on establishing ECD centres for children of (female) labourers has increased over the last year, and currently 12 factories and 20 cooperatives run ECD centres on their own investment. Tea factory owners and management see the relevance of this for short term and longer term business. UNICEF is advised to support the consolidation of this trend and expand to other sectors, if possible.

**Overall aspects of the project**

**Institutional embedding**
NECDP is the institutional home for early Childhood Development, and the natural partner for the HCDP. NECDP seems to be stronger, and finding its place after the establishment in November 2017. If this trend continues, NECDP potentially provides the proper institutional embedding for ECD interventions also after the termination of the project. Various stakeholders express their confidence in NECDP, also for future funding (whether correct or not).

**Sustainability**
Several of the activities as observed in the field seem relatively new and have not yet been institutionalised in the District, Sector or the community. These activities need further support from the project to get better embedded and become more sustainable. Activities at the community level are usually not costly (community initiatives with community volunteers, saving and lending groups, etc. so it is rather the continued facilitation rather than the funding that is needed.
It is not clear if UNICEF is explicitly considering sustainability of the activities. This should get explicit attention in the last year of the project, or the last 2 years, should a BNE be awarded.

**Phasing out**
In the discussions and the field visits of the monitoring mission, no indication of a phasing out strategy or even thinking in that direction became evident. EKN is actually phasing out their funding as per 2022, and no further funding beyond the finalization of the project would be available.

**Budget Neutral Extension**
The project had a slow start and in addition, the changes at the GoR (establishment of the NECDP, late 2017) further delayed the project. Funding might be sufficient for the BNE of the project with 1 year, depending on the activities planned.
Regarding the current sustainability, capacity at the decentral level, and the lack of an evident phasing out strategy, a BNE seems justifiable and advisable. The BNE should explicitly focus on consolidation of current activities, capacity strengthening especially at the decentral levels, sustainability, documentation, institutional embedding and a phasing out strategy.
In addition it is advised to map the landscape of donors in nutrition and search for continuation for support in nutrition, in view of the termination of the Netherlands funding.
1 Introduction

A nutrition monitoring mission was implemented to Rwanda, November 11-15, 2019, to assess the progress of the Human Capital Development project, that started as per January 2017. The Human Capital Development project is the continuation, but in a different shape, of the earlier EKN Nutrition project, that was implemented October 31, 2013-December 31, 2016.

As from 2014, EKN Kigali commissioned nutrition monitoring missions, performed by Wageningen Centre for Development Innovation (WCDI). A total of 5 missions were foreseen. An amendment to the contract was made in 2018, enabling three more monitoring missions. Under the first contract, missions were implemented in July 2014, March 2015, November 2015, May 2016 and November 2017. Under the amendment of the contract, missions are foreseen in 2018, 2019 and 2020.

This is the report of the nutrition monitoring mission of November 2019. The mission studied the progress of the Human Capital Development project, funded by the Embassy of the Kingdom of the Netherlands, with a total volume of US$ 27.4m, and a duration until December 31, 2020.

1.1 Approach

Aim of the monitoring mission is to assess the progress of the Human Capital Development project. The project aims at enhancing human capital development with a focus on reduced prevalence of stunting among children under 5 years and improved young children's holistic development (health, sanitation, nutrition, early childhood stimulation, pre-primary education).

The Human Capital Development project started in January 2017 and the current mission is the third monitoring mission since the start of the project.

In 2019, a Mid-Term Review took place of the project, leading to the availability of various documents:

- Baseline report
- Capacity Gap Analysis
- Formative Evaluation
- Mid-Term Review

The EKN Kigali funding of activities will be phased out as per 2022, which means that the Human Capital Development project will not have a consecutive phase, although a Budget Neutral Extension (year 2021) might be possible. Because of this, two specific questions are asked in the Terms of Reference:

- How sustainable is the project? Embedding, capacity development?
- Is it advisable to have a Budget Neutral Extension of the project, and if so, what should be the activities?

The full Terms of Reference for the mission can be found in Annex 1.

The approach of the mission was the following:

- Study of documents, including the MTR documentation
- Presentation of progress by UNICEF staff
- Discussions with key stakeholders in Kigali; NECDP, LODA, RBA, SNV
- Field visits to the districts Karongi and Rutsiro
  - Rutsiro: ECD centres (model and home-based), Tea Factory, District government, WASH and Kitchen Gardens
  - Karongi: Social Protection/Expanded Public Works Plus, and Community Campaign
- Debriefing at UNICEF office

An overview of the activities undertaken can be found in Annex 2.
2 Results and observations

The Human Capital Development project started in January 2017. Compared to the earlier EKN Nutrition project, the Human Capital Development project has a more holistic approach to (early) childhood development, of which proper nutrition (including the reduction of stunting) is one element. This more holistic approach is aligned with the approach of the Government of Rwanda, that has put in place the National Early Childhood Development Programme (NECDP). The more holistic approach to early childhood development is more encompassing, however, might lead to a more slow reduction of stunting prevalence.

2.1 General observations

2.1.1 Design of the project

The Human Capital Development project has a broad and holistic aim of contributing to optimal childhood development. The GoR National Early Childhood Development Programme (NECDP) is the national level counterpart of the Human Capital Development project. The HCDP is implemented in 14 Districts and the District Plans to Eliminate Malnutrition (DPEMs), under the responsibility of the Vice Mayor for Social Affairs, have a key role.

Annex 3 provides an overview of the Districts included in the Human Capital Development project.

The Human Capital Development project adopts a more holistic approach to childhood development, and includes components such as Nutrition, WASH, Early Childhood Development (ECD), Pre-primary Education, Social Protection, Private Sector linkages and cross sectoral aspects. Aiming at a more holistic approach to childhood development is positive. At the same time, this design also has potential disadvantages:

- The different components that are addressed (e.g. nutrition, ECD, health) each have different target groups. Whereas for the reduction of stunting, the main target group are/should be children <2 years of age (1000 days), ECD, including psycho-social stimulation of young children but also pre-primary school education, is oriented to children 0-6 years old; pre-primary education is oriented to children 4-6 years of age, Social Protection, including provision of day care services, is oriented to the poorest quintile of households with children <5 years of age, etc. In this way, on the one hand, a more holistic approach to community development, including child development, is achieved. On the other hand, it is unclear whether and how it is safeguarded that all interventions have an impact on the same households/children, so that these interventions can mutually reinforce each other.

- It is not clear how UNICEF coordinates the activities, or even the prioritization of activities, or how UNICEF determines what type of activities will be implemented in which geographical area. It is important to notice that within a District only a limited number of sectors are covered.

NB! The cross-cutting activities in the project’s design refer to planning, M&E and to behaviour change campaigns.

2.1.2 Alignment with Government of Rwanda

The Human Capital Development project at the request of the Government of Rwanda, is clearly linked to National Government, through the NECDP, to the respective Ministries and government officials. NECDP was established late 2017, and after two years of functioning seems to be in a more accepted and established situation. This programme oversees all interventions related to Early Childhood Development, and acts as the coordinating (GoR) body overseeing the implementation of the Human Capital Development project.

- The Government of Rwanda shows a great deal of ownership for the agenda of Early Childhood Development, which is promising in terms of embeddedness and sustainability.
• The intervention areas as identified in the Human Capital Development project show much similarity with the pillars of the NECDP, as is shown in the table below.

### Table 1  
**Comparison between outcome areas and NECDP pillars**

<table>
<thead>
<tr>
<th>Human Capital development project</th>
<th>NECDP Pillars</th>
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<tr>
<td><strong>Outcome areas</strong></td>
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<tr>
<td>Nutrition</td>
<td>Nutrition</td>
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<td>ECD</td>
<td>Education</td>
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<td>WASH</td>
<td>WASH</td>
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<td>Social Protection</td>
<td>Child Rights</td>
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<td>Education</td>
<td>Health</td>
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<td><strong>Cross-cutting components</strong></td>
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<tr>
<td>Private Sector and Child Protection</td>
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2.1.3  
**Alignment with the Netherlands policy**

The Netherlands policy on food and nutrition security addresses nutrition improvement (including stunting reduction) within the context of Food Security and Agro-economic development. Nutrition-sensitive agriculture and nutrition sensitive value chain development are seen as valuable mechanisms.

Increased production of nutritious foods and enhances accessibility (also for vulnerable population groups) are seen as a contribution to dietary diversification, which ultimately is the most sustainable way of ensuring nutritional health.

The Human Capital Development project approaches nutrition improvement mainly from a Health and Social Development perspective, which largely leads to nutrition specific interventions (procurement of nutritional inputs such as Vit A, deworming tablets, MNPs, etc.). Interventions such as day-care centres and home based ECD care can also be seen as nutrition-sensitive interventions (because no direct nutrition intervention.

Nutrition sensitive agricultural approaches, such as nutrition sensitive agriculture, including kitchen gardens are a minor part of the project.

As per mid-2018, the Government of the Netherlands has decided to gradually phase out the bilateral financial support to Rwanda, implying the total budget should be reduced to € 2.5m in 2022. The Human Capital Development project is scheduled to finalise by the end of 2020. Because of the phasing out of the GoN from Rwanda, no extension of the Human Capital Development project is foreseen and a strong focus on phasing out and sustainability of the project is required.

Due to a late and slow start of the HCDP, funding for a Budget Neutral Extension (BNE) are available, depending on the plans and depending on the foreseen and/or assessed need for a BNE.

GoR has high ambitions to reduce the prevailing high stunting levels. In view of the phasing out of funding through EKN Kigali, UNICEF and/or GoR are encouraged to check the donor landscape and identify other funding opportunities to keep working on stunting reduction and/or ECD.

2.2  
**Specific interventions**

The overall goal of the Human Capital Development project is to enhance human capital development in Rwanda. This goal is specified by two objectives:

• reduction of stunting levels by 4.5% per year (down from the 38% prevalence in 2015),

---

1 Nutritionists differentiate between (potential) acute nutritional deficiencies which need to be treated by medical approaches such as vitamin of mineral supplementation (Vitamin A supplementation of children), less acute nutritional deficiencies, which can be prevented by fortification (fortification of cooking oil with Vit A and D, salt iodization), and ultimately dietary diversification.
• increase of the percentage of children who are developmentally on track (from 62% in 2015 to 75% in 2020; end of project).

The project is designed in 7 outcome areas. Some of the interventions of an outcome area were observed in the field, others were discussed with the respective UNICEF responsible staff members. The specific intervention areas are studied at the outcome and the output levels. The interventions that have been observed and/or discussed with the respective observations and conclusions are described below per outcome area.

2.2.1 Interventions in Nutrition

Nutrition improvement is outcome area 1 of the project. Interventions under outcome 1 are differentiated in:
- Core package;
  - capacity development of Health workers at various level for mainly direct, nutrition specific interventions to infants and young children and their mothers, growth monitoring and counselling of mothers
  - support to National level Nutrition campaigns
  - nutrition guidelines for (female) adolescents to achieve an improved pre-pregnancy health and nutritional condition
- Treatment of Severe Acute Malnutrition;
  - capacity development of Community Health Workers (CHW) to detect and treat SAM
  - procurement of Ready to Use Therapeutic Feeding (RUTFs), Therapeutic Milk
  - procurement of Vit A and deworming tablets, Micro Nutrient Powders (MNPs)
- Integrate Nutrition into Social Sectors
  - kitchen Gardens and small livestock
  - nutrition-sensitive child protection
  - nutrition sensitive expanded public works
- Support to National and Decentral Nutrition policies and activities
  - National Nutrition policy
  - ethnographic research to identify motivators and barriers to good practices in WASH and nutrition
  - Procurement and support of Health Centres

2.2.1.1 Procurement of nutrition promoting inputs

Much of the funding of the Nutrition component of the HCDP is spend on procurement of nutrition promoting inputs such as deworming and Vit A tablets, RUTF and MNPs (outputs 1.1 and 1.2). The ambition of GoR to improve the child nutritional status should translate into higher investments by GoR to procure the nutrition promoting inputs, especially in view of the foreseen phasing out of funding by EKN for HCDP, and the fact that a new donor for procurement has not yet been identified.

Discussions between UNICEF and GoR on this should be started by UNICEF soonest.

2.2.1.2 Kitchen Gardens

NECDP has developed a kitchen garden Tool Kit. In 2019, over 500 trainings (cascade model) have been conducted at the central, district and sector level, leading to the establishment of almost 6,000 kitchen gardens. It should be noted that the model that was up to 2018 mostly promoted (‘pyramid model’) has been abandoned (too expensive in materials, vulnerable to degradation) and has been replaced by a model of intercropping of starchy staples (cassava, potato, sweet potato) with beans and peas and vegetables (amaranth, carrot, beetroot, cabbage, onion).
Conclusion

- NECDP better established, and accepted; increasingly provides proper embedding for HCDP
- High trust with key stakeholders in ECD and nutrition in NECDP. It is perceived that the ambition of GoR to address ECD and nutrition improvement/stunting reduction is clearly represented by NEDCP. Some stakeholders have the perception that GoR will fill the gap should donor funding to address ECD and nutrition is reduced (whether this is true or not).
- HCDP addresses mostly direct nutrition interventions such as the procurement of nutrition promoting inputs, growth monitoring, treatment of SAM, etc.
  Nutrition sensitive activities mainly include ECD centres (model or Home based), but also nutrition sensitive Social Works and day care at the workplace (tea plantations and factories).
  Nutrition sensitive agricultural activities recently have received more attention resulting in more intercropped fields in which vegetables are available.
- Kitchen gardens have taken a steep take off with 6000 kitchen gardens established.
- GoR seems not very inclined to take over procurement of nutrition promoting input (Vit A, MNP, deworming medication), and lobby of UNICEF to motivate GoR to do so is necessary. UNICEF, together with GoR can also lobby for support from other donors.

2.2.2 Early Childhood Development

Early Childhood Development (ECD) is outcome area 2 in the project design is. Every District is planned to have (at least) one ECD Model Centre that also plays a role in promoting home-based ECD-care. Parents volunteer to take care of groups of children (in turns) and are trained to do so. From 2018 to 2019, there was a steep increase in the numbers of children services by ECD centres and/or home-based care (9.000 in 2018 to 19.000 in 2019). Equal increases in numbers were seen in trained parents/caregivers. ECD Model Centres provide pregnancy check-ups, infant check-ups and vaccinations, growth monitoring, cooking demonstrations, Saving & Lending groups and pre-primary school education. They also serve as the focal point for the GoR distribution of milk to poorest children (one Cup of Milk a Day). The Early Childhood Development Model Centre in Rutsiro was visited as an example of how the ECD model works and what the ambition of ECD is. The Model Centre directly targets communities in the near vicinity of the model centre. The Model Centre also ensures that similar services are offered outside the direct vicinity of the centre (Home Based ECD). A home-based ECD centre was visited in Rutsiro.

At the ECD Model Centre in Rutsiro, services such as growth monitoring, awareness creation/campaigning, and One Cup of Milk were observed. Testimonies of mothers were heard about the impact of visiting the ECD Model centre on the child’s health, nutritional status and overall
performance. In addition, the classrooms for pre-school education were visited for children 3-4, 4-5 and 5-6 years old. Good quality ECD materials (educational toys) are available, and children are taught basic skills in language and reading, mathematics, construction, collaboration, music etc.

Home-based ECD consist of groups of 15-30 children, who gather in a parent’s house or in a community building and are active during the morning hours. Usually, the services are provided from 8-11 AM, 5 mornings per week. Parents take turns as care givers for the group (always min 2 parents). The ECD Model Centre trains the parents/care givers. Condition for hosting a home based ECD group is that the house has a proper latrine and other sanitation facilities (hand washing). ECD materials/toys are provided, but usually are more simple than in the ECD Model Centre. Children also receive a mid-morning snack, e.g. a cup of porridge (maize/sorghum porridge, made with water), which is a main incentive for parents to send their children to the home-based ECD.

Conclusion

• ECD Model Centres become more and more established in the 14 Districts of HCDP
• UNICEF mentioned that they are now also building low cost ECD Centres, with 20% of the cost of a model centre (150.000US$ for a model centre against 50.000US$ for a low-cost centre), to have a broader availability of ECD services.
• Home-based ECD care in increasingly absorbing young children (3-6 years).
• Anecdotal evidence of a healthy 2 year old, whose mother has visited the ECD Model Centre from pregnancy check-ups onwards. Her child looks happy, well-grown and developed.
• ECD centres seemingly become more and more accepted and appreciated by the communities.

2.2.3 Water and Sanitation and Hygiene (WASH)

The WASH activities were not explicitly observed during this mission. The WASH activities include:
• Construction of water supply systems and latrines in facilities (schools, ECD centres),
• including capacity development on operation and maintenance.
• Promote the construction/upgrading of latrines at the household level.
• Conduct a sanitation and hygiene campaign to increase awareness and change hygiene behaviour.

In November 2019, the targets for (almost) all the activities have been achieved; in water supply systems, training of latrine builders and in the campaign reaching the number of people.

UNICEF is highly aware of the difficult task to change behaviour. UNICEF is therefore engaged in a study to retrieve motivators and inhibitors for behaviour change both in WASH and in Nutrition. Hand washing apparently is a habit currently only practiced by 5% of the Rwandan population.

Conclusion

Despite a late start of this project component, WASH has come up to speed, and has reached the targets for (most of) the activities. The ambition of the GoR for WASH is very high, which fuels the progress of the WASH component in the Districts, because of the high commitment and the leaderships at the District and village levels.

UNICEF is very much aware of the limited successes with Behaviour Change Campaigns (BCC) in general, based on international knowledge and insights.

2.2.4 Social Protection

Social Protection is offered through the Local Administrative Entities Development Agency (LODA). The GoR/LODA distinguishes three forms of Social Protection:
• Unconditional cash transfers/direct support
• Extended public works
• Classic public works

LODA identifies and implements programmes with labour intensive public works and provides cash transfers. The high levels of extreme poverty in Rwanda, often accompanied by high levels of undesirable food consumption patterns and nutritional habits and care leading to undernutrition
prompt activities in Social Protection to design these interventions with a careful eye to the effect on nutrition. UNICEF supports LODA in the design and implementation of child-sensitive and nutrition-sensitive interventions. UNICEF focuses on the category of Extended Public Works. Selection criteria determine whether a household qualifies for participation in the Extended Public Works programme, which entails light physical labour. Criteria include: belonging to the Ubudehe 1 category, and focusing on female headed households or other labour constraint households. The Human Capital Development project pilot with LODA aims to provide day-care to the young children of the women in the group through existing ECD centres or Home-based care in the village. Children are taken care of and receive a snack (porridge) during the day care hours. At this moment, extended public works are confined to road maintenance. A road stretch of 300 meter is allocated to a household, that is then responsible for proper maintenance and repair. This takes about 2-3 hours per day, on around 10 days per months. Work is done under guidance of a supervisor. Work can be provided in a flexible way. Compensation is 10.000RF per month.

Conclusion
The Human Capital Development project currently has reached over 2065 ultra-poor and labour constraint households, while 2000 was the target of the project. This component, that was intended to be a pilot under HCDP, has ended in July 2019, as was scheduled. Extended Public Works is currently taken over by LODA.

LODA is indeed taking over the approach of Expanded Public Works. UNICEF is currently further expanding the model (pilot) to have a low cost ECD centre at the community in which many families are under Expanded Public Works. The ECD centre offers ECD services, and also Pre-primary School activities, using low cost toys and learning materials.

2.2.5 Pre-primary education
Outcome 5 entails the construction of pre-primary school facilities, training of teachers and support to the development of a curriculum including the printing of materials. With less than 5% of the total budget, this is a relatively small component of the project. Pre-primary education is aimed at children 3-6 years to prepare them for entering the primary school (school preparedness). Partly, this pre-primary school education is done in the ECD Model Centres and through the Home-Based ECD care. In addition, the project makes an explicit effort to construct pre-school facilities, often at the facilities of primary schools (if space allows).
10 pre-primary school centres have been constructed, each consisting of 3 class rooms, and currently 9 additional building are under construction (to be ready in December 2019). Religious leaders have pledged willingness to open room(s) in their churches/mosks to facilitate pre-primary education. In collaboration with the Rwanda Education Board, 8.000 copies of pre-primary school curricula have been distributed and also 6.000 teacher copies.

Conclusion
The implementation of this component of the project is ahead of schedule, especially for the construction part. All school buildings will be constructed by December 2019. Work has been done on developing curricula together with the Rwanda Education Board, and copies teacher copies have been distributed.

2.2.6 Multi-sectoral project interventions
The multi-sectoral programme interventions consist of three clusters of activities:
- Planning, management, coordination and monitoring of the interventions to reduce stunting at the decentralized level
- Behaviour and social change regarding nutrition and ECD
- Rigorous M&E to ensure timely achievement of results
The monitoring mission was able to make use of various reports that have been produced under these activities:
- Baseline
- Capacity Gap Analysis
- Formative Evaluation
- Mid-Term Review

Although implemented by third parties, a lot of work has been done by UNICEF to facilitate this work. In addition, the preparations for the 5-yearly Demographic and Health Survey (DHS) are underway at the moment of the mission. UNICEF has been asked to collaborate in the training of enumerators, including taking the anthropometric measurements. This is a big compliment to the quality of work at UNICEF.

A visit was made to the Rwanda Broadcasting Agency (RBA) to get information on radio and television messages supporting the HCDP. Impressive examples of messages were shown and it is encouraging to hear that RBA has committed to broadcast messages on child development.

Conclusion
- A good quality Baseline, Capacity Gap Analysis, Formative Evaluation and Mid Term Review report are available, providing a good impression of the progress of the project and indications of points that need additional attention.
- UNICEF is requested to contribute to the training of enumerators, also in anthropometry, for the upcoming DHS, which can be seen as a compliment. DHS is the reliable source of information on among others nutritional information in the country. DHS is published every 5 years, and thus provides the possibility to see progress in the reduction of stunting in a representative sample for the whole country of Rwanda, and per province and district.
- Interesting mass media campaigns through radio and television are underway, reaching a large audience. There is genuine interest with RBA higher management to contribute to these (social) goals.

2.2.7 Addressing malnutrition in the tea producing areas

Outcome 7 in the HCDP entails linking Private Sector investments to achieving the goals of improving early Childhood Development. This is not an easy task, and UNICEF does not (yet) have a strong track-record of linking with Private Sector. In addition, the total budget for this component is very small (1% of the total project budget) and activities cannot be extensive.

In the short time that HCDP is running (from mid-2017), UNICEF has made a major move into the tea sector in Rwanda. Currently (November 2019) a total of 17 tea companies and 20 tea cooperatives are operating ECD centres of which 12 in EKN Districts. Tea factory and -plantation owners/management clearly see the rationale for ECD centres at the workplace; tea plucking women are more production and show less sick leave. In addition, ‘taking care’ of workers (among others through providing ECD services) is seen as a good method to maintain families in the tea producing areas and thereby maintaining longer term labour potential. The tea industry cannot do without.

UNICEF is slowly also looking at other sectors to copy this model, e.g. rice growers. Activities (also in regard of the small amount of funding available) are mainly lobby and advocacy, linking and learning and capacity development.

Conclusion
- The model of having a ECD centre with a tea factory and/or -plantation has rapidly been adopted in the tea producing sector in Rwanda. The rationale is not only ‘take care of your workers’, but also is done from a business connotation. The short-term goal is ‘keep your workers healthy and productive’; the longer term goal is to ensure tea plucking families stay in the area and keep delivering services as pluck and/or factory workers. This is highly necessary for labour intensive tea industry.
- Tea company owners and management are willing to establish ECD centres and pay running costs.
• A bottleneck mentioned by tea industry managers is the lack of trained personnel to set up and guide the ECD centre; UNICEF can play a role in increasing the capacity development of this personnel.
• UNICEF could facilitate peer-to-peer exchange among tea industry management to learn and exchange best practices.
• UNICEF is advised to make a small video to expand the awareness, not only with tea industry management but also with other sectors.
3 Conclusions and recommendations

3.1 General conclusions

I. The institutional embedding of the Human Capital Development project is with the National Early Childhood Development Programme (NECDP). The fact that the NECDP seems better established and accepted (than in 2018), and now more ‘mainstreamed’ might turn out to be good for the GoR embedding of the project. Various stakeholders indicate to have trust in NECDP.

II. The progress in reducing stunting is probably slowed down by the current more holistic approach to child development. Such an approach has advantages and disadvantages:
- A more holistic approach to nutrition improvement might be a proper condition for a more sustainable improvement; not only is the focus on the (malnourished) child, but the environment of the child (family/household/community) is also addressed.
- The child is not only addressed to show improved health and nutrition, but is also stimulated mentally.
- The more holistic attention to young children might ‘dilute’ the attention for stunting reduction, thus slow down the reduction of stunting.
Stunting levels in Rwanda are still very high with 35% overall (CFSVA, 2018), and >44% in the western part of the country where most of the Districts of the HCDP can be found (CFSVA, 2018).
- The ambition of GoR to reduce stunting is very high, with as target 19% in 2024. It will be challenging to achieve this.

III. The foreseen phasing out of the funding by the EKN/Government of the Netherlands in Rwanda forces enhanced focus on sustainability and phasing out of the project. While NECDP seems in a better position now to provide a proper embedding to the project and post-project, the project does not yet seem to pay much attention to sustainability and to phasing out. The indication that a Budget Neutral Extension might be possible might be responsible for this. However, there will be a time (end of 2020, or end of 2021) that the project will finalise. UNICEF should explicitly address sustainability and phasing out in the coming 1 or 2 years.

IV. A request for a BNE for the project for 1 year seems justified because of the delays in project implementation. A slow start of the project and delays due to the changes at the level of the GoR (establishment of NECDP) are responsible for the delays. Such a 5th year of the project should be clearly oriented to phasing out, sustainability and embedding in existing GoR structures (central and decentral).

3.2 Conclusions related to the outcome areas

I. Nutrition
Activities in nutrition concern direct nutrition interventions and indirect or nutrition sensitive interventions. It is good to see that activities in nutrition-sensitive agriculture have gained momentum with the establishment of 6000 kitchen gardens or at least intercropped fields with vegetables.
Large amount of funding still go to procurement of nutrition inputs and GoR does not seem ready to take over. With the end of the project coming soon, this would be undesirable, and UNICEF is advised to lobby for this (GoR take over procurement, or find other donor).
II. **ECD**
Activities in ECD are well underway and it is clear ECD is a priority of the GoR. Much work remains to be done in order to reach all young children in the country. However, there is dedication, and the ECD approach spreads, through ECD Model Centres and through ECD Home Based care.

III. **WASH**
Also WASH is a high priority of GoR. This pushes this component of the project to speed, especially where it concerns the hardware. Behaviour change is a more difficult aspect, but the HCDP pushes hard to address this as well.

IV. **Social Protection**
The pilot that was promised in the HCDP of reaching 2000 ultra-poor households through Expanded Public Works, has been achieved (Public Works for labour constrained households with young children, including provision of day care). LODA takes over and is scaling up this approach to more ultra-poor households

V. **Education**
The construction of pre-primary school buildings will achieve the target by December 2019. Curricula are developed Rwanda Education Board, and have been printed and distributed (children and teachers).

VI. **Cross-cutting (PM&E, Communication)**
Good quality baseline, Capacity Gap Analysis and MTR have been delivered, to which UNICEF has given good support.
The communication strategy by the HCDP, among others through RBA, is impressive. It is interesting to see that RBA pledges to continue with broadcasting messages even after the termination of the project because they consider it their job to work ‘for the good of the people’.

VII. **Links with the Private Sector**
Establishment and running of ECD centres with tea companies has taken off rapidly. UNICEF still can provide support in capacitating care givers and tea factory owners and management, and further consolidate the approach. In addition, it is recommended to document and communicate the approach, and transfer to other sectors if possible.

3.3 Conclusions related to the questions in the ToR

In the Terms of Reference (ToR, Annex 1), the following specific questions are indicated, which are answered consecutively:

I. **How is the project balancing its focus between the nutrition specific interventions (RUTF and vitamin supplements) and the nutrition sensitive activities (linkages between nutrition and other sectors, improved quality ECD services)?**

The project is putting much efforts on nutrition specific interventions such as the procurement of nutrition supplies (Vit A, MNPs and deworming pills) and (capacity development of Health Centre staff on) the treatment of Severe Acute Malnutrition (SAM).

Nutrition sensitive interventions include WASH, and Early Childhood Stimulation. These interventions have ample attention. The project also pays much attention to nutrition sensitive interventions such as ECD centres (model and home-based), nutrition-sensitive social works, nutrition sensitive work place in the tea sector.

Nutrition sensitive agriculture, such as the promotion of kitchen gardens or the production of nutritious foods receives less attention, although in the past year (2019) through the development of an extension tool and trainings currently around 6000 kitchen gardens are operational.
II. How is the progress of the various components?

The progress of the various components, including the conclusions, is described in 2.2. and 3.2.

III. How are endeavors to increase the sustainability of GoR’s (absorption) capacity and ownership embedded in the project’s activities, taking into account EKN’s phasing out strategy?

GoR shows ownership of the Early Childhood Development agenda, including the reduction of stunting levels in the country. The National Early Childhood Development Programme (NECDP) seems to become more and more accepted as the coordinating body for ECD interventions. Potentially, NECDP provides a proper institutional embedding for the project’s intervention areas after finalization of the project. However, whether the current absorption capacity is sufficient, is difficult to say. In addition, several stakeholders express to have confidence in NECDP to mobilize funding for the intervention areas of the HCDP after finalization. Whether that is realistic, could not be confirmed.

As an example, GoR seems not yet ready to take over the procurement of the nutrition inputs.

IV. How is coordination and communication with authorities at national level (NECDP) and district level going, what are challenges encountered?

Activities observed in the field often do not yet seem strong and embedded enough to stand on their own and continue after finalization of the project. Also the capacity especially at the decentral levels does not yet seem strong, at all sectors. It is difficult to observe whether the coordination between the central and the decentral levels is strong. However, several stakeholders mention, here is still a gap.

V. How is the private sector involvement in the multi-sectoral nutrition project developing? What are (potential) collaborations with other projects or programmes that also work on increased private sector involvement in nutrition?

The collaboration with the private sector has focused on collaborating with the tea sector. Impressive progress has been made over the past year. An impressive number of tea companies and cooperatives have invested in ECD centres. These companies are convinced of the business case of investing in ECD. UNICEF should further consolidate by supporting the tea companies, organize peer-to-peer exchange and learning and engage in further lobbying, not only in the tea sector, but also to other sectors.

VI. How is the collaboration with other donors and projects/programmes?

Not many donors in Rwanda are active in the field of nutrition and/or ECD. Donors that are active, have been, or might be are USAID, SDC, JICA, WB and DFID. Projects and/or funds that are available often focus on capacity development, and not on TA. None of them focus on procurement (e.g. of nutrition inputs).

It is not easy to collaborate with other projects/programmes/funds, and it will not be easy to find funding for the HCDP after finalization with these other donors. On the other hand, with new donors such as DFID, it is signaled that these donors also make use of the results of the UNICEF HCDP project in formulating their call for proposals.

VII. How is the collaboration with the HortInvest, also funded by EKN and also having a nutrition component, and partly active in the same Districts?

The linkages between the HCDP and HortInvest are practically non-existent. The mission connected UNICEF and SNV to each other to further explore in what way the two projects can collaborate mainly to achieve the nutrition goals through nutrition-sensitive agriculture, such as kitchen gardens. UNICEF and SNV pledged to further explore possibilities for collaboration.

VIII. Would it be advisable to have a Budget Neutral Extension, and if so, what activities should it entail?

The project seems well underway, and progress would be assessed compared to 2018. The institutional embedding through NECDP seems better. In some places, the activities in the field seem of a rather recent date, and not yet feasible to continue without the support of the HCDP.
At the same time, after 3 of the 4 years of the project duration, it is questionable whether the project and/or the interventions in the districts and sectors and the capacity of government officials and implementers are at a sufficient level to be sustainable. The HCDP has seen delays that were often beyond the control of UNICEF. Funding is sufficient to allow for a BNE.

It seems justifiable to allow a BNE.

The BNE should specifically focus on:

- Consolidate what has been achieved; activities in field not yet strong enough to continue on their own
- Scale up or roll out to other/more geographical areas; not many sectors and/or cells per Districts are covered (how to increase the numbers?)
- Contribute to improving coordination, at NECDP, but certainly between the central and decentral levels
- Increase capacity development at decentral levels to enhance sustainability
- Focus on awareness creation with parents/care givers on what stunting is, how to recognize and what the consequences are
- Continue large scale campaigns through radio and television and Social Media
- Consolidate and expand linkages with private sector, in the tea sector, but potentially expand to other sectors as well
- Document approaches and lessons learned to share with next projects in the country and in other countries; many valuable experiences have been gathered
- Explicitly look for linkages with other projects and other donors, and look for future donors for HCDP
- Explicitly work on a phasing out strategy, with an eye on institutional embedding, handing over, capacity strengthening at various levels (central, decentral, processes and content) and sustainability

3.4 Recommendations

I. **UNICEF should lobby with GoR to take over the procurement of nutrition inputs** such as Vit A, deworming tablets, RUTF/Therapeutic Milk, MNPs, OR, together with GoR and NECDP actively look for other opportunities of donors taking over this funding.

II. **Awareness creation on stunting**, with parents, caregivers but also with (health) personnel in Districts, Sectors, Communities is highly needed in order to coherently address stunting.

III. **Linkages with the Private Sector** as take place with tea companies are very promising. UNICEF should further consolidate and document and communicate so that others can learn from this and the approach can be taken over by other sectors.

IV. **Collaboration with the HortInvest** project should actively be pursued. Both projects partly have a common goal of improving the nutritional status through diversifying dietary intake (vegetables), and partly work in the same districts. And both projects are funded by EKN.

V. **Institutional embedding** of the project’s intervention areas and activities seems well guaranteed with NECDP. Whether the expectation of some stakeholders that NECDP will step in, also financially, when HCDP terminates is justified is not certain. This should be checked.

VI. **Sustainability** of project’s activities is not yet a guarantee; consolidating activities is advised for the last year, and extra efforts to capacity strengthening, especially at the decentral levels.

VII. **A Budget Neutral Extension** of the project is justifiable because of a slower start and of retardation due to the changing institutional embedding at the GoR level. It is advised to approve a BNE, but clearly focus activities in this final year on: sustainability, capacity strengthening especially at the decentral level, explicit phasing out strategy, and actively looking for other donors/funders, because the issue of ECD and especially stunting reduction is not yet achieved and will not be achieved by the end of 2021 (foreseen end of BNE).
References

Appendix 1  Terms of Reference

Monitoring mission Wageningen Centre for Development Innovation (WCDI) regarding UNICEF HCD project - 2019

Monitoring expert: Mrs Marianne van Dorp

Introduction
The Netherland Embassy in Kigali (EKN) is funding the Human Capital Development project, carried out by UNICEF Rwanda. This program aims at increasing human capital development with a focus on reduced prevalence of stunting among children under 5 years and improved young children’s holistic development.

The overall goal of the multi-sectoral programme is to establish optimal conditions for children to achieve their full potential and build a strong foundation to develop into adolescents with key problem-solving and socio-emotional competencies, in order to increase human capital development in Rwanda. The programme interventions focus on young children, from pregnancy to six years of age, including their parents and families, thereby ensuring a continuum of care that enhances and sustains optimal child growth and development. The project also aims to engage and partner with the private sector to achieve its development outcomes. Fourteen districts in Rwanda were selected for this programme.

As part of the evaluation process of the Human Capital Development project, three monitoring missions are to be carried out by CDI Wageningen in 2018, 2019 and 2020, as agreed in the second amendment to the contract between CDI Wageningen and the Ministry of Foreign Affairs.

The planned mission (November 2019) is carried out at a point that:
- Implementation of the activities has started in January of 2017;
- Progress report were submitted in March 2018, March 2019;
- A Capacity Gap Analysis report was produced in April 2019;
- A Baseline Evaluation report was published in April 2019;
- A Mid-Term Review was conducted in July 2019;
- Phasing out of EKN requires stronger focus on sustainability of the impact beyond the funding of this programme;
- A budget-neutral extension of the programme is considered for one year (2021).

Purpose of this monitoring mission
- Verifying planning and implementation progress, particularly considering the MTR conclusions and recommendations;
- Formulating observations and recommendations for improvement of the further implementation of the programme, taking into account phasing out strategy and extension of the project with one year.

Questions to be answered
- How is the programme balancing its focus between the nutrition specific interventions (RUTF and vitamin supplements) and the nutrition sensitive activities (linkages between nutrition and other sectors, improved quality ECD services)?
- How is the implementation of the various components progressing?
- How are endeavors to increase the sustainability of GoR’s (absorption) capacity and ownership embedded in the programmes activities, taking into account EKN’s phasing out strategy?
- How is coordination and communication with authorities at national level (NECDP) and district level going, what are challenges encountered?
- How is the private sector involvement in the multi-sectoral nutrition programme developing? What are (potential) collaborations with other projects or programmes that also work on increased private sector involvement in nutrition?
• How are the SNV HortInvest Nutrition activities coordinated with the UNICEF programme?
• Which activities should be considered in the one year extension of the UNICEF HCD project?

**Time planning**
The monitoring mission takes place from Monday November 11 until Friday November 15 2019. Mission report should be delivered within one month after completion of the monitoring mission, as agreed in the contract between CDI Wageningen and Ministry of Foreign Affairs.
# Program for the external monitoring visit for the EKN Nutrition/ECD program, 11-15 November 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Monday 11 November</strong></td>
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<tr>
<td>09:00 – 10:00</td>
<td>EKN, Meeting met Ton Negenman</td>
<td>EKN Kigali</td>
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<tr>
<td>14:30 – 16:30</td>
<td>Briefing by the UNICEF team</td>
<td>UNICEF office</td>
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<td><strong>Tuesday 12 November</strong></td>
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<tr>
<td>09:00-10:00</td>
<td>Meeting with Dr Anita, the Head of NECDP</td>
<td>NECDP</td>
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<tr>
<td>10.30-11.15</td>
<td>Visit to SNV office, meeting with Klaas de Vries</td>
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<td>11:30 – 12:30</td>
<td>Meeting with LODA</td>
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<tr>
<td>12:30 – 13.30</td>
<td>Meeting with RBA (Rwanda Broadcast Agency)</td>
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<td>1500 – 18:00</td>
<td>Departure for Karongi district</td>
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<td><strong>Wednesday 13 November</strong></td>
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<tr>
<td>08:30-08:35</td>
<td>Transport to Rutsiro for ECD in Kivumu sector</td>
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<td>08:35 – 10:00</td>
<td>Visit ECD</td>
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<td>10:00 – 10:30</td>
<td>Transport to Kinshira tea plantation</td>
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<tr>
<td>11:00 – 12:00</td>
<td>Visit ECD tea plantation and meeting with management to discuss their</td>
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<td></td>
<td>engagement in promoting the rights of children</td>
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<td>12:00 – 13:00</td>
<td>Transport to District</td>
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<tr>
<td>1:00 – 15:30</td>
<td>Lunch and Meeting with Vice Mayor of Social Affairs to discuss UNICEF’s support</td>
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<td>WASH support</td>
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<td>15:30 – 16:30</td>
<td>Transport back to Karongi district</td>
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<td><strong>Thursday 14 November</strong></td>
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<tr>
<td>08:00 – 09:00</td>
<td>Transport to Rwankuba sector</td>
<td>Karongi district</td>
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<tr>
<td>09:30 – 11:00</td>
<td>Visit the Model of Social protection and Nutrition program and meeting</td>
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<td>with World Relief</td>
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<td>11:00 – 12:30</td>
<td>Visit C4D activities – mini family campaign</td>
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<td>12:30 – 14:00</td>
<td>Lunch</td>
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<td>14:00 – 17:00</td>
<td>Transportation back to Kigali</td>
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<td><strong>Friday 15 November</strong></td>
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<tr>
<td>09.00 – 10.30</td>
<td>Debrief with the UNICEF team</td>
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<td>10.30 – 11.30</td>
<td>Discussions Nutrition team</td>
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<tr>
<td>12:00 – 13:00</td>
<td>Debriefing at EKN with Ton Negenman</td>
<td>EKN Kigali</td>
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### Appendix 3  
Districts covered by UNICEF Human Capital Development project (2017-2020)

<table>
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<tr>
<th>Human Capital Development Districts</th>
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<td>1 Nyamagabe</td>
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<td>2 Rutsiro</td>
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<td>3 Gicumbi</td>
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<td>4 Nyamasheke</td>
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<td>5 Nyaraguru</td>
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<td>6 Gatsibo</td>
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<td>9 Gakenke</td>
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<td>10 Rubavu</td>
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<td>11 Rusizi</td>
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<td>12 Ngororero</td>
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<td>13 Karongi</td>
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<td>14 Nyagatare</td>
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*Map of 14 districts in Human Capital Development project (blue)*
Appendix 4  Progress Human Capital Development project.  
Presentation by UNICEF Team, November 11, 2019

Presentation overview:

- Program structure
- Implementation status by output (Nutrition, ECD, WASH, Social Protection and Education)
- Challenges in implementation and proposed solutions
- 2020 Plan/Priorities
Program structure:
Conceptual framework for UNICEF's work in nutrition and ECD

Program structure:
Theory of change for the EKN Nutrition/ECD program

Human capital development
increased

Stunting in children
reduced

Holistic child
development improved

Nutrition
Comprehensive nutrition interventions are scaled up

Health
Improved quality and access to ANC and PNC

Food security
Households have increased access to food

WASH
Improved water supply and sanitation services are provided

Social Protection
Poorest household beneficiaries from cash transfers public works and skills training

ECD
ECD services for young children and families scaled up, including ECD centres and parent education

Strategies applied:
Capacity development, evidence generation, policy dialogue and advocacy; public-private partnerships, innovations and cross-sectoral linkages
Location and implementation modalities

- Geographical location: 14 Districts with high levels of poverty and stunting
- Coverage varies from District-wide to Sector-specific
- Implementation modalities:
  - Mainly through Central and Decentralized Government structures
  - Secondly, through collaborations with NGO's/CSO and private sector

Implementation status
Outcome 1:
Children under 5 utilize effective nutrition / health interventions

Output 1:
Core package of preventive nutrition-specific interventions are delivered to young children, adolescents and women

Output 2:
Severe acute malnutrition of children under five is effectively managed

Output 3:
Nutrition interventions integrated into other social sectors

Output 4:
Technical and managerial capacity for nutrition at national and decentralized levels improved

Output 1.1: Core package of preventive nutrition-specific interventions are delivered to young children, adolescents and women:

- Revision of National MIYCN package conducted
- Mentorship and supportive supervision of CBNP and health center-based growth monitoring provided
- Support to the MNP/Ongera program including procurement and supervision,
- Support to bi-annual Maternal Child health week: 82% of target population reached with Vitamin A and deworming
- World Breastfeeding week: private and public institution engagement; awareness with media and communities
- Capacity building in M&E for Nutrition – new upgraded HMIS and DHS
- MIYCN Peer to peer support initiative under development
- Development of the national adolescent nutrition guideline supported through NECDP
Output 1.2: Severe acute malnutrition of children under five is effectively managed:

- Post-training supervision and mentorship conducted in 26 DHs

- Procurement of Therapeutic Milk and support to supply chain of nutrition commodities

Output 1.3: Nutrition interventions integrated into other social sectors:

- With NECDP, Cascade training on kitchen garden tool kit conducted (12 central, 84 district and 439 sector level)

- 5,776 Kitchen garden established, 980 small livestock distributed

- Kitchen Garden assessment study supported

- Initiation of the modeling of integrated nutrition-sensitive social protection interventions in 4 districts (modelling case management for EPW HHs, kitchen garden, creation and training of saving and lending groups, and linking with CBNP)
Output 1.4: Technical and managerial capacity for nutrition at national and decentralized levels improved:

- National Nutrition Policy developed-under validation
- DPEM review done in 14 districts with NECDP - align with national policies/strategies
- Ethnographic Research is being carried out to identify socio-cultural and cultural barriers as well as motivators to nutrition and handwashing best practices
- Partnership with parliamentarian established to enhance nutrition legislation and community awareness
- With RBC, capacity building of 4,424 CHWs on the new competency based curriculum supported.

Outcome 2:
Young children and families utilize quality ECD services, and parents/primary caregivers apply improved child care and stimulation practices

Output 1: Increased availability of quality ECD&D services to children (0-6 years) and their families, in targeted districts
Output 2: Parents/primary caregivers have improved knowledge and skills on appropriate child care and stimulation
Output 3: A comprehensive ECD policy is effectively implemented at decentralized level
### Activity 2.1.2: Provision of ECD & Family services in existing model centres

<table>
<thead>
<tr>
<th>#</th>
<th>ECD Facilities Summary Data</th>
<th>2018</th>
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<tr>
<td>1</td>
<td>District Model Centres providing integrated ECD services (early learning, nutrition, health, CP, WASH)</td>
<td>16</td>
<td>16 (handed over to Government)</td>
</tr>
<tr>
<td>2</td>
<td>Young children (0-6 years) accessing ECD&amp;F services</td>
<td>9,000</td>
<td>19,141</td>
</tr>
<tr>
<td></td>
<td>[4,621 F; 4,379 M]</td>
<td></td>
<td>(8,947 M; 10,190)</td>
</tr>
<tr>
<td>3</td>
<td>Young children (3-6 years) accessing centre based ECD services</td>
<td>1,991</td>
<td>10,335</td>
</tr>
<tr>
<td></td>
<td>[991 F; 1,000 M]</td>
<td></td>
<td>(4,907 M; 5,428 F)</td>
</tr>
<tr>
<td>4</td>
<td>Young children (3-6 years) accessing home based ECD services</td>
<td>4,962</td>
<td>5,057</td>
</tr>
<tr>
<td></td>
<td>[2,569 F; 2,393 M]</td>
<td></td>
<td>(2,321 M; 2,736 F)</td>
</tr>
<tr>
<td>5</td>
<td>Young children (0-3 years) supported through home visits</td>
<td>2,647</td>
<td>3,749</td>
</tr>
<tr>
<td></td>
<td>[1,061 F; 986 F]</td>
<td></td>
<td>(1,719 M; 2,030 F)</td>
</tr>
<tr>
<td>6</td>
<td>Parents/primary caregivers in responsive childcare practices using the ECD Essential Package</td>
<td>9,737</td>
<td>23,215</td>
</tr>
<tr>
<td></td>
<td>[6,246 F; 3,499 M]</td>
<td></td>
<td>(9,242 M; 13,973 F)</td>
</tr>
<tr>
<td>7</td>
<td>Districts that have included ECD&amp;F in their Plans &amp; budgets (Government funding the programme)</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>Children with disabilities integrated in the ECD &amp; F programs</td>
<td>245 children (144 boys and 101 girls)</td>
<td>160</td>
</tr>
</tbody>
</table>

### Activity 2.1.3: Modelling of community-based low-cost ECD & F centre

Activity 2.1.4: Expanding and Improving ECD services delivery through community spaces and religious facilities

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>Establishement of ECD spaces through religious facilities</td>
<td>Continued implementation through PCA with Anglican Church</td>
<td>3,450 children registered in 28 sites (6,600 targetted)</td>
<td>5,180 children (2,678 boys and 3,180 girls)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,660 parents targetted</td>
<td></td>
<td>12,236 parents (5,586 male and 6,650 female)</td>
</tr>
<tr>
<td>3</td>
<td>Modelling of community based low-cost ECD &amp; F centres</td>
<td>Structural designs developed and approved by Government</td>
<td>16 low-cost ECD Centres constructed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Construction commenced</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Service provision not yet commenced</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2,033 children (909 boys &amp; 1,124 girls)</td>
<td></td>
<td>2,852 parents (1,325 men and 1,527 females)</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------------------------------</td>
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</tr>
</tbody>
</table>
| 1  | Activity 2.1.6: Establish system for local production of play and learning materials | • IPRC/TEVET identified to develop local kit;  
• Machines ordered                                                                 | • Worked with IPRC/TEVET to develop Rwanda ECD local kit  
• Prototypes developed with NECDP leadership  
• Pending approval by Rwanda Standards Board this month |
| 2  | Activity 2.2.1: Provision of parenting education and support              | • Institutional contract has been signed with Cambridge Education to develop parenting curriculum;  
• Inception report has been produced. First draft of curriculum expected by the end of Dec. | • Parenting Curriculum developed  
• ToRs for parenting guides developed. Drafting to commence in January next year |
| 3  | Activity 2.3.1: Roll-out of ECD policy at decentralized level             | • Conduct ECD investment case study at decentralized level  
• ECD Early Learning Development Standards (ELDS)  
• Investment Case Study and development of ELDS delayed due to failure to find a good institution to lead the process | • To be done first half of 2020  
• Training of national core team to coordinate the process planned for this month  
• Drafting to commence in January next year |

**Outcome 3:**
Families with young children in the targeted districts use improved water, sanitation and hygiene services

**Output 1:**
Improved water points constructed in communities, schools and early learning centres

**Output 2:**
Improved sanitation services provided / latrines constructed in communities, schools and early learning centres

**Output 3:**
Knowledge of safe sanitation and hygiene practices increased among households in targeted communities/districts
## Overview

| Output 3.1: Improved water points constructed in communities, schools and early learning centres | 3.1.1 | Number of water supply systems constructed | 5 |
| Output 3.2: Improved sanitation services provided / latrines constructed in communities, schools and early learning centres | 3.2.1 | Number of latrine builders with capacity to support communities in improving sanitation | 350 |
| Output 3.3: Knowledge of safe sanitation and hygiene practices increased among households in targeted communities/districts | 3.3.1 | Number of additional people reached with messages on safe hygiene practices | 250,000 |

### Output 3.1: Improved water points constructed in communities, schools and early learning centres (Target: 5 systems, 15,000 people)

- Five (5) water supply systems completed; six (6) by end 2019
  - Serving: 19,800 people with ‘improved’ service, including 15,500 with Basic service (improved within 30 min)
  - Also serving: 9 schools, 2 ECD learning centers and 4 health facilities

### Output 3.2: Improved sanitation services provided / latrines constructed in communities, schools and early learning centers (Target: 10 schools)

- Latrines and MHM/girls rooms in three schools completed in 2018
  - 78 toilets/6 blocks, serving over 3,500 students and nearly 80 teachers
- Development of minimum guidelines for WASH services in ECD centers finalized by end of 2019:
- Modeling WASH in ECD package in 2020, including latrines
Output 3.3: Knowledge of safe sanitation and hygiene practices increased among households in targeted communities/districts

- **Hygiene messages**: 975,000 people reached with messages by district authority campaigns in all villages (conservative estimate of 25% of 3.9 million people in 11 districts)
  - Using existing channels for behavior change communication such as village councils, parents evening, umuganda, community events

- **Toilets**: Average of 15.9% increased coverage per district on basic sanitation achieved.
  - 101,249 households (~435,000 people) in eight districts built new or upgraded their unhygienic latrines
  - 8,667 households built basic latrine with the project direct support.

- **Verification process**: Introduced when cells claim universal access.
  - In 21 verified cells, led by cell authorities, process confirmed increase of more than 10% basic sanitation coverage, achieving 98%-100% basic sanitation.

- **Handwashing facilities**: Showing 10%+ results in verification exercise (21 cells in 7 districts)
  - Monitoring and reporting to be improved for all 11 districts

- **Authorities trained**: 3,300 District, Sector and Cell staff in 11 districts trained

- **Latrine builders trained**: 650 Latrine Builders were trained in 11 districts to support community to upgrade their latrines to basic latrines

- **Traders**: 504 traders at cell level were trained/sensitized to carry sanitation and hygiene products

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Outcome 4:
Poorest households with children under 5 in 10 districts/sectors have benefitted from child-sensitive public works

Output 1:
Capacity of decentralized institutions to deliver child-sensitive social protection services strengthened
Main achievements towards Outcome 4:

- 2065 households with children under 5 in 14 Districts are included in child-sensitive Expanded Public Works social protection model – programme element finished July 2019, Expanded Public Works has been adopted by GoR and rolled out nationwide.
- Modelling of integrated nutrition-sensitive social protection is providing diversification in livelihoods (incl savings groups) for vulnerable households with children under 5 in 4 Districts.
- Start of modelling of case management and referral model for vulnerable household with children under 5 is linking children to nutrition services (growth monitoring, food supplementation, kitchen gardens) and integrated proximity services in 4 Districts.
- Technical assistance to LODA to improve new household profiling data-base, to better assess the needs of vulnerable households, including with children under 5, to provide better tailored social services.
Output 5.1: The education system ensures increased access to affordable and quality pre-primary education

- Construction of 10 pre-primary centres (consisting of 3 classrooms, WASH facilities, and school furniture) has been completed in Rutsiro (2), Gatisbo (4), and Nyabihu (4).
- An additional 9 centres are under construction and expected to be completed by December 2019. 440 Sector Education Officers (SEOs) have been trained on pre-primary education, in general, and play-based learning, specifically, in 2017;
- With the Rwanda Education Board (REB), 8,000 copies of the pre-primary training module on play-based curriculum and 6,000 copies of the pre-primary teachers’ guide, were printed and distributed, in 2017.
- Capacity development of pre-primary teachers is expected to be undertaken in Quarter 1 of 2020.
Output 6.1: Planning, management, coordination and monitoring of integrated programme to reduce stunting at decentralized levels increased

- Capacity Gap Analysis at decentralized government level finalized, providing recommendations for capacity development in the technical areas of early childhood development, nutrition, WASH, and social protection and children’s rights, and in functional areas of evidence-based planning and budgeting, coordination and collaboration, training and capacity building, and monitoring and evaluation.

- Capacity development plan developed based on Capacity Gap Analysis report. Start implementation of plan for decentralized government in 10 Districts, focused on RBM – collaboration with Rwanda Management Institute.

- Co-chaired and supported quarterly National ECD Sub-Cluster meetings. This has enhanced ownership and coordination of key thematic areas of nutrition, WASH, child protection, social protection and early childhood development.

Output 6.2: Social and Behaviour Change Communication


- 80 religious leaders trained as ECD advocates.

- 1,259 religious volunteers trained to promote key ECD practices, increase and demand for ECD services.

- 210,246 people reached through household visits, couples’ counselling, focus group sessions (focus on community leaders and fathers’ involvement in caring for children).
Output 6.2: Social and Behaviour Change Communication (cont.)

- A sermon guide on ECD developed and used during preaching for various faith denominations.
- Social mobilization with digital mobile van reached 48,300 people.
- Social mobilization with community theatres reached more than 128,500 people.
- As of 31 October 2019, 191 episodes of the Itetoro radio show aired.

Output 6.3: A rigorous programme M&E system established to ensure timely achievements of results

- Completed baseline survey and report. Includes findings on a wide range of indicators at household level, covering information on household characteristics and the key elements of the programme: nutrition, health, early childhood development, WASH and social protection
- Conducted formative evaluation, assessing the relevance, effectiveness, efficiency and sustainability of the programme, by external party. Recommendations on improvements for second half of programme
- Mid-term review: 23 July 2019. Attended by 50 stakeholders (GoR, DP’s, CSO’s) – acknowledge and enhance recommendations from formative evaluation
- Support to NISR Demographic and Health Survey 6, measuring national data on key elements of the programme – improved Nutrition and ECD modules and provided anthropometrics standardization training for 60 enumerators
Outcome 7: Private sector investment and support to the multi-sectoral programme increased

Output 1: Effective linkages established between local businesses and nutrition projects/ECD centres

Output 2: Businesses are sensitized on child rights business principles and the importance of ECD, and establish child-friendly work spaces

MALNUTRITION RATES IN THE TEA SECTOR

Child stunting rates by livelihood zones. Rates of stunting are highest in tea plantation regions (CSFIA 2018)
PRIVATE SECTOR ENGAGEMENT

- From two ECD centres in 2017, there are 12 ECD centres functional in EKN-supported districts after capacity building and sensitization. There are 18 total functional ECD centres (including in non-EKN supported districts). All expenses for construction and recurring costs are accepted by the tea companies.

- Capacity building for Tea companies and cooperatives on the establishment of child care around the tea plantations. 564 children are accessing services from 12 ECD/mobiles crèches and 583 parents and caregivers have been trained on child care development.

- Global recognition of ECD initiatives through local media through ECD centre inaugurations, International advocacy for ECD initiatives and family-friendly policies, including recognition in UNICEF’s global Parenting Month digital campaign and the #EarlyMomentsMatter ECD cause framework; Recognition at the UNICEF High Level Summit on Family Friendly Policies in New York, including participation of Dr Anita from NECDP.
Challenges & mitigation measures

Some Challenges

1. Institutional changes: At national level, ECD and nutrition coordination
2. Institutional changes in Government
3. Shifting of mandates between Government institutions
4. Impact measurement at outcome level requires more time
5. Clarity of data: Multiple household sanitation monitoring agencies are at odds level with difference in tools for measurement
6. Different level of understanding among parents: Many focus on messaging
7. Integrated approaches to coordination and joint planning: Relatively new
Mitigation Measures

**Nutrition activities:** Working more closely with districts
- Technical assistance, capacity building, and funding is available
- National level efforts to strengthen government systems are supported

**ECD:** Working closely with NEDDP and the MoU

**Sanitation in schools/ECD:** Developing tools to strengthen WASH in ECD

**Monitoring HH sanitation:** Working with district officials
- Harmonize indicators for both national and local level
- Models of WASH interventions in Gicumbi district
- Districts to be supported in management of community hygiene programmes

**Communication:** Working with partners
- Thinking around communication is shifted from messaging to participatory, audience-centered communication

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Priorities/Plan for 2020
Outcome 1

- Roll out training on the new MIYCN package
- Implementation of MIYCN Peer to peer support model
- Development of evidence based Home Garden guide
- Dissemination and implementation of the national Adolescent Nutrition guideline
- Development and implementation of the evidence based nutrition SBCC strategy
- Implementation of the UNICEF-Parliament joint work plan
- Dissemination of the new national nutrition policy
- Strengthen mentorship programme for nutrition

Outcome 2

- Develop Early Learning and Development Standards;
- Conduct investment case;
- Construct and operationalize remaining 6 (out of 24) low cost ECD centres;
- Strengthen delivery of services especially to younger children (0-2 years);
- Strengthen district coordination mechanisms for effective delivery of the programme;
- Continued government and community engagement to enhance ownership and sustainability
Outcome 3

- Review implementation strategy to achieve greater scale with promotion activities
- Sanitation marketing to increase availability of sanitation and hygiene products in rural areas
- Complete the construction of the water supply system
- Review the package of WASH in ECD centres and complete the construction of latrines in ECD centres

Outcome 4

- Continue modelling of nutrition-sensitive social protection in 4 Districts:
  - Establish kitchen gardens at 240 vulnerable household with children under 5
  - Provide seed funding for savings groups
  - Strengthen coordination mechanisms of service delivery at decentralized government level
  - Strengthen community awareness on social service entitlements for vulnerable households with children under 5
  - Capturing learning from the piloted models and advocacy for adoption and further roll-out of models by GoR

- Technical support to LODA on roll-out of Expanded Public Works and household profiling
  - Develop monitoring tool for household profiling to measure quality of social service delivery
  - Pilot monitoring tool in programme Districts
Outcome 5

Continue to strengthen pre-primary education under the partnership with the Ministry of Education, Ministry of Local Affairs, and Rwanda Education Board.

- Complete the remaining pre-primary centres and ensure sustainable handover to the Government:
  - finalizing the procurement of furniture for the remaining schools
  - equipping the pre-primary centres with ECE kits

- Capacity Development of pre-primary teachers in the newly constructed schools and teachers who are working in faith-based organisations

Outcome 6

- Provision of RBM training and capacity development action plan development and implementation in 10 Districts

- Continue support to NISR Demographic and Health Survey 6 – support data-analysis, specifically on nutrition and ECD

- Endline survey and report

- Implementation of the Integrated ECD, Nutrition and WASH multi-media campaign;
Outcome 6, cont...

- Continued partnership with the faith-based networks (290,000 people to be reached directly);
- Continued partnership with the Theater for Development (80,520 people to be reached directly) and Urunanu soap opera;
- Work on the Itetero and parenting web portal (weekly listening clubs to engage 400 parents each time in a variety of locations).

Outcome 7

- Training, social mobilization and sensitization on Child rights and business principles (CRBP) for the newly established ECD centers in the tea sector and surrounding communities. Targeted districts: Nyaruguru, Ngororero, Nyamasheke, Karongi and Nyamagabe
- Develop an investment case for establishment of child friendly work spaces in the tea sector
- Scale up of CRBP to other sectors such as rice sector/ horticulture/ construction/ extractive industries
- Operationalizing “Internet of Good things” Platform with Airtel Telecom to disseminate information on ECD and Nutrition
Appendix 5  Presentation debriefing at UNICEF Marianne van Dorp, November 15, 2019

Annual Monitoring Mission

Human Capital Development Programme
November 10-15, 2019
Terms of Reference

- Balance Nutrition specific-nutrition sensitive
- Progress various components
- Sustainability of programme and absorption capacity of GoR (linked to EKN phasing out)
- Coordination of NECDP at national and de-central level
- Collaboration with Private Sector
- Collaboration with other programmes/donors?
- Collaboration with HortInvest/Nutrition Component
- What specific activities in 2021, if BNE

More specifically, the ToR

- Progress so far, ...
- Sustainability; what needs to be in place for ...
- Is it logical to propose a BNE?
  - If yes, what should it contain?
- Links with other programmes/donors? WB? JICA?
  - Much Social Protection, Safety Nets
  - No procurement (e.g. VitA, MNP)
- Link with HortInvest
Approach, November 11-15, 2019

- Study documents
  - Baseline
  - Capacity Gap Analysis
  - Formative Evaluation Report
  - MTR report
- Presentations by UNICEF staff
- Visits to/discussions with key stakeholders
  - NECDP
  - LODA
  - SNV (HortInvest)
  - RBA

Approach, November 11-15, 2019

- Field visits to Karongi and Rutsiro (Nov 13 and 14)
- Rutsiro, Nov 13
  - ECO centres (model and home based)
  - Tea Factory
  - Discussion with Mdm Mayor Rutsiro
  - WASH and Kitchen gardens
- Karongi, Nov 14
  - Expanded Public Works
  - Integrated approach Expanded Public Works
  - Mini Community Campaign

- Debriefing and discussions
Overall impression

- HCDP well underway, but not everywhere already for long time
- HCDP closely linked to GoR; also at decentral levels
  - Good for ownership and sustainability
- Broad trust in GoR that ECD, including Nutrition is a GoR priority
- NECDP seemingly in better position now than in 2017 and 2018 (mainstreamed)

Overall impression

- However,
  - Not yet sure GoR will be able to fund all programme elements of NECDP/integrated and holistic Early Childhood Development
  - Proper capacities not at all levels, and all geographical areas secured
  - Capacity development at various levels and on various themes
  - In some sectors and pillars/components of the programme, activities have only just started....
  - Coordination is (still) an issue.....
  - Limited to no awareness of ‘stunting’ at the District, Sector, Cell and Household/Parents levels
  - Mindset of people/sustainable behaviour change, needs time......

WAGENINGEN
UNIVERSITY & RESEARCH
Nutrition

- Proper treatment of Acute Malnutrition and Severe Acute Malnutrition
- Good or 100% coverage of Vit A, MNPs, Deworming, etc; however, GoR not yet ready to do procurement (will request UNICEF)
- Cooking demo’s/healthy diet
- Stunting is still an issue:
  - Awareness at community level is low
  - Ambition is high (reduction to 19% in 2024 from 38% in 2016, and 34% currently)

Early Childhood Development

- Model of ECD/Home-based ECD well accepted/appreciated where implemented
- Integrated model of ECD is appreciated (pregnancy checks, growth monitoring, health services and one cup of milk, Savings & Loans and pre-primary education)
- Home-based ECD rolled out in more sectors/cells
- Next to ECD Model Centres in each District now also less costly ECD centres in more places (funded by UNICEF)
Social Protection

- Collaboration with LODA
- Piloting Expanded Public Works to 2000 HH achieved
- Integrated Expanded Public Works piloted, including Home-based ECD, Cooking demonstrations, Kitchen gardens, Saving & Loans, Pre-primary Education
- WB funding strong on safety nets; LODA applied Expanded Public works to 40,000 HH

Providing Child Care in Tea Producing areas

- # Tea Factories implementing an ECD centre increased to 12
- Rational is not (only) care for labourers, but also keep labourers in tea producing areas: future sourcing of tea!

- Use current factories as role models and do much more exposure for others
  - Let other tea factory owners/managers talk to their peers
  - Make small movie/video for broadcasting
- Make sure tea factory owners get the service (mainly in capacity development of ECD staff) they need

- Expand to other Private Sectors (Soap, TelCom)
M&E and communication

- Baseline, Capacity Gap Analysis, Formative Evaluation, MTR are good achievements
- Training of enumerators and anthropometry for DHS is good achievement by UNICEF
- DHS (just started, report in 2020) will provide reliable data for status of nutrition in country (stunting levels) (compare to DHS, 2015)
- Capacity development is needed more, especially at the decentral levels

- Parents/Care givers awareness needs to be expanded
  Broadcasting, Social media
- Behaviour change campaigns for Nutrition, WASH and ECD

Terms of Reference and reply

- Balance Nutrition specific-nutrition sensitive
  - If nutrition sensitive is agriculture; not so specific, although much intercropping including vegetables has been observed
  - Nutrition sensitive can also mean other things...
  - UNICEF strong on nutrition specific (MNP, RUTF, SAM treatment, ....)
- Progress various components
  - See above, and re MTR
- Sustainability of programme and absorption capacity of GoR (linked to EKN phasing out)
  - Field activities not yet seem sustainable enough to stand on their own
  - Procurement nutrition (MNP, RUTF, De-worming): GoR not yet ready
  - Capacities esp. decentral level not yet strong
- Coordination of NECDP at national and de-central level
  - NECDP seems better positioned and better recognized now, however, capacity development and coordination still mentioned as weak points
Terms of Reference and reply

- Collaboration with Private Sector
  - Impressive increase Tea Factories with ECD Centre
  - More exposure needed (peer to peer, video)
  - Other sectors (telcom, soap)

- Collaboration with other programmes/donors?
  - Not many donors in Nutrition and/or ECD (WB, JICA, SDC, USAID, DFID), but those that are (might) use part of EKN/HCDP results
  - Many focus on Capacity Development, no TA, no Procurement

- Collaboration with HortInvest/Nutrition Component
  - Discussion at SNV Kigali and SNV Karongi (focal person nutrition Karongi and Rutsiro)
  - Interest from both sides to collaborate; coordinate and learn; also possibility and added value
  - Meeting to be held shortly in Kigali

Terms of Reference and reply

- What specific activities in 2021, if BNE
  - It does seem logical to have a BNE
  - Consolidate what has been achieved; activities in field not yet strong enough to continue on their own
  - Scale up/roll out to other/more geographical areas (sectors/cells) ??
  - Enhanced coordination, at NECDP, but even more at decentral level
  - Capacity Development at decentralised levels
  - Capacity and awareness creation of parents/care-givers (e.g. awareness on stunting)
  - Continue larger scale campaigns (RBA, social media)
  - Expand and consolidate Private Sector Linkages
  - Document approaches and lessons learned
  - Look for linkages with other donors/programmes; find other donors for HCDP?
  - Work on specific phasing out strategy
Knowledge in action
Wageningen Centre for Development Innovation supports value creation by strengthening capacities for sustainable development. As the international expertise and capacity building institute of Wageningen University & Research we bring knowledge into action, with the aim to explore the potential of nature to improve the quality of life. With approximately 30 locations, 5,000 members of staff and 12,000 students, Wageningen University & Research is a world leader in its domain. An integral way of working, and cooperation between the exact sciences and the technological and social disciplines are key to its approach.
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Nutrition monitoring mission
November 11-15, 2019
Human Capital Development project
UNICEF Rwanda

Marianne van Dorp