



Nutrition monitoring mission November 5-9, 2018

Human Capital Development project
UNICEF Rwanda

Marianne van Dorp



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This is the report of the Nutrition Monitoring Mission that was performed November 5-9, 2018 at the invitation of the Embassy of the Kingdom of the Netherlands. The Human Capital Development project which is implemented by UNICEF Rwanda, was monitored for its progress, specifically paying attention to progress in the implementation of the various outcome areas (Nutrition, Early Childhood Development, Water, Sanitation and Hygiene (WASH), Social Protection, Pre-primary Education, Child Protection in Private Sector and Multi-Sectoral interventions).

Keywords: Nutrition, Early Childhood Development, Human Capital development, Rwanda

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List of abbreviations and acronyms

CBN	Community Based Nutrition
DPEM	District Plan to Eliminate Malnutrition
ECD	Early Childhood Development
EKN	Embassy of the Kingdom of the Netherlands
GoR	Government of Rwanda
IGA	Income Generating Activity
INGO	International Non-Governmental Organisation
IP	Implementing Partner
LODA	Local Administrative Entities Development Agency
MIGEPROF	Ministry of Gender and Family Promotion
MINAGRI	Ministry of Agriculture
MINALOC	Ministry of Local Government
MINEDUC	Ministry of Education
MININFRA	Ministry of Infrastructure
MINISANTE	Ministry of Health
MNP	Micro Nutrient Powder
MTR	Mid Term Review
NAEB	National Agricultural Export Development Board
NEB	National Education Board
NECDP	National Early Childhood Development Programme
RAB	Rwanda Agricultural Board
RUTF	Ready to Use Therapeutic Feeding
SAM	Severe Acute Malnutrition
WASH	Water, Sanitation & Hygiene
WCDI	Wageningen Centre for Development Innovation, Wageningen University & Research
WUR	Wageningen University & Research

Executive Summary

Introduction

This is the report of a nutrition monitoring mission in order to assess the progress of the Human Capital Development project, that is implemented by UNICEF Rwanda and funded by the embassy of the Kingdom of the Netherlands in Kigali, Rwanda. The Human Capital Development project is a second phase of a continuation of the EKN Nutrition programme (October 31, 2013-December 31, 2016), although the design and implementation modalities are different. The Human Capacity Development Programme started on January 1, 2017, and is expected to end 31 December 2020.

Two important changes in the policy institutional embedding have their impact on the project:

- The Netherlands Government has decided to phase out the financial support to Rwanda to €2.5m in 2022. For the Human Capital Development project, this means a faster than (probably) anticipated phasing out, and enhance emphasis to sustainability issues.
- Early Childhood Development is the recently adopted approach to support child development from multiple angles (nutrition, health and sanitation, psycho-social and psycho-motor stimulation, education, etc.). The Government of Rwanda has installed the National Early Childhood Development Programme (NECDP), which acts as a coordinating body for all child development activities. This transition in focus from a vision and ambition on the improvement of nutritional status/reduction of stunting to the more holistic ECD approach at times in policy and in institutional embedding is at times creating confusion on roles and responsibilities, which impacts on the implementation of the Human Capital Development project. However, in principle, the outcome areas and activities as defined in the Human Capital Development project activities are much aligned with the NECDP.

An additional general remark to the design and the implementation of the Human Capital Development project is that the components of the Human Capital Development project are relatively 'self-sustained' and sometimes also have different target groups (e.g. stunting reduction is oriented at children 0-24 months, or 6-24 months, pre-primary school education/school-readiness is targeted at children 4-6 years, construction of latrines is oriented at (ultra-)poor households with a child under 5 years, etc.

It is unclear:

- How UNICEF safeguards the cross-linkages between the various components;
- How concerted action to the households of vulnerable children is guaranteed, if at all.

Achievements in de various 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 Rwandan government. UNICEF should start discussing this with the GoR.

The expenditures on nutrition sensitive activities, mainly the promotion of kitchen gardens is lagging behind. Reason for this is the unclear institutional embedding of this project component.

Early Childhood Development

Early Childhood Development has a high priority on the Rwanda policy agenda, and is rolled out throughout the country through ECD Model Centres, Home-based ECD and Home-visits to households with very young children (0-3 years). ECD Model Centres are constructed using funding of a variety of donors. The Imbutu Foundation is supporting and guiding their construction and establishment. ECD

Model Centres function as focal points. Model centres organise parental training for the Home-based ECD centres. Parents take turns in taking care of the children in the Home-based ECD centres. ECD Model Centres provide a variety of services ranging from pre-primary school training to children 4-6 years old, growth monitoring sessions, cooking demonstrations, Income Generating Activities for parents to literacy classes for parents. Currently, 17% of the children reportedly have access to ECD services.

The holistic approach to child development in principle is applauded. The fact that several services are provided through the ECD Centre or the Home-based ECD (e.g. Growth monitoring) which are 'normally' provided through the Health Centre provokes the question whether all targeted children will be reached (how service delivery is coordinated is unclear).

WASH

The Water and Sanitation and Hygiene (WASH) component of the project had a late start and only came off the ground a year ago (end of 2017). Impressive results have been made since then, with latrines established with schools, the promotion of the rehabilitation and construction of latrines at the household level and the contribution to a nation-wide campaign on the construction of latrines (clear leaflet with pictograms). Vouchers have been handed out to poor households, enabling them to access materials for the construction of a latrine for around 50% of the total costs.

The most difficult part of the WASH component is the campaign on hygiene behaviour. Behaviour change is always a difficult part. UNICEF is working with a consultant to help them design the campaign.

Social protection

The GoR implements a system for Social Protection in which support is given to the ultra-poor (Unconditional Cash Transfers), for labour-constrained poor (Extended public works/light labour) and non-labour-constrained poor (Classic public works). UNICEF collaborates with LODA to implement a pilot the labour constrained poor households. Often these are female headed households, with young children. UNICEF promotes 'child-sensitive workplace approaches' and ensures that young children are in ECD centres during the working hours of the mothers. The children also receive a mid-morning snack (maize/sorghum porridge). Progress of the pilot is good, with 1280 mothers in the pilot, compared to the targeted 2000 mothers by the end of year 4 of the project. The intention is that LODA takes over the approach that is now piloted by UNICEF. The upscaling by LODA, and the phasing out by UNICEF is not yet clear. In view of the phasing out of the Netherlands funding this should become clear soonest.

Education

The intention of this project component is to increase access to pre-primary school education for children of 4-6 years of age (school readiness). The component entails the construction of a limited number of pre-primary school buildings (10), comprising of 3 class rooms each, and preferably at the premises of the primary school, training of pre-school teachers and the contribution to the development and printing of education materials. This component is well underway, because all the construction work has been taken forward in the project period. All construction is scheduled to be finished in 2019.

A recent achievement was the discussion with religious leaders in the 14 districts to make available (room in) churches and mosques during week days for the organisation of pre-primary school activities.

Multi-sectoral project interventions

The component of multi-sectoral project interventions, or cross-cutting components comprise of planning, monitoring and evaluation and of a strategy for behaviour and social change. Baseline data for the project are gathered and the analysis is almost completed. No further information was gathered on this component. It is important to check in future if this outcome area also covers the interlinkages between the various outcome areas (do they strengthen each other?). BCC campaigns are included under this project outcome area; it is not clear what interventions have been implemented in this respect and with what results.

Linkages with the Private Sector

UNICEF identified the correlation between the high levels of stunting and the tea production areas. Together with the NAEB, UNICEF entered into discussions with tea factories and tea factory and plantation owners to sensitise them to the need for child care during the working days of female tea workers. This resulted in a number of tea factories starting to establish day care facilities. The initiative is still very recent (the day care centre visited only opened in July 2018), and the number of children in day care is still very limited (15 children, compared to a total number of 2000 female workers in reproductive ages). There is a need to scale up, both in number of centres as in the number of children. Investments should come from the Private Sector; UNICEF only has funding for sensitization, awareness creation and lobbying and capacity development. UNICEF is advised to much more explicitly collect information and data on the return in investment on establishing the day care centres (increased productivity of the female tea pluckers, in quantity and quality, reduced loss of skilled labour due to provision of proper child care, etc.). Through documenting this in leaflets, brochures, presentations, newspaper articles but also messages in media and social media, UNICEF can contribute to expanding the approach with the tea sector and with other sectors (coffee, horticulture).

1 Introduction

From November 5-9, 2018, a nutrition monitoring mission was implemented to Rwanda. The mission studied the 'Human Capital Development' project, that started early 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) because of a lack of specific nutrition expertise at the Embassy. 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.

The missions in July 2014, March 2015, November 2015 and in May 2016 have also looked at the Global Fund Nutrition project; a project funded by the Ministry of Foreign Affairs in The Hague, directly to UNICEF Head Quarters in New York, and delegated to Rwanda (and to three other countries; Ethiopia, Burundi and Mozambique). This project was implemented from January 2014 - July 2017.

This is the report of the nutrition monitoring mission of November 2018. 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 new '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.

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

Because of the delay in implementation of components of the project as observed in the monitoring mission of November 2017, specific questions are asked about these components.

Because of the recent information that the funding through EKN Kigali to Rwanda will be phased out as per the end of 2022, there is additional focus on sustainability and phasing out of the project.

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

The approach of the mission was the following:

- Study of documents
- Presentation of progress by UNICEF staff
- Discussions with UNICEF staff
- Field visits to the districts Nyamagabe and Nyaruguru
 - C4D/private sector involvement in child protection
 - Social Protection
 - ECD
 - ECD Model Centre/Centre of Excellence
 - Home-based ECD care
 - DPEM implementation at the District office in Nyaruguru
 - WASH/sanitation
- Debriefing

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

2 Results and observations

The Human Capital Development project started as per January 2017.

In working towards the reduction of the prevalence of stunting, the Human Capital Development project is a continuation of the earlier EKN Nutrition project. However, in the more integral focus on Early Childhood Development, the policy embedding, and the implementation modalities, the Human Capital Development project is rather a new project, with a new design, new implementing partners and partly new UNICEF staff. This caused a delay in the starting up phase. At the moment of the second monitoring mission, the project is 22 months on its way.

2.1 General observations

2.1.1 Design of the project

Whereas the EKN Nutrition project was explicitly designed to reduce the prevalence of stunting in the country, the Human Capital Development project has a broader aim of contributing to optimal child development in a holistic, integrated way. The EKN Nutrition project clearly adopted a decentralized approach in taking the District Plans to Eliminate Malnutrition (DPEMs) as the entry point. The Human Capital Development project is more centralized and oriented at collaboration with and capacity development of staff in the national level ministries. The National Early Childhood Development Programme (NECDP) is explicitly appointed as the national level counterpart of the Human Capital Development project.

At the same time, the project activities are implemented in 14 Districts and the District Plans to Eliminate Malnutrition (DPEMs), under the responsibility of the Vice Mayor for Social Affairs still 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 child development, and covers 'sectors' such as Nutrition, WASH, Early Childhood Development (ECD), Education (pre-primary Education), Social Protection, Private Sector linkages and cross sectoral aspects. Aiming at a more holistic approach to child development is positive. At the same time, the design of the project in a number of different 'sectors' also has potential disadvantages:

- The different topics that are addressed (e.g. nutrition, ECD, health) each have different target populations. Whereas for the reduction of stunting, the main target group should be children <2 years of age. 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 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.
- Due to limitations of funds and/or implementing capacity, not at all times all interventions in all topics (i.e. WASH, ECD, Nutrition, Social Protection, etc.) will or can be implemented within one district, sector, cell or hamlet, or even targeted to the same households. The complementary impact that is foreseen/hoped for might thus not be realistic.
- 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. NB! The cross-cutting activities in the project's design refer to planning, M&E and to behaviour change campaigns.
- Related to the above, at the level of UNICEF, various disciplinary groups are involved in the implementation. It is not clear how the coordination between the outcome areas is maintained, how

lessons learned are shared between outcome areas and whether the M&E is a relatively stand-alone activity or also includes a (cross-cutting) learning component.

2.1.2 Linkages with Government of Rwanda

The Human Capital Development project at the request of the Government of Rwanda, is clearly linking to National Government, and to the respective Ministries and government officials. Since about 1 year, the National Early Childhood Development Programme (NECDP) has been established. This programme is overseeing all interventions related to Early Childhood Development, and is appointed as the coordinating 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

Human Capital development project Outcome areas	NECDP Pillars
Nutrition	Education
ECD	Nutrition
WASH	Health
Social Protection	WASH
Education	Child Rights
Cross-cutting components	
Private Sector and Child Protection	

- One Government entity overseeing all interventions related to Early Childhood Development is good for coordinated and concerted action in this field.
- NECDP is relatively new and still in the process of finding its way of operating. This, at times, hinders the smooth implementation of activities by the Human Capital Development project, and impacts on the progress.
- NECDP has an integrated and holistic view on ECD, which is promising in order to bring about sustainable changes in child development. Yet, for different interventions, different (age groups of) children are targeted, and it is not clear how it is ensured that one child benefits from 'all' interventions so that the interventions can mutually reinforce each other.

2.1.3 Coherence 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 health¹.

The Human Capital Development project approaches nutrition improvement mainly from a Health and Social Development perspective, which leads to nutrition specific interventions. Nutrition sensitive approaches, such as nutrition sensitive agriculture (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

¹ Nutritionists differentiate between (potential) acute nutritional deficiencies which need to be treated by medical approaches such as vitamin or 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.

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.

A Mid-Term Review of the project is foreseen in the first half year of 2019. Because of the prevailing policy situation (phasing out of funding), it will be evident that the focus of the MTR is on phasing out and sustainability.

UNICEF of the GoR might also be able to secure funding for ECD and/or stunting reduction from other donors. The Mid Term review should also look at the donor landscape and the prevailing themes for donor funding for the years after the end of this project.

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),
- 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 direct, nutrition specific interventions (e.g. procurement of Vit A and deworming tablets, Micro Nutrient Powders (MNPs), treatment of Severe Acute Malnutrition (SAM), procurement of Ready to Use Therapeutic Feeding (RUTFs), growth monitoring and cooking demonstrations, counselling of mothers) and indirect, or nutrition sensitive interventions such as ECD, pre-school education, WASH, Social Protection, or in project terminology: nutrition interventions integrated in other social sectors. This includes the promotion of kitchen gardens. Capacity development of both service providers (e.g. Community Health Workers) and of District policy makers is part of the activities.

Nutrition improvement is the largest part of the project in terms of budget with 42% of the total budget of US\$27.4m.

2.2.1.1 Procurement and support of Health Centres

Much of the funding that has been spend in year 1 of the programme was spend on supplies for the Health Centres such as deworming and Vit A tablets, RUTF and MNPs (outputs 1.1 and 1.2). This will also be the case in year 2 of the project, because the planned annual budgets for outputs 1.1 and 1.2 remain high up to year 3.

The Government of Rwanda indicates to prioritize the reduction of malnutrition and the proper development of the next generation. This should translate into higher investments by the Government of Rwanda. During the monitoring mission it was observed that, due to the recent instalment of the new NECDP, the sometimes observed lack of clarity on roles and responsibilities for NECDP vis à vis the various line ministries may lead to a gap in procurement of nutrition supportive medical supplies such as Vit A, deworming tablets, etc. That UNICEF, feeling a responsibility for saving children's lives, is filling the gap, is understandable. However, the progress of making roles and responsibilities clear should come up to speed and the Government of Rwanda, having nutrition improvement so high on the agenda, should feel the responsibility of investing in nutrition supplies.

Regarding the foreseen withdrawal of the Netherlands Government (GoN) from Rwanda, and the

foreseen finalisation of the EKN funding, a phasing out of the procurement for Health Centres using funding from the Human Capital Development project should be finalized at least as per the end of the project, but preferable as from year 3 of the project. Discussions should be started by UNICEF soonest.

2.2.1.2 Kitchen gardens

The project component of diversifying the diet through the promotion of kitchen gardens and/or (semi-)commercial vegetable production is at dire straits. It is currently not clear whether the GoR 'owner' of this intervention is Rwanda Agricultural Board (RAB), or the Ministry of Agriculture (MINAGRI). Both have a stake in agricultural extension. In the first year of the project, only 15% of the budget planned for this component were spend.

The current plan of UNICEF is to start planning investments in nutrition sensitive agriculture/kitchen gardens at the District level.

Conclusion

The Human Capital Development project emphasizes direct nutrition interventions, such as the prevention and treatment of SAM, including the procurement of RUTF, and of nutrient supplies such as the procurement of Vit A and deworming medication and of weighing scales. This potentially takes away attention and funds from more innovative, but potentially also more sustainable nutrition interventions oriented to dietary diversification. It is appreciated that cooking demonstrations do focus on balanced diets. However, whether these demonstrated balanced meals are affordable is not known, and the project does little (currently) to assist households in producing their own nutritious foods. It is understood that UNICEF sees a gap in the supply of micro-nutrients to Health Centres and does not want children to suffer from this. However, a country that is serious about reducing malnutrition among the population should also invest. Also in view of the phasing out of the GoN, UNICEF is advised to explicitly advocate for more investment in nutrition supplies by the GoR (potentially in cooperation with other donors/implementing partners in nutrition in the country).

There is a bottleneck in implementing activities in nutrition sensitive agriculture, such as the promotion of kitchen gardens or other forms of agriculture contributing to the diversification of the diet in the communities. This is due to unclear institutional embedding of this part of the Human Capital Development project in the GoR structure. The conclusion that UNICEF draws, to start working on this activity at the District level and regard it as support to the implementation of a part of the DPEM activities seems a good option.

2.2.2 Early Childhood Development

Early Childhood Development (ECD) is outcome area 2 in the project design is. The anticipated impact is interventions under this outcome area contribute to more children being developmentally 'on track' at the end of the project. The outcome that is anticipated is that more children participate in organised ECD activities, either at ECD model centres, ECD centres or Home based ECD activities. ECD activities also include home visits to mothers/families with children 0-36 months.

At this point in time, it is estimated that 17% of all children 0-6 years participate in ECD activities (mapping carried out by UNICEF).

The Early Childhood Development Model Centre in Kibirizi, Nyamagabe 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). Home-Based ECD care was also observed in Nyamagabe.



Pictures ECD Model Centre in Kibirizi, Nyamagabe and Home-Based care in Nyamagabe

The ECD Model Centre is set up to provide all services that are necessary to promote optimal child development. Services vary from health check-ups during pregnancies, health check-ups of children, growth monitoring of young children, counselling of pregnant women and future parents, nutrition counselling and cooking demonstrations, pre-school education (children aged 4-6 years of age) including setting the example of well-constructed, clean class rooms, with proper sanitation, and good quality ECD materials (educational toys), that children use to learn basic skills in language and reading, mathematics, construction, collaboration, music etc., and Income Generating Activities (IGA) and literacy classes for parents.

ECD Model Centres also ensure that in the vicinity, Home-based ECD services are provided. 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. Children also receive a mid-morning snack, e.g. a cup of porridge (maize/sorghum porridge, made with water).

Conclusion

Through the NECDP, the establishment of ECD Model Centres and ECD Home Based care has gained momentum. On the one hand, establishing a focal point for child development, where all necessary interventions needed for holistic child development can be (are) provided is a good development. On the other hand, care should be taken that there is potential overlap with services that are already provided by other centres, such as the Health Centres, e.g. growth monitoring of children <5 years of age, ante-and post-natal care of mothers, health check-ups of lactating mothers and their young babies, etc. The potential risk is a lack of coordination between the two service providers potentially leading to households/children not being monitored at all.

The fact that NECDP is increasingly claiming and getting a central role in Early Childhood Development and thereby sometimes also confounding and overlapping with other Ministries and Service Deliverers carries the risk of reduced clarity on budget lines and responsibilities. In this respect (re conclusions at 2.2.1.) it was observed that there is reduced clarity on which institution is responsible for the

procurement of micro-nutrients and related medication, leading to depleted supply stores at Health Centres. This confusion in responsibilities might also occur with other services (e.g. pre-school services, WASH and WASH infrastructure, etc.).

The ECD Model Centres provide pre-primary school education for children 36-72 months. Young children (0-36 months) are not included in the child care groups. It is not so clear whether there is day care for children 0-36 months of age. Most probably, the choice is to leave these young children with their parents at home, and these parents/care givers are trained in psycho-motor and psycho-social stimulation during home visits and in counselling sessions that accompany growth monitoring sessions.

2.2.3 Water and Sanitation and Hygiene (WASH)

The WASH sector within the Human Capital Development project had a late start. Only in October 2017, 10 months after the official start of the project, the international staff member responsible for WASH was appointed and the Implementing Partner for WASH was hired; SFH (Society for Family Health) which has a profile and expertise in social marketing. The GoR has a high priority for WASH and states that every household should have a latrine by 2020.

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 the second year of the project, UNICEF has initiated the construction of 5 water supply systems (in resp Gichumbi, Ngororero and Rusizo); 6 latrine blocks were completed at 3 primary schools; almost 35.000 households have started upgrading their latrines and 4.500 latrines were built at the HH level with direct support (through vouchers) to poor households.

A campaign was launched and materials printed for the construction of simple latrines.

The construction of a simple latrine costs 28.000-35.000 RF (US\$ 28-35), depending on which materials are used, if the household has easy/cheap access to materials, and on whether the household can provide the labour or not. For poor households (Ubudehe class 1) with young children, the Human Capital Development project makes available vouchers qualifying for 15.000RF support for the construction of latrines (1000 vouchers per district). If not all vouchers can be used within a district, the next priority households are selected (Ubudehe class 2, with children <5 years). It is the experience that once the construction of latrines takes off in a district, people start copying the model.

The field visit during the monitoring mission to a village in Nyaruguru, Cyahinda sector, showed impressive progress in the construction of latrines with households. A good model of latrine construction has been followed by many households in the village, leading to proper looking latrines, with high levels of cleanliness and hygiene. Also, simple handwashing facilities were constructed near the latrine. It was observed that leadership of the Village Head is crucial to achieve this result. The GoR is aware of this and actively mobilises leadership.



UNICEF is actively working on a campaign to promote health and hygiene behaviour. They realize it is highly difficult to change such behaviour, or any behaviour for that matter through BCC campaigns. 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 is reaching impressive numbers of households and of people. 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 high levels of 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. UNICEF has taken this at heart and has asked an international consultant to work out what the best (efficient and effective) way of designing such a campaign would be. UNICEF is advised to take this knowledge well into consideration when deciding to invest in the BCC campaign, and to which interventions/activities in BCC to invest.

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 1280 people through the Extended Public Works, and the target is 2000 by the end of the project. The project thus is well underway. The main challenge however, also in view of sustainability and phasing out, is whether GoR/LODA, potentially in collaboration with NECDP, is able to further scale up child- and nutrition sensitive Extended Public Works. The intervention under the Human Capital Development project is intended to be a pilot.

As was clear by the discussions in November 2017, the awareness, understanding and attitude at LODA seemed promising. Whether actually this can be implemented and continued also is depending on funding available en enabling (policy) environment to further promote and implement this model. Actual field observations on Social Protection programmes, including in-depth monitoring on the impact on children (nutritional status, health status, psycho-motor development) is advised. This monitoring will partly be done through the regular M&E by UNICEF. However, specific in-depth studies (applied research) are advised to be undertaken. This could be part of the Mid-Term Review.

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 aims 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).

In total 10 pre-primary school centres, each consisting of 3 class rooms are under construction. The construction is anticipated to be completed early 2019. Pre-primary schools are constructed in Rutsiro (2), Gatsibo (4) and Nyaruguru (4).

In November 2018, discussions have taken place with religious leaders in order to make use of churches and mosques during weekdays for organising pre-primary school activities.

The outcome of these discussions seemed successful.

Under this outcome, also 440 Sector Education officers have been trained on pre-primary education in general and play-based learning.

In collaboration with the Rwanda Education Board, training materials on play-based learning and teacher guides were printed and distributed.

Conclusion

The implementation of this component of the project is ahead of schedule. This was negotiated with the EKN, and due to having construction work going on. Rather than hiring a consultant to guide the construction at various time during the project period of 4 years, it was opted to have all construction done in a period of 1,5 years.

The negotiations with religious leaders (November 2018) to request to make use of churches and mosques is promising and would enable more children to make use of pre-primary school facilities.

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

During the monitoring mission, not much explicit attention was paid to this aspect of the project, although a very important component. It is anticipated that the baseline data for the project will be

ready in December 2018. Monitoring results against the baseline data is important for the Mid Term Review.

Ensuring the proper coordination in order to achieve results is necessary with a project consisting of multiple intervention areas, potentially orienting at different target groups (ages, households, geographical areas). It is not clear how UNICEF ensures this coordination, with multiple outcome areas, interventions, targeted population groups and geographical areas.

According to the progress reporting by UNICEF, integrated behaviour change campaigns are designed, social mobilization through Community Theatres is ongoing and through partnerships with religious leaders, ECD messages are being converted. In addition, radio messages on health, nutrition and ECD are conveyed. This would require further studying of their impact.

Conclusion

It is advised to carefully look at the integrated interventions during e.g. the Mid Term Review in order to check:

- Are interventions in the different outcome areas strengthening each other and do they contribute to the foreseen impact of the project (reduced stunting and enhanced child development)?
 - Are target populations/groups under various outcome levels similar?
 - Are activities under the different outcome areas implemented in the same district/sector/cell/village (or hamlet)?
- What is the status of the behaviour change campaigns, and what is UNICEF's role in this?
- What is the rigorous M&E system telling us at all levels of the project?

2.2.7 Addressing malnutrition in the tea producing areas

Outcome 7 in the Human Capital Development indicates the need to link to Private Sector investments. UNICEF does not (yet) have a strong track-record in linking with Private Sector. The total budget for this component is very small (1% of the total project budget) and activities cannot be extensive.

UNICEF made a very smart move in observing from the Comprehensive Food Security and Vulnerability Assessment 2015 (CFSVA, 2016), that child stunting levels are highest in the main tea growing areas in the west of Rwanda. The draft CFSVA 2018 confirms this.

Tea plucking is typically done by female workers, often in the reproductive age. Tea plucking is skilled labour and it is important that plucking is done with care and focus in order to ensure the quality of the tea. Tea plantation workers make long hours standing, also when pregnant. When having babies and young children, the children are tied to the back of the mother. While safe for the small children, this does not promote the child to exercise motor skills. Mothers are paid by the kilos they pluck per day, and are thus not invited to take time off to feed their children while at work. Women might also leave their young children at home while working, under the care of a sibling.

UNICEF linked up with the National Agricultural Export Board (NAEB), and with Tea Factory owners in order to address this issue. At this moment, all share the view that they should observe standards for child protection. Tea factory owners do so also because they themselves see benefits for their business:

- Higher productivity of tea workers, both in quantity and quality², if they know their children are in a safe place and well taken care of (including receiving a mid-day meal and snacks)
- Prevention of the loss of tea workers due to pregnancies and long maternity leave because mothers do not have access to day care (loss of skilled labour force)
- Care for the proper development of the next generation of tea workers
- Fear of being blacklisted by international tea buyers (accusations of child labour)

All 16 tea companies in Rwanda pledged to have at least one ECD facility by the end of 2018. Rwanda Mountain Tea, the largest tea company in Rwanda with 7 factories (and plantations around) have

² On average a woman plucks 10-15 kg of tea/day. Without having to worry about her child, this can increase up to 25 kg. The quality of the tea is higher when a woman is able to work focused and with care, bringing a higher price to her and to the factory owner.

constructed 7 ECD facilities in 5 factories (sometimes upgraded existing building). The investments made are fully on the private sector; they provide the facilities, hire staff, provide meals and provide materials (toys, cribs). UNICEF is providing guidance to private partners on how to set up the ECD facilities. In addition, capacity development can be done by UNICEF.

During the field visit to Kitabi Tea Factory in Nyamagabe district, the day care centre that is open since July 2018 was visited. At the time of the visit, only 15 children were present at the facility. Kitabi Tea Factory and the surrounding plantations employ around 2000 women, all in reproductive ages, so many more children should be provided with a place in the day care centre. The process of allowing more children needs to be speeded up. UNICEF can play a role in lobbying for this with the Tea Factory.

For tea cooperatives that often do not have a fixed location, mobile ECD centres can be organised by making available tents. UNICEF has the access to tents and can thus enable the setting up of such mobile day care centres.

Conclusion

Addressing child friendly and nutrition friendly working circumstances in Rwanda's biggest export crop, tea, is an innovative way of addressing chronic undernutrition in the country. It offers UNICEF the possibility to create awareness and collaborate with private sector. Private sector is not a natural partner for UNICEF.

Achievements are still in preliminary stages, with day care and/or ECD centres just opening and only providing services to (very) small numbers of children. It is important to accelerate the process of inviting children to the day care centres, although it is realised this entails costs for the private sector partners (hiring of skilled day care labourers, provision of materials (toys) and food for the children). UNICEF is advised to keep playing a driving role in this process.

It is realised that private sector partners at times challenge UNICEF and request for funding of (some of the) services for day care and/or ECD. The funding from EKN Kigali does not allow for this, and UNICEF is (rightfully so) very clear and explicit on this.

Unilever is making investments in tea in the south of Rwanda. Unilever is working on child- and nutrition sensitive workplaces in tea plantations in e.g. Kenya. They might be sensitive to copy the practice in Rwanda as well. UNICEF might see it as their responsibility to already start the discussions with Unilever (Unilever just planted tea, and it will take 5 years before actual tea plucking can start).

Ultimately, private sector will follow the cost-benefit ratio of their investments. UNICEF, potentially in collaboration with NAEB, could be a bit more explicit in what Tea Factories get in return when they invest in the construction and running of day care/ECD centres and taking care of their (female) employees and their families (higher productivity of the labourers, lower incidence of absence due to illness both of the worker and of young children, etc.). Such information, captured in a leaflet, or in articles in the Newspaper, or short videos on social media and on TV (which already is happening) certainly serve to have other Tea Companies to follow the example. At the same time, the example of the tea sector could serve to convince other sectors to follow the same route.

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 Government of Rwanda has adopted a more holistic, integrated approach to child development. Although in principle a good development:
 - This might take away the exclusive attention on stunting reduction, which might slow down the reduction of the level of chronic malnutrition (stunting), which is still very high in Rwanda with 35% (CFSVA, 2018), and certainly in the west of the country, where most of the Districts where the Human Capital Development project is implemented lie (>44%, CFSVA, 2018).
 - The recent establishment of the NECDP and the transition to new institutional arrangements at times hinders the progress of the project.
- II. 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. The recent institutional changes at the Government of Rwanda side, and the fact that this transition is not yet crystalized, potentially threatens the progress of the project, its results and its institutional embedding and sustainability.
- III. The at times slowed down implementation of the project (mainly caused by changes in the institutional embedding of the project in the GoR structures, so beyond the direct control of UNICEF), prompts the question whether a budget neutral extension for the project (with a 5th year, 2021) would be possible.

3.2 Conclusions related to the outcome areas of the project

I. **Nutrition**

In the second year of project implementation, the project is (still?) emphasizing direct nutrition specific interventions, potentially at the detriment of more innovative, but potentially also more sustainable nutrition sensitive interventions oriented to dietary diversification. In view of the foreseen phasing out of the GoN involvement in Rwanda, UNICEF is advised to explicitly advocate with GoR for more GoR investment in nutrition specific interventions such as the procurement of supplies.

It is very well understood that UNICEF seeks to fill the gap that seems to be caused by the transition of nutrition responsibility from the Ministry of Health to NECDP. However, it is up to the GoR to ensure that this transition in institutional embedding of an important policy subject does not lead to flaws in service delivery. UNICEF should discuss this with NECDP soonest, especially in view of the foreseen finalisation of the Human Capital Development project at the end of 2020 and of the foreseen phasing out of the GoN involvement in Rwanda as per 2022.

II. **Early Childhood Development**

The focus on Early Childhood Development (ECD) and the establishment of the NECDP has put a holistic view on and approach to child development on the agenda. While on the one hand this is a good development, at the same time, care has to be taken that this does not result in overlap with other service providing entities and/or in essential responsibilities falling between cracks (lack of clarity in budget lines). At the same time, it is understood that the NECDP is still a relatively new institution, that was established about 1 year ago.

In addition, the establishment of the ECD Centres in the Districts and Sectors currently 'confuse' the orientation on targeted children. The potential overlap of service provided to young children

(0-36 months) by ECD centres and Health Centres, by Pre-Primary Schools and ECD Centres, etc. not only leads to servicing certain individuals/households twice, but much more importantly, to not service certain individuals/households at all.

III. **Water and Sanitation and Hygiene**

Despite a late start of this project component, WASH has come up to speed, and is currently reaching impressive numbers of households and of people.

UNICEF is very much aware of the limited successes with Behaviour Change Campaigns (BCC) in general, and has requested the support of an international consultant to work out what the best (efficient and effective) way of designing such a campaign would be. UNICEF is advised to take these insights into due consideration when deciding to invest in the BCC campaign, and/or to invest in which interventions/activities.

IV. **Social Protection**

The Social Protection component of the project is well underway. The main challenge however, also in view of sustainability and phasing out, is whether GoR/LODA, potentially in collaboration with NECDP, is able to further scale up child- and nutrition sensitive Extended Public Works. The awareness, understanding and attitude at LODA seemed promising. However, whether indeed the policy environment and the funding will allow the implementation of the model is not certain. It is advised that UNICEF checks the (further) implementation of interventions through the piloted model through specific in-depth studies (applied research). In addition, the Mid-Term Review could include this.

V. **Pre-Primary Education**

The implementation of this component of the project is ahead of schedule. This was negotiated with the EKN, and due to having construction work going on. Rather than hiring a consultant to guide the construction at various time during the project period of 4 years, it was opted to have all construction done in a period of 1,5 years.

The negotiations with religious leaders (November 2018) to request to make use of churches and mosques is promising and would enable (many) more children to make use of pre-primary school facilities.

VI. **Multi-sectoral project interventions**

The current monitoring mission did not go into much detail on the outcome area multi-sectoral project interventions. It is advised to carefully look at the integrated interventions during the Mid Term Review in order to check:

- Are interventions in the different outcome areas strengthening each other and (how) do they contribute to the foreseen impact of the project (reduced stunting and enhanced child development)?
 - Are target populations/groups under various outcome levels similar?
 - Are activities under the different outcome areas implemented in the same district/sector/cell/village (or hamlet), or even household?
- What is the status of the Behaviour Change Campaigns (in the project design included under multi-sectoral project interventions), and what is UNICEF's role in this?
- What is the information the rigorous M&E system is revealing at the various levels of the project?

VII. **Link with the Private Sector**

The Private sector is not one of UNICEF's natural partners. In collaborating with Rwanda's biggest export sector tea, UNICEF has identified an interesting and innovative way of combining business and child wellbeing. Achievements are still in preliminary stages, with day care and/or ECD centres just opening and only providing services to (very) small numbers of children. It is important to accelerate the process of inviting children to the day care centres, although it is realised this entails costs for the private sector partners (hiring of skilled day care labourers, provision of materials (toys) and food for the children). UNICEF is advised to keep playing a driving role in this process, and potentially expand to other sectors as well.

3.3 Conclusions related to the questions in the ToR

In the Terms of Reference (ToR), the following specific questions are indicated:

- 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.

Nutrition sensitive agriculture (promotion of kitchen gardens) with the aim to diversify dietary composition apparently is difficult to get off the ground. UNICEF intends to implement these interventions directly through the District level authorities.

- II. How is the implementation of the **WASH component** progressing?

The implementation of the WASH component was delayed in the first year of the project. The interventions have come to speed in the second year of the project, both with the construction of latrines, the promotion of latrines at the household level, including subsidizing the ultra-poor households. UNICEF is working on a Behaviour Change Campaign, at the same time realizing how difficult it is to change behaviour.

- 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 recent establishment of the National Early Childhood Development Programme (NECDP) as the coordinating body for ECD interventions has not yet lead to clear division of roles and responsibilities between this programme and various line ministries that also have a stake in the integrated agenda of Early Childhood Development. Proper embedding of some of the outcome areas/intervention areas of the Human Capital Development project is still at stake, which does not make it easy for UNICEF to hand over activities.

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

As indicated above, the relative recent establishment of the NECDP, and the fact that NECDP is still finding its role sometimes compromises the progress of the Human Capital Development project. The project is designed to coordinate and collaborate with national level partners (GoR Ministries). Since less than a year, NECDP has the role of coordinating all activities related to ECD, which makes NECDP the entry point for the project. This entails a transition in the embedding of the project, and roles and responsibilities have not yet completely crystalized.

- 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 NAEB and the tea producing sector in Rwanda. Progress has been made in 'lobbying' for child care services at the workplace with 5 tea factories at this moment (they have installed a total of 7 day care crèches). This number is still small regarding the number of women of reproductive age working in the tea plantations. The number of children provided with care in one center is still very low (15 children compared to the total of 2000 female tea workers).

The entry point of child rights and increasing women's productivity is a good one and probably convincing for business partners. More work should be done to scale up the approach, both in numbers of children reached as in working out a convincing business case.

3.4 Advise to the Mid Term Review

General considerations

- I. How is the progress of the project, and how are the results, compared to the baseline (report to be ready in December 2018)?
- II. Regarding the design of the project, and the (transition in the) institutional embedding in the GoR structures), what are the implications for the targeting of various groups of young children, and thus for the results achieved?
- III. How is the NECDP developing in terms of getting their feet on the ground and becoming the institutional home for the Human Capital Development project?
- IV. What is the institutional embedding of the project, and what are the potential opportunities and threats for the sustainability of the project?
- V. Would a budget-neutral extension of the project be feasible, advisable, logical? And if so, what would it bring?
- VI. What is the donor landscape related to ECD and child nutrition improvement (stunting reduction). Is there an opportunity that (continued) funding is available for UNICEF and/or NECDP?

Specific themes to be observed

- I. In how far is there willingness and feasibility at the GoR side to invest in the procurement of nutrient supplies (treatment of acute malnutrition)?
- II. What is the (potential) capacity of LODA to scale up a child-friendly, nutrition sensitive approach in the Extended Public Works. Is funding available and is a proper understanding and attitude at the GoR/LODA maintained?
- III. Has the number of day care centres and the number of children attended at the centres increased and is UNICEF able to convince private sector partners to invest in a child-friendly and nutrition sensitive work place?
- IV. How is UNICEF coordinating the various outcome areas and interventions? How does UNICEF ensure that interventions mutually reinforce each other, when interventions might be oriented at different target groups (children of different ages, households, different geographical areas)?
- V. What is UNICEFs point of view and what are the activities regarding Behaviour Change Campaigns (BCC), both as planned under the multi-sectoral project interventions as planned under WASH?

References

- UNICEF 2016. Developing Human Capital in Rwanda. Harnessing the Power of Integrated Programming for Nutrition and ECD. Donor Proposal to EKN, 3rd version.
- World Food Programme, et al, 2016. Comprehensive Food security and Vulnerability Analysis 2015.
- World Food Programme, et al, 2018. DRAFT report. Comprehensive Food Security and Vulnerability Analysis 2018.

Annex 1 Terms of Reference

Monitoring mission Human Capital Development project, UNICEF Wageningen Centre for Development Innovation

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 current mission (November 2018) is carried out at a point that:

- Implementation of the activities has started in January of 2017,
- first progress report was submitted in March 2018,
- phasing out of EKN requires stronger focus on sustainability of the impact beyond the funding of this programme.

Purpose of this monitoring mission

- Verifying planning and implementation progress.
- Formulating observations and recommendations for improvement of the further implementation of the programme, taking into account phasing out strategy.

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 **WASH component** 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?

Time planning

The monitoring mission takes place from Monday November 5 until Friday November 9 2018. 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.

Annex 2 Programme of the Nutrition Monitoring Mission

Time	Activity	Location
Monday 5 November		
14:00 – 15:15	Briefing by the UNICEF team	UNICEF office
15:30 – 15:45	Transportation to National Agriculture Export Board (NAEB)	
15:30 – 17:00	Meeting with NAEB to discuss UNICEF’s support to private sector involvement on promoting children’s rights	NAEB office
Tuesday 6 November		
07:30-11:00	Transportation to Nyamagabe district	Nyamagabe district
11:00 – 11:30	Visit to Kitabi tea factory ECD center	
11:30 – 12:30	Meeting with Kitabi tea factory management to discuss their engagement in promoting the rights of children	
12:30 – 13:00	Transportation back to Nyamagabe city	
13:00 – 14:15	Check in at hotel and lunch	
14:15 – 15:00	Transportation to Mbazi sector	
15:00 – 16:00	Visit to expanded public work site and interaction with beneficiaries	
16:00 – 16:45	Transportation back to Nyamagabe city	
Wednesday 7 November		
07:45 – 08:15	Transportation to Kibirizi ECD center	
08:15 – 10:30	Visit Kibirizi ECD center including nutrition activities	Nyamagabe district
10:30 - 11:30	Transportation to Nyaruguru district	
11:30 – 12:30	Discussion with Vice Mayor of Social Affairs on UNICEF’s support to DPEM activities	Nyaruguru district
12:30 – 13:30	Lunch	
13:30 – 14:00	Transportation to Cyahinda sector, Muhambara cell	
14:00 – 15:00	Visit to communities who participated in the campaign on improved sanitation in Cyahinda sector, Muhambara cell	
15:00 – 18:00	Transportation back to Kigali	
19:30 – 21:00	Meeting with the Dr. Anita, Head of the National ECD Programme	NECDP Office
Thursday 8 Nov		
10:00 – 16:00	Meetings with various UNICEF officers	UNICEF Office
Friday 9 Nov		
08:30-10:00	Debrief with the UNICEF team	UNICEF Office

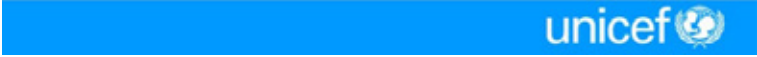
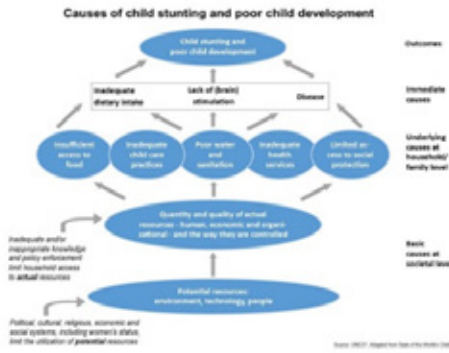
Annex 4 Progress Human Capital Development project. Presentation by UNICEF Team, November 5, 2018



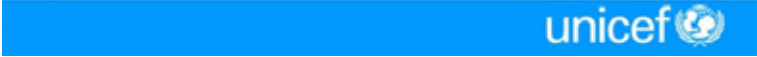
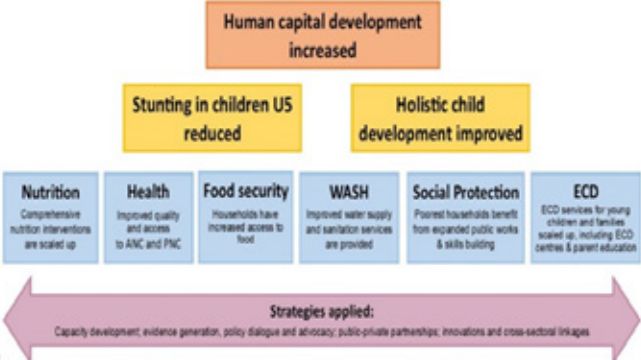
Presentation overview:

- Program structure
- Implementation status by component (Nutrition, ECD, WASH, Social Protection and Education)
- Challenges in implementation and proposed solutions
- 2018 work plan(Priorities)

Program structure:
Conceptual framework for UNICEF's work in nutrition and ECD



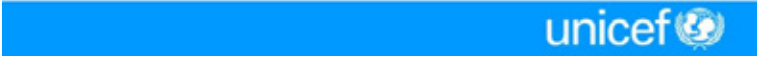
Program structure:
Theory of change for the EKN Nutrition/ECD program



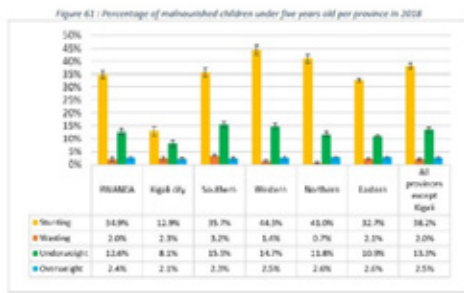
Program structure:
Geographic coverage of UNICEF's work in Nutrition



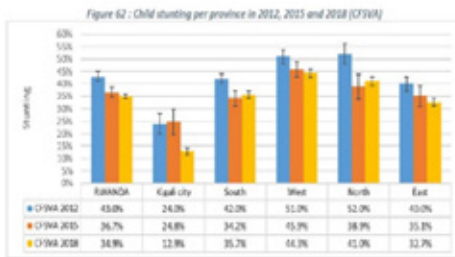
- Main funding: EKN, 2017 – 2020, \$27 million
- Target groups:
 - HHs with children U2 and/or pregnant and lactating women
 - Service providers
- Nutrition-specific activities: CBNP, MNP, SAM, Vit A and deworming
- Nutrition-sensitive activities: **Agriculture**, social protection, ECD, WASH and pre-primary education
- Focused on 14 districts activities: Nyamagabe, Ngorero, Rutsiro, Gakenke, Burera, Rubavu, Nyaruguru, Karongi, Gicumbi, Nyamasheke, Gatsibo, Rusizi, Nyagatare, Musanze



Latest data on the nutrition situation in Rwanda



Latest data on the nutrition situation in Rwanda

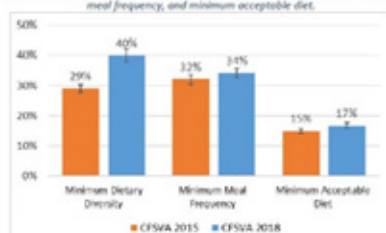


Latest data on the nutrition situation in Rwanda



Latest data on the nutrition situation in Rwanda

Figure 65: Percentage of children aged 6-23 months achieving the level for minimum dietary diversity, minimum meal frequency, and minimum acceptable diet.



Result structure: Nutrition

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

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

- Activity 1.1.2: Linking communities with health services
- Activity 1.1.3: Micronutrient supplementation and deworming

Output 1.2: Severe acute malnutrition of children under five is effectively managed:

- Activity 1.2.1: Capacity building of service providers and health systems to effectively manage and prevent SAM, based on revised national protocol for SAM
- Activity 1.2.2: Procurement and distribution of ready-to-use therapeutic food (RUTF)

Output 1.3: Nutrition interventions integrated into other social sectors

- Activity 1.3.1: Integrating nutrition into agricultural activities
- Activity 1.3.2: Integrating nutrition in social protection

Output 1.4: Technical and managerial capacity for nutrition at national and decentralized levels improved:

- Activity 1.4.1: Capacity building of nutrition experts and decision makers on nutrition
- Activity 1.4.2: Monitoring, evidence generation and knowledge management



Implementation status: Nutrition

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

- Supportive supervision for the CBNP and health center based growth monitoring supported through DHs
- MIYCN refresher trainings
- MNPs, Vitamin A, deworming, scales and MUAC tapes procured and distributed to targeted end-users
- Support to the MNP/Ongera program including integration into government system and end-user monitoring (planned for 13-17 November)
- Support to Vitamin A and deworming distribution during national immunization/Family Planning/Nutrition campaign 9-13 October 2017 (99-100% of target population reached):
 - 1,545,658 children 6-59 screened for acute malnutrition (0.8% MAM, 0.1% SAM)
 - 1,425,438 children 12-59 months provided with deworming medication
 - 1,546,733 children 6-59 months provided with Vitamin A



Implementation status: Nutrition

Output 1.2: Severe acute malnutrition of children under five is effectively managed:

- New national protocol on management of acute malnutrition elaborated and validated, the cascade trainings are to commence soon
- Procurement of Therapeutic Milk and RUTF

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Implementation status: Nutrition

Output 1.3: Nutrition interventions integrated into other social sectors:

- Workshop on integrating nutrition into agriculture with MINAGRI, RAB and partners (field trip and retreat planned for 7-9 Nov)
- Ongoing discussions with LODA on support to nutrition-sensitive nutrition activities

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Implementation status: Nutrition

Output 1.4: Technical and managerial capacity for nutrition at national and decentralized levels improved:

- Multisectoral nutrition activities mainstreamed in the District Plan for Elimination of Malnutrition (DPEM) in 14 districts through UNICEF capacity building support on RBM and DevInfo. As of now, 5 districts are regularly tracking the data through district DevInfo database for nutrition intervention monitoring
- Support to the Rwanda Nutrition Society
- Support to the SUN Civil Society Alliance
- Support to University of Rwanda:
 - Field work of two PhD students
 - Support for participation in International Nutrition Congress in Argentina
 - Support for finalization of endline survey

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Result structure: ECD

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

Output 2.1: Increased availability of quality ECD&F services to children (0-6 years) and their families, in targeted districts

- Activity 2.1.1: Conduct an ECD service mapping
- Activity 2.1.2: Provision of ECD&Family services in existing model centres
- Activity 2.1.3: Modelling of community-based low-cost ECD & F centres
- Activity 2.1.4: Expanding and improving ECD services delivery through community spaces and religious facilities
- Activity 2.1.5: Establish system for local production of play and learning materials

Output 2.2: Parents/primary caregivers have improved knowledge and skills on appropriate child care and stimulation

- Output 2.2: Parents/primary caregivers have improved knowledge and skills on appropriate child care and stimulation
- Activity 2.3.1: Roll-out of ECD policy at decentralized level
- Activity 2.3.2: Establishment of ECD coordination mechanisms



Activity 2.1.1: Conduct an ECD service mapping:

Implementation status: ECD

ECD MAPPING OBJECTIVES

Map out all existing and planned ECD interventions for children from birth to 6 years countrywide in order to:

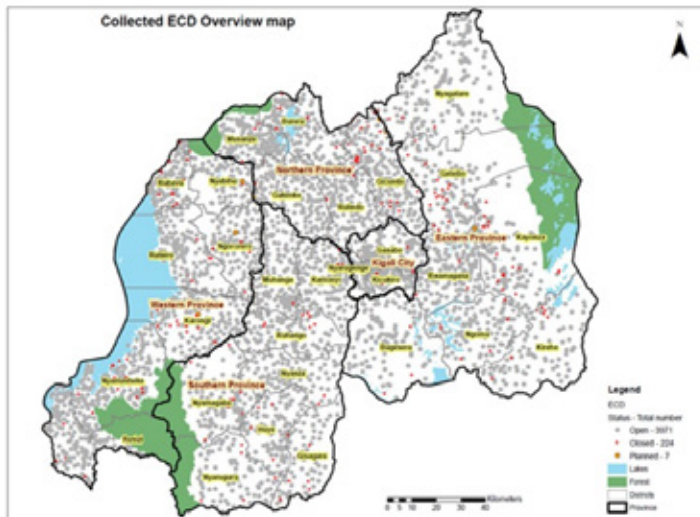
- Provide insight and a general understanding on the profile and quality of ECD services provided
- Produce a web-based interactive ECD mapping tool.
- Build capacity of MIGEPROF to interact with the tool by updating the district maps annually



Preliminary Results Overview

#	ECD Facilities Summary Data	Number	Item (Number of children)	Number
1	ECD functional (Open)	3,971	Number of female children in ECD	126,175
			Number of male children in ECD	120,415
2	ECD facilities registered but not functional (closed)	224	Number of 0-3 aged female children	5,389
			Number of 0-3 aged male children	5,256
3	ECD facilities planned (Not yet functional (planned))	7	Number of 3-6 aged female children	120,786
			Number of 3-6 aged male children	115,159
4	Total ECD facilities mapped	4,202	Number of children with disability	1,949





Activity 2.1.2: Provision of ECD & Family services in existing model centres

Implementation status: ECD

#	ECD Facilities Summary Data	Number
1	District Model Centres supported since April (2017) integrated ECD services (early learning, nutrition, health, CP, WASH)	15
2	Young children (0-6 years) accessing ECD&F services	6,826 (3,427 F; 3,399 M)
3	Home-based ECD groups supported	292
4	Parents/primary caregivers in responsive childcare practices using the ECD Essential Package	1,757 (1,217 F; 540 M)
5	Parents enrolled in Basic literacy and numeracy sessions.	176 (91 F; 85 M)
6	Children's books and locally made children's play materials made available in all ECD model centres	3,540 books
7	Additional Districts that have included ECD&F in their Plans & budgets since April 2017 (Total 9).	3
8	Children with disabilities integrated in the ECD &F programs	15 (4 F; 11 M)

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

Implementation status: ECD

Activity 2.1.4: Expanding and improving ECD services delivery

#	ECD Facilities Renovated-Direct Support to MIGEPROF	Districts	Number of Children
1		Musanze	40
2		Nyaruguru	32
3	Other renovated centres include Gatsibo and Gicumbi districts		56+41
5	Total		169

Result structure: WASH

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

Output 3.1: Improved water points constructed in communities, schools and early learning centres

- Activity 3.1.1: Construction of water supply systems for target communities, early learning centres and schools

Output 3.2: Improved sanitation services provided/ latrines constructed in communities, schools and early learning centres

- Activity 3.2.1: Construction of improved sanitation services in communities, early learning centres and schools
- Activity 3.2.2: Training of local authorities, communities (water and sanitation committees) and private operators on maintenance of water supply and sanitation systems

Output 3.3: Knowledge of safe sanitation and hygiene practices increased among households in targeted communities/districts

- Activity 3.3.1: Conduct sanitation promotion campaigns & set up community hygiene clubs



Implementation status: WASH

Output 3.1: Improved water points constructed in communities, schools and early learning centres

- WASAC and Districts completed assessment of access in all communities, HCF, ECD centers and schools. Sites to be determined as per needs and resources available by November 2017.

Output 3.2: Improved sanitation services provided/ latrines constructed in communities, schools and early learning centres

- Construction of six latrine blocks in three schools to be complete by December 2017

Output 3.3: Knowledge of safe sanitation and hygiene practices increased among households in targeted communities/districts

- Engaged partner to deliver sanitation and hygiene promotion
- CBEHPP material printed and ready for distribution



Result structure: Social Protection

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

Output 4.1: Capacity of decentralized institutions to deliver child-sensitive social protection services strengthened

- Activity 4.1.1: Scale-up of expanded (child-sensitive) public works
- Activity 4.1.2: Provision of child care services and information on child care to VUP families with young children



Implementation status: Social Protection

- **Output 4.1: Capacity of decentralized institutions to deliver child-sensitive social protection services strengthened**
- Expanded public works rolled out in 11 out of planned 14 sectors, including transfer payments and provision of working tools; additional 3 sectors to be covered by December 2017.
- ToR for community mobilization manual and training framework developed with LODA to be implemented in December–March 2018 (links with analysis of case management and referral mechanisms and support to household profiling activities that contribute to EKN objectives)
- Ongoing discussions to link score social protection and nutrition-sensitive interventions



Result structure: Education

Outcome 5: Improved and equitable participation in quality pre-primary education

Output 5.1: The education system ensures increased access to affordable and quality pre-primary education

- Activity 5.1.1: Construction of pre-primary schools
- Activity 5.1.2: Training of pre-primary teachers



Implementation status: Education

- Construction of 2 pre-primary centres (consisting of 3 classrooms, WASH facilities, and school furniture) has been completed in Rutsiro and additional 8 pre-primary centres are being constructed (4 in Gatsibo and 4 in Nyaruguru) and expected to be completed by quarter 1 of 2019;
- Trained 440 Sector Education Officers (SEOs) 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.



Result structure: Cross-sectoral

Outcome 6: The integrated multi-sectoral programme interventions are effectively planned, managed and coordinated at national and sub-national level; and key family practices across sectors are promoted

Output 6.1: Planning, management, coordination and monitoring of integrated programme to reduce stunting at decentralized levels increased

- Activity 6.1.1: Assess capacity gaps and develop capacity building strategy on planning, management and coordination
- Activity 6.1.2: Leverage partnerships on stunting reduction
- Activity 6.1.3: Establish linkages among social sectors and strengthen coordination mechanisms at central and decentralized levels

Output 6.2: Behaviour and social change of the target communities on stunting and early childhood development increased

- Activity 6.2.1: Development of integrated communication strategy and material to reduce stunting and promote ECD
- Activity 6.2.2: Social mobilization to increase knowledge and behaviour on stunting and ECD
- Activity 6.2.3: Radio programme for children and web-portal for parents

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

- Activity 6.3.1 Establish/strengthen real time monitoring system
- Activity 6.3.2 Conduct evaluation of the integrated programme



Implementation status: Cross-sectoral

Output 6.1: Planning, management, coordination and monitoring of integrated programme to reduce stunting at decentralized levels increased

- Capacity gap assessment planned and to be implemented by Q1 2018.
- Capacities assessed from District to village level and include functional competencies and knowledge on thematic areas

Implementation status: Cross-sectoral

Output 6.2: Behaviour and social change comm

- Communication strategy being developed in consultation with Health Promotion Technical Working Group (led by RBC) and EU consultants.
- Social mobilization with digital mobile van reached 46,300 people in 9 districts
- Social mobilization with community theatres starting in November.
- New episodes of Radio programme for young children aired every week with health, nutrition and ECD messages



Result structure: Private sector engagement

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

- The baseline evaluation to be completed in Q1 of 2018
- M&E system being strengthened through DevInfo at District level and development of rigorous monitoring tools

Result structure: Private sector engagement

Outcome 7: Private sector investment and support to the multi-sectoral Nutrition programme increased

Output 7.1: Effective linkages established between local businesses and nutrition projects/ECD centres

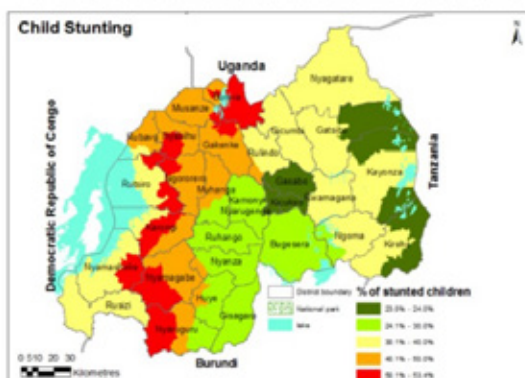
- Activity 7.1.1: Advocate with businesses to support / invest in Nutrition and ECD projects

Output 7.2: Businesses are sensitized on child rights business principles and the importance of ECD, and establish child-friendly work spaces

- Activity 7.2.1: Sensitize workforce on appropriate child care practices
- Activity 7.2.2: Promote child rights at work places and creation of child-friendly work environments

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MALNUTRITION RATES IN THE TEA SECTOR



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FINDINGS – RWANDA TEA SECTOR INFORMAL ASSESSMENTS

- Majority of women are of reproductive age: 19 – 50 years
- Important workforce is lost during child birth and child care
- Risk of malnutrition in children due to inadequate care
- Mothers' productivity decreases during child care years



IMPLEMENTATION STATUS: PRIVATE SECTOR ENGAGEMENT

- Partnership with the tea sector in Rwanda
- Tea sector is one of the largest employers of parents of reproductive age
 - UNICEF can reach thousands of children
- In November 2016, partnered with SORWATHE to improve child care practices and nutrition.
 - By September 2017, the company began two crèches in their plantations.

IMPLEMENTATION STATUS: PRIVATE SECTOR ENGAGEMENT

- With this success, UNICEF used the industry approach for advocacy on stunting and early childhood development (ECD) and partnered with the National Agricultural Export Development Board (NAEB) in the tea sector
 - 16 companies, 20 cooperatives in 12 districts (supported by EKN)
- The Ministry of Gender and Family Promotion and NAEB signed *IMIHIGO* on stunting reduction, promotion of ECD and Children's Rights and Business Principles (CRBP)
- Orientation of major stakeholders on CRBP, their role in ECD and stunting reduction resulted in:
 - Initiation of ECD services in one district, two others to follow.
 - Nutrition of young children, including WASH, is being supported.
- Social mobilisation activities to begin in early December.

Challenges: Nutrition

- Lack of coordination from Government (the NFNCS still not well-functioning)
 - Slower implementation when working with Government (but more sustainable in the long run)
- Work closely with NFNCS to improve coordination at central and district levels

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Challenges: ECD

- Government buy in to the project is slow because of frequent changes in personnel both at senior management and technical level.
- Unclear direction on district level coordination structures for the project from the integrated perspective

Opportunity-ECD/Nutrition

- Government has appointed a national ECD coordinator who will combine in the coordination role with nutrition and other related portfolios

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Plan for 2018: Nutrition

- Strengthen supervision system to improve quality of MIYCN activities at community and health facility levels
- Support full integration of MNPs and other nutrition commodities into government supply systems
- Training on new acute management guidelines
- Support to MINAGRI/RAB for integration of Kitchen Gardens into the Twigire Muhinzi/FFS programs and other nutrition-sensitive agriculture activities
- Support to MINALOC/LODA on nutrition-sensitive social protection activities
- Strengthen partnerships with civil society and knowledge institutions e.g. through support to collaboration between University of Rwanda and Zurich University (MoU in draft)
- **Proposed:** Planning of national Research for Nutrition meeting to discuss existing research, identify gaps and improve coordination (e.g. through national knowledge management center/library for Nutrition and Food Security)

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Plan for 2018: WASH

- Review implementation strategy to achieve greater scale with promotion activities
- Sanitation marketing to increase availability of sanitation and hygiene products in rural areas
- Procurement and implementation of water supply system rehabilitation/construction
- Construct latrine blocks in five additional schools

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Plan for 2018: ECD

- Scale-up **Integrated ECD services** to Children 0-6 years (mixed models)
- **Quality of Care** with a particular focus on wealth quantile, gender, children aged 0-3 and those at risk (children with disabilities/and in refugee camps)
- **Coordination of ECD services** especially at **district** and **sector** level
- **Capacity of Partners** to deliver quality ECD services
- **Evidence generation** and ECD Data management (District & National level).

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Annex 5 Presentation debriefing at UNICEF Marianne van Dorp, November 9, 2018

Human Capital Development project EKN/UNICEF

Monitoring Mission
November 5-9, 2017



Monitoring mission November 2018: approach

- Study of documents
- Discussions
- Field visits to Nyamagabe and Nyaruguru
 - C4D/Private Sector; Tea factory and plantations
 - Social Protection
 - ECD
 - ECD Model Centre
 - Home based ECD
 - DPEM implementation at District office Nyaruguru
 - WASH
- Specific discussions with Nutrition, Social Protection, WASH, Education



2

Project's overall goal: Enhanced Human Capital Development

- Impact 1: reduced stunting levels by 4.5%/year (from 38% in 2014/15)
- Impact 2: holistic child development improved with 75% children on track (as compared to 62% 2014/15 baseline)

- Stunting levels keep going down, but less rapidly; CFSVA 2018 35%
- No information retrieved on holistic child development

- In how far is Rwanda as a country on track?
- What is the contribution of the project?



3

Embedding of Human Capital Development project

- GoR has embedded nutrition improvement in ECD

- Clear positioning (by GoR) of Early Childhood Development (NECDP) as the enabling framework for child development and protection

- NECDP established as the framework for child-centred development since 1 year, and is still finding its way

- Human Capital Development project is no longer aiming only at children < 2 years and their households (for stunting reduction), but broader at young children (pre-school age; 0-6 years)
This is strengthened through the link with NECDP

- More involvement of National Level GoR was explicitly requested



4

Challenge and Opportunities

- Working more with GoR enhances buy-in from GoR
...which increases sustainability
- Link with NECDP
...enhances GoR ownership/sustainability/easy handing over
...potentially offers opportunity for holistic approach to children + HH
- Recent establishment of NECDP and changes because of that
...limits progress
- More emphasis on capacity development of national & decentralised levels
GoR instead of direct implementation
...less/slower direct results
...potentially increases sustainability
- Less focused target group
.....slows down results e.g. on stunting reduction



5

Nutrition

- Stunting reduction is still ongoing, however, rate is slowing down (CFSVA, 2018)
- Focus on ECD, and alignment with NECDP
 - Opportunity: broader/more holistic attention to child development, including nutrition
 - Challenge: 'diluted' attention to nutrition improvement/stunting reduction because of move away from target population HH with < 2-year olds



6

Nutrition specific measures

- Nutrition related to Health: Some confusion on the role/responsibilities of line Ministry and NECDP
- Not so clear who does what: e.g. Community Health Worker performs growth monitoring in ECD centre, but also in Health Centre? Or in communities?
Are all children covered?
- Procurement RUTF/VitA/Deworming should be done by Health centres and District hospitals. Seems there is lack of clarity on responsibilities between MoH and NECDP. Potentially stocks in danger....
- Role for Human Capital Development project??



7

Nutrition sensitive measures

- Kitchen gardens and Community Based Savings and Lending Groups
- Who does what now that ECD centres take over part of this role (demonstration gardens, SLG, cooking demonstrations)
- What is responsibility of line Ministries to e.g. kitchen gardens?



8

Early Childhood Development

- 3 approaches:
 - ECD (model) centres
 - Home based ECD
 - Home visits
- ECD centres and Home based ECD have as target group children 3-6 years
- Home visits: target children < 2 years or < 3 years

- ECD Model Centres include Growth Monitoring, Pre-school learning, Cooking demonstrations (1/month), Savings and Loans groups and Literacy classes for parents.
Also chicken raising, kitchen gardens are promoted in centres and serve as demonstration for community.

- Children reached 260.000 < 6 years (=17%), through >4.000 ECD facilities



9

ECD Centres

Advantages

- Potentially a good model for holistic contribution to integrated child development
- Young children and HH members are targeted

Potential threat

- ECD centre takes over from other structures; creates confusion

- Close collaboration between UNICEF and NECDP
→ what is exactly role of UNICEF in expanding ECDs?

Mainly capacity development, harmonization of approaches, etc.



10

WASH

- Coordination with MinaLoc and MoInfrastructure

- What are expectations GoR?
GoR ambitions: a toilet for every HH
- What is possible from UNICEF/EKN?

- Human Capital Development project
 - Construction of latrines in facilities (schools, ECDs, Health Centres)
 - Promote construction of latrines at HH level
 - Train latrine builders, sensitize district staff, sensitize small shops to sell hygiene materials
 - Limited subsidies for latrine building
 - Brochure and posters with instructions



11

WASH Costs and subsidies

- GoR requested campaign for construction of latrines
 - Brochure developed: how to construct proper latrine?
 - Posters developed for each sector office
 - To be distributed nation-wide (30 districts)

- Vouchers/subsidizing building of latrines
 - Human Capital Development project makes 1000 vouchers of RF15.000/district available for HH in Ubudehe 1, with a child < 5 years. If not all vouchers can be handed out next priorities of vulnerable HH are selected.

- Experience is that people copy good looking latrines (take pride in....)
(One district received 1000 vouchers but reported 6000 latrines constructed)

- Average cost price is between RF 28.000-35.000.



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Challenges in WASH

- Building of latrines well under way (even though projects started late)
- High commitment GoR → sustainability
- Difference 'hardware' and 'software':
latrines ok, but behaviour change on e.g. handwashing is something else.
- Extra effort GoR and UNICEF is needed

- Leadership at all levels is needed! Not always there and difficult to push...



13

Social Protection

- Good collaboration UNICEF and LODA

- Social Protection in Rwanda
 - Unconditional cash transfers/direct support
 - Extended public works
 - Classic public works

- UNICEF focuses on extended public works (light labour)
- Earnings: RF 10.000/month for extended public works (road maintenance)
- Targeted HH: Ubudehe 1, female headed households, labour constrained HH
- Labour takes 2-3 hours/day; flexible
10 days per month
- Child care is provided in (existing) ECD centre



14

Social Protection

- Currently 1280 beneficiaries through UNICEF; target is 2000 by end of project (end of 2020) = 3-4% of total # beneficiaries who qualify;
Meant as a start up injection, and as a modelling
- WB loan to GoR enables LODA to cover larger groups
- UNICEF successfully negotiated with LODA on graduation criteria



15

Education

- Collaborating with MinEduc
- Cin coordination with NECDP
- Target is construction of 12 pre-school facilities (3 classrooms each)
- Result: per December 2018 8 facilities are constructed; 4 more to be started soon
- Curriculum developed (in collaboration with MinEduc) and materials printed
- Pre-school teachers trained

- Ultimate target for the country: 10.000 pre-school classrooms

- Meeting Nov 2018: Making churches and mosques available as pre-school facilities.
1000 classrooms/pro-school facilities are pledged for 2019!



16

Private Sector linkages

- UNICEF links with NAEB; reaching out to tea factories
- NAEB shares UNICEF's agenda that child protection/child rights should be part of tea production

- Tea factories: permanent structures
- Tea cooperatives: mobile crèches are possible

- Rationale for including child welfare
 - Higher productivity of tea labourers (quantity and quality)
 - Factories are losing skilled labourers due to pregnancies and child care; women would be not working for 1 year
 - Care for proper development of future generation of tea labourers
 - Risk of being banned/blacklisted international buyers



17

Field visit to Kitabi Tea Factory

- Rwanda Mountain Tea has 5 factories, of which Kitabi is one
- All 5 are considering ECD facilities, but Kitabi is front runner
- General Director Kitabi was considering child care facilities already before UNICEF started lobbying/negotiating; UNICEF speeded up process by putting in knowledge & experience
- Current day care facility has capacity for 15 children and started in July 2018; target group children aged 6 months -3 years
- # women tea labourers is 2000
- Perception women:
 - Do not need to worry about their children or carry child on her back
 - Children are well taken care of and they get porridge and food
 - Work more days
 - Work more hours/day
 - Work more concentrated so quantity & quality higher; wages higher



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Challenges & suggestions

- Current capacity is limited to 15 children; during field visit 11 children → more a pilot project?
- UNICEF/NAEB to try to speed up process and increase # facilities/children
- UNICEF needs to help build the evidence and the (convincing) business case
- Question is: what is the best way?
 - Have independent 'private' ECD linked to specific factory/industry?
 - Ask for buy-in private sector and share private and public facilities, based on vicinity at mothers' home.
- Expand to other sectors (coffee, horticulture)?



19

Conclusions

- Ultimately, the project wants to contribute to enhanced human capital development, including reduction of stunting. Current CFSVA shows levelling of the reduction at national level. Is the project on track in her contribution?
- Project is designed in 7 outcomes, that potentially run quite independently. Are the interventions reaching the same children and the same HH? How does UNICEF guarantees this? What role do the ECD centres play in this?
- Apparently, support in nutrition specific interventions is still needed and not taken up by GoR (e.g. procurement of Therapeutic Milk, RUTF, Vit A, Deworming pills). UNICEF should slowly phase out and press GoR for responsibility.



20

Conclusions

- Some outputs of the project are on track, some less so/face challenges. Outputs that are (still?) aligned well with line ministries seem to do better than the outputs that are linked with NECDP.
Might be understandable because of the recent establishment of NECDP, and the confusion that sometimes comes up because of changes in roles and responsibilities.
- It seems that the turn around from focus on nutrition to ECD, and the formation of NECDP takes a lot of energy, which slows down results.
- Establishment of NECDP might create a useful platform for more holistic approach of child development.
- Phasing out of the Human Capital Project by end 2020 seems early, although ownership and commitment by GoR seems (very) high.

Thank you



Overall

- For most of the outcomes, project is on track; for some outcomes there are challenges
- Link with National level government, was explicitly requested by GoR
- Though sustainable, is time consuming, thus at times limiting progress
- Shift in collaboration/coordination with line ministries to NECDP for some of the outcomes, but not (yet?) for all
- NECDP is relatively new and still establishing itself
- Level of ownership and commitment at GoR high



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Report WCDI-19-052

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 10,000 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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