Rwanda case study:

Promoting the integrated delivery of early childhood development

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1. Introduction

This case study is implemented within the project 'Fostering policy support for child and family wellbeing - Learning from international experience'. Using a thematic and analytic framework for the project that draws on Kingdon's multi-streams theory [2] we are gathering and sharing evidence and learning on what has led to increased policy recognition of and policy change in family and child health and wellbeing (FCHW). In specific countries that have demonstrated policy recognition and change in FCHW after 2000, we are exploring within their context how different policy actors have come together to raise policy attention, develop policy options and promote their political adoption as processes for policy change, taking advantage of windows of opportunity for that change. The case studies were implemented with a local focal person with direct knowledge or experience of the policy process and include evidence from published and grey literature and interview of key informants involved in the policy processes.

This case study explores the change in Rwanda post 2000 towards the development and adoption of a policy for integrated early childhood development policy (IECD) and a strategy for implementing it.

The window of opportunity for policy change opened when the government consulted on its plans for socioeconomic development and transformation in the late 1990s. International actors, including UNICEF and international NGOs and Rwandan civil society advocating for children's wellbeing raised the poor health and low educational attainment of children.

Initially, there were two separate areas of policy development. The health sector prioritised the health of infants and young children and the education sector a preschool year to prepare children for primary school. By the 2010s it became clear that the wellbeing of young children called for an integrated approach to ECD.

By 2019, Rwanda has an IECD policy and a unit responsible for coordinating its implementation. The President and the First Lady have been powerful supporters of investing in the wellbeing of infants and young children. The World Bank, UNICEF and Save the Children have been important advocates that have also supported policy development and building political support.

The case study highlights that, with determination and the support of development partners, even one of the world's poorest countries can make progress in adoption and the implementation of a policy for IECD. Meeting international targets to which a country has committed can be a powerful incentive for this. Monitoring and evaluation is a lever for sustaining implementation. If all children are to access early childhood care and development, the government still needs to provide financial and other support to poor families.

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2. The context

Rwanda is located in Central East Africa. In 2000, it was facing a number of challenges, which it still faces. The Great Lakes region within which it is situated is a region of instability. Rwanda had low agricultural productivity, land degradation, low human resource development, a shortage of employment opportunities, a shortage of land, high population density and growth and low productivity. In 2000, it had a population of 8.1 million with a population growth rate of 2.9%; 16.2% of the population were under-5 years of age and 49% under-15 years (MINECOFIN, 2005). In 2000, over 90% of households were dependent on subsistence agriculture.

Map of South Africa. Source: Wikimedia commons

In 2000, Rwanda was in transition to post-conflict reconstruction, following the 1994 Genocide against the Tutsi, when upward of 800,000 Tutsi and moderate Hutu were killed and the country was left devastated. Rwanda was and remains one of the poorest countries in the world, with a GDP per capita of US$216 in 2000 (World Bank, 2019a). It was and is aid-dependent, with Official Development Assistance (ODA), from OECD countries and international organisations such as the World Bank and the UN constituting 18% of GDP in 2000 (World Bank, 2019a). Poverty was high, with 74.5% of the population living on less than $1.25 a day, and inequalities were large, with a Gini coefficient of 0.47. Its governance was poor; its scores on the World Bank's governance indicators were low across the board (World Bank, 2019b). The government saw investing inclusively in the wellbeing of all citizens as the best way to maintain stability and as a foundation for economic growth. However, the space for advocacy from civil society organisations (CSOs) was and remains restricted; mainly they deliver services that align with government policy (Hackenesch, 2018).

Rwanda is strongly committed to promoting social rights. By 2000 it had ratified without reservation virtually all international and regional human rights treaties and conventions, including the *Convention on the Rights of the Child (CRC)* and the *Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)* (OHC, 2019). It incorporated the Millennium Development Goals (MDGs) into its national monitoring and evaluation framework for Vision 2020, its strategic blueprint for development, with a strong commitment to achieving them by 2015 (MINECOFIN, 2000). In 2000, the health of young children and mothers was poor. Rwanda was ranked 162 out of 173 countries on the Human Development Index (UNDP, 2002). Life expectancy was just 40 years and mortality rates high: maternal 1,071/100,000, infant 107/1,000 and for under-5 children 196/1,000 (Kabagwira et al., 2000). Malnutrition was high among children, with 24% being under weight and 43% stunted (Kabagwira et al., 2000). There were user fees for health services and no nationwide community health service. Less than 1% of children under-7 were enrolled in pre-primary schools (MINEDUC, 2015).

The government took responsibility only for regulation and enforcement of standards and not for provision of pre-primary schools (MINEDUC, 2003). There were just five creches in the country in 2000, all private, and 257 pre-primary centres, all but two privately run. Their teachers had, at best, only some in-service training. Parents had to pay for preschool education, which was therefore mainly the preserve of children from better-off households living in urban areas. There was little recognition of the benefits of pre-primary education by parents (CRC, 2002). Preschool education was valued by the government for its role in well-becoming, for preparing children for primary school, rather than wellbeing of children *per se*. Parents also had little understanding of the importance of their role in the psychosocial development of their babies and infants, nor of hygiene or the nutritional needs of young children to ensure their healthy development.

3. The policy change

This section describes reforms in policy, law and institutional practice taken towards and in adoption of the Child Development Policy. The next section describes how these reforms came about.

Over the last two decades, Rwanda has made remarkable progress in shifting incrementally to a comprehensive policy environment for promoting FCHW generally and specifically for early child development (ECD), with an IECD policy that is inclusive of all aspects of care, education and health relating to the development of children under-7 years. Between 2000 and 2018, the country moved from not having a policy for IECD to an integrated, comprehensive policy that recognises collective responsibility for promoting the wellbeing of children 0-6 years, including supporting parents and caregivers and building their capacity to provide quality care (NECDP, 2019). Children are recognised as rights holders, with the government responsible for ensuring that they can claim and exercise their rights.

ECD is defined in Rwanda as: *a means of providing holistic care and stimulation to children during their formative years [...] ECD is defined as a range of changes through which a child undergoes during their early years of life from conception to six years, as well as support that caregivers need to provide. ECD interventions develop sensory-motor, social-emotional and cognitive-language skills for young children, while building the capacity of parents and other caregivers to fulfil their parenting obligations* (MINISANTE et al., 2018: 9).

The initial shift came in 2000 when the government published its long-term development strategy, Vision 2020, following two years of consultation. The initial five-year strategic plan for implementing this vision aimed to promote the wellbeing of all Rwandans. In the 2000s, there was strong emphasis on improving the health of young children. The three key elements' were: the introduction of the *Mutuelles health insurance*, which enabled all Rwandans to access affordable basic health services, with the very poorest exempt from payment; universal provision of community health workers, providing a public health service for mothers and young children; and Integrated Management of Childhood Illnesses (IMCI) (Condo et al., 2014). Following the launch of the *National Nutrition Policy* in 2007 the Ministry of Health (MINISANTE) launched the *Emergency Plan to Eliminate Malnutrition*. This was in 2009, targeted at eliminating malnutrition in children under 5 years of age (Gleason, 2014).

While the importance of pre-school education was recognised, there was little progress in expanding provision or improving quality (MINEDUC, 2003, 2006). A Presidential order in 2006 mandated that all children between 3 years and 6 years should attend pre-school and an ECD curriculum was published in 2007 (MINEDUC, 2015). The *Education Sector Strategic Plan* (ESSP) 2010-15 committed to increased attention to pre-primary education (MINEDUC, 2010). In 2005, the *National Policy for Family Promotion* recognised the importance of ECD and the need to educate parents on their responsibilities and to increase public awareness about the rights of the child. The policy acknowledged a need to open day-care centres, nursery schools and creches but had no implementation strategy (MIGEPROF, 2005).

In 2011, the *Early Child Development policy* and its strategic plan were launched, with MINEDUC responsible for coordination. At the same time, a revised child rights law was passed domesticating the CRC and an *Integrated child rights policy* was approved by the government (MIGEPROF, 2011; Offical Gazette no 26 of 25/06/2012, 2012). In 2011, the *Second National Nutrition Summit* was held with the overall theme of *The First 1,000 Days: Preventing Child Stunting*. At the Summit, the importance of multisectoral coordination at national level and in service delivery was emphasised (Gleason, 2014). Emphasis on the importance of nutrition in the first 1,000 days was repeated in the *National Food And Nutrition Policy 2013-18*, and tackling child malnutrition was identified as a priority in the *Economic Development and Poverty Reduction Strategy II (EDPRS II)* (MINALOC et al., 2014; MINECOFIN, 2013). In 2019, an additional Community Health Worker (CHW) was appointed in every village specifically to advise parents on child nutrition.

EDPRS II also identified the provision of a year of pre-school education for all children as a priority, and the *ESSP 2013/14-2017/18* included plans to roll out a one-year school readiness programme for all 5- and 6-year-olds (MINECOFIN, 2013; MINEDUC, 2013). The *ESSP* also indicated that three years of pre-primary

education would gradually be extended to all children aged 3-6 years. In 2013, monthly parents' evenings were introduced in every village (the lowest administrative level of 100-150 households) to sensitise all parents, among other things, to the importance of active parenting and education for children 0-3 years (MIGEPROF, 2014). This was strengthened in 2014 by the appointment of two volunteers in every village to build the capacity of parents to care for and nurture the development of their young children.

In 2014, a review of the 2011 ECD policy by the social sector ministries (Health, Education, Local Government, Justice, Agriculture) found that the Ministry of Education (MINEDUC), given its remit, was unable to coordinate ECD. A revised ECD policy and strategic plan were passed, with the Ministry of Gender and Family Promotion (MIGEPROF) replacing MINEDUC as lead ministry to ensure better coordination and integrated delivery of services. In 2015, the competency-based preschool curriculum was introduced. In 2018, a strategy was launched integrating ECD with nutrition, water and sanitation, previously the responsibility of the Rwanda Biomedical Centre under MINISANTE (MINISANTE et al., 2018) and a former Minister of State for Health was appointed with responsibility for coordinating implementation of the policy in 2019 (NECDP, 2019).

Timeline of policy and reforms on early childhood care

Year	Policy/ law/ program/institution
1995	Community health workers programme (CHWs – volunteers) endorsed by Ministry of Health (MINISANTE)
1997	National Programme for Children launched
2000	*Poverty reduction strategy paper 2000-06*
2001	*Law relating to the rights and protection of the child against violence* (Law No 27/2001)
2003	*Constitution*
2005	*National nutrition policy* *National policy for family promotion*
2006	National implementation of CBHI *Education sector strategic plan 2006 -10*
2008	*National community health policy*
2009	Emergency Plan to Eliminate Malnutrition in Rwanda
2010	*Education sector strategic plan (ESSP) 2010-15*
2011	*Early childhood development (ECD) policy* *Law relating to the rights and protection of the child (Law 54/2011)* Replaces Law 27/2001 and domesticates CRC , *Integrated child rights policy* ,Second National Nutrition Summit
2013	EDPRS II 2013-2018 launched, Education sector strategic plan 2013/14-17/18 *Umugoroba w'ababyeyi* (parents' evenings) , National Food and Nutrition Policy 2013-18
2014	Two volunteer *Inshuti z'umuryaango* (friend of the family), one male, one female, to be elected in every village to build the capacity of caregivers in raising their children.
2016	*Early Childhood Development Policy (revised)*
2017	*National strategy for transformation* 2017-24 launched
2018	*National social and behavioural change communication strategy for integrated early childhood development, nutrition and wash (2018-2014)*
2019	Additional CHW to be appointed in each village specifically to tackle nutrition issues including stunting in young children

Sources: Kalisa et al., 2016; MIGEPROF, 2014; MINISANTE, 2013; National Commission for Children and UNICEF Rwanda, 2014)

In 2019, Rwanda remains one of the world's poorest countries but there is evidence of impact. All MDG targets were met for health and water and sanitation and good progress was made in education (Abbott et al., 2015; 2016). Policies, strategies and minimum standards for IECD are in place (UNICEF Rwanda, 2017). Coverage of immunizations and most child health services are near-universal and progress had been made in child protection service delivery (Binagwaho et al., 2014).

There has been significant expansion in pre-nursey and nursery provision, with 96 pre-nursery centres and 3,201 nursery schools in 2018 (MINEDUC, 2019). Nursery schools cover children aged 4-6 years and 32% of the age group and 53% of 6-year olds were enrolled in 2018 and 47% of carers in pre-nursery centres and 86% of teachers in nursery schools were trained. Pre-service training courses for early years teachers are in place in teacher training colleges. Centre-based provision has increased and the government has provided 17 model ECD centres in each district as a reference for communities and others who want to invest in ECD (Republic of Rwanda, 2019). Home-based childcare has been introduced through parenting education, especially for parents of children aged 0-3 years.

However, in 2019 the World Bank advised that more needed to be invested in ECD, especially in combatting stunting and providing preschool education. They also indicated that policy and implementation strategies needed review (World Bank and Government of Rwanda, 2019). Provision of pre-nursery and nursey services remains patchy, with many parents unable to afford the modest fees charged for pre-nursery services even when they are run by parents' groups. Rwanda lags behind other low-income countries in human capital development, as shown by the poor primary and lower secondary school completion rates. More child-friendly social protection services are needed and more needs to be done to promote positive parenting and care, early childhood learning and access to early childhood education and to prevent violence against children (UNICEF Rwanda, 2017). In 2017/18, the poverty rate for children under seven was 43%, based on the national poverty line, compared to a national rate of 39%, and 31% of children had no health insurance. Most children have no access to pre-nursery centres and only just over half receive at least one year of pre-primary education. The stunting rate is still high at 39% (MINEDUC, 2019; MINISANTE et al., 2016).

Child nutrition in Rwanda, Stefanie Neno CIAT 2014

4. The story of the change

4.1 Raising the issue

This subsection explores the actors, processes and evidence that raised motivations and maintained momentum for addressing the issue of ECD from 2000 to 2019.

The importance of ECD was already on the agenda before 2000. Rwanda was committed to implementing the CRC and the Rwanda Patriotic Front (RPF) made a strong commitment on coming to power to promote children's rights and development (Pontalti et al., 2014). At the end of 1994, *Pro-Femmes/ Twese Hamwe*, an umbrella organisation for women's organisations, published *Campaign for Peace,* setting out the critical needs of women and children in Rwanda in the aftermath of the Genocide (Newbury and Baldwin, 2001). UNICEF, with international NGOs *Trocaire* and Save the Children and local NGO *Haguruka*, raised awareness about the poor health and wellbeing of children, including young children, in booklets in Kinyarwanda, at seminars and workshops for child support workers and on radio after 1994 (CRC, 2002).

However, the initial window of opportunity for the policy shift was the publication of *Vision 2020* and the initial strategy for implementing it (MINECOFIN, 2000, 2002). Between 1998 and 2000, the government held nationwide consultations on what the country's development priorities should be. During these consultations, which included development partners, international NGOs, local NGOs, faith-based organisations (FBOs) and civil society, poverty was most frequently mentioned as the main priority. Children and the need to invest in them as a foundation for economic development and transformation were also identified as a priority, especially by UNICEF and the INGOs that worked in the health and education sectors and by women's organisations under the umbrella of *Pro-Femmes/Twese Hamwe* (Newbury and Baldwin, 2001).

Specific concerns raised included high maternal, infant and child mortality rates, the poor health of young children, their poor nutritional status and the lack of pre-school educational provision. Many children were not prepared for primary education with high repetition and drop-out rates as the consequence. Poor parenting skills were also identified as a problem; few parents were aware of the importance of play in preparing children for primary school, and young children were left at home on their own or else carried on mothers' backs while they worked. The publication of the 2000 *Integrated Household Survey and Demographic and Health Survey* reinforced the message that the health and wellbeing of young children were serious concerns, that children started school late, that there was a high drop-out rate from and repetition of primary 1 and that school attainment was low (Office National de la Population and ORC Macro, 2001).

The government saw investing in young children as necessary for Rwanda's economic development and transformation. Given its poor natural resource base, Rwanda's aim was to transform into a knowledge economy, with Singapore identified as a role model. Modernising the economy in Rwanda and achieving sustainable development meant that the country not only had to modernise its agricultural sector, but also to expand employment opportunities in the manufacturing and service sectors.

A mother and child in a rural community in Minazi, Rwanda. © 2009 Wendy Leonard, Courtesy of Photoshare

This was because the available land was insufficient to provide employment for the growing population. To do this, Rwanda needed a healthy, educated and skilled population and investing in young children was seen as a foundation for this.

At the same time, modernisation was disrupting the extended family, making it necessary for families and family members to be given more support by local communities and the government (MIGEPROF, 2005). A recurring issue has been how to finance ECD. There are official development partners (ODPs), including the Organisation for Economic Development member countries and international institutions such the World Bank and the UN working in the health sector that provide finance and technical support for maternal and child health. Except for UNICEF, which provides mainly technical support, there had until very recently been no ODP supporting pre-nursery and nursery schools and parenting education. This meant that the government had to rely on INGOs and to develop a funding stream for this from its own resources.

The incorporation by the government of the MDGs and *Education For All* targets in the monitoring and evaluation frameworks for *Vision 2020*, social sector policies and successive development strategies indicates the importance it placed and continues to places on investing in young children and promoting their health and wellbeing (eg MINECOFIN, 2007; 2013; 2017). The periodic *Integrated Household Living Conditions Surveys* and *Demographic and Health Surveys* not only enabled the government to monitor progress but reminded it of the continuing need to invest in ECD.

The government's education and health policies and strategic plans and the specific ECD policies and strategic plans, all discuss the need for ECD to improve the health and wellbeing of young children as an investment in Rwanda's future. These documents refer not only to statistical data from *Integrated Household Living Conditions Surveys* and *Demographic and Health Surveys* but also to research findings on the importance of investing in the health and wellbeing of young children if they are to reach their full potential. The Minister of Education, for example, referred in the 2011 ECD policy to research on the cognitive development of young children and the link between ECD and increased school attainment, as well as to high economic returns, and in the Education For All review the then Minister of Education refers to the Lancet series on ECD (MINEDUC, 2012; 2015).

Main recommendations from the Lancet Series informing ECD policy

Interventions for children	Stage of development	Interventions targeted at parents
• Neonatal disease prevention and treatment • Healthy home care • Breast feeding • High quality ECD programmes	Neonatal (0-4 months)	Parenting programmes • Psychosocial stimulation • Positive parenting • Maltreatment prevention
• Infectious disease prevention • Health home care • Breast feeding and optimal feeding • High quality ECD programmes	Infancy (6-23 months)	Water, sanitation and hygiene • Ensuring access to clean water • Sanitation infrastructure • Promoting hygiene behaviour Social protection • Income maintenance support for poor families
• Infectious disease prevention • Detection and management of childhood illnesses • Adequate nutrition • High quality ECD programmes including preschool education	Early childhood (24-60 months)	Maternal health • Family planning • Antenatal care • Attended delivery • Maternal depression

Source: adapted from Lancet 2016, at https://www.thelancet.com/series/ECD2016

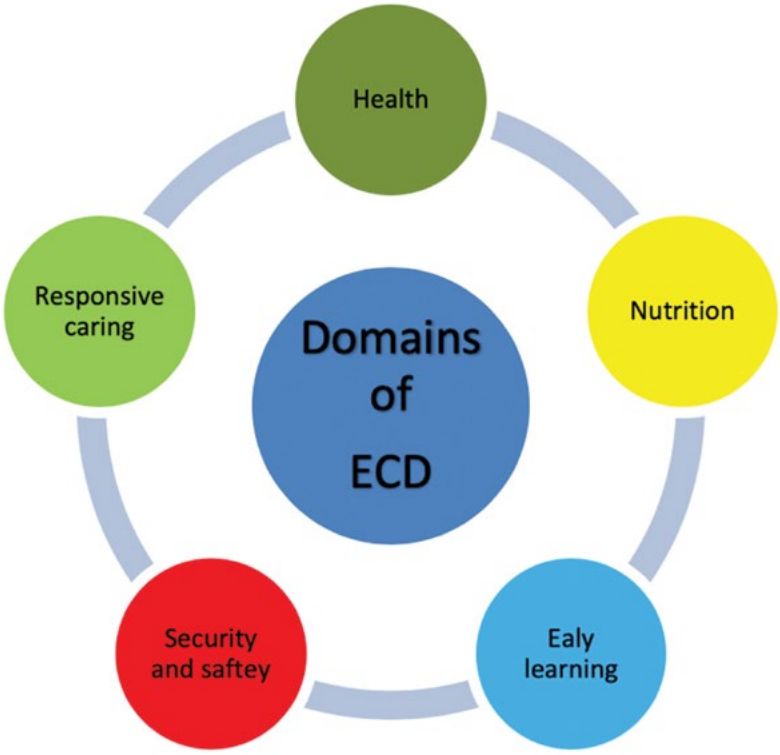
The 2016 ECD policy summarises international evidence on ECD enabling children to grow and thrive (MIGEPROF, 2016a). This is in line with the government's commitment to evidence-informed policy. The government also commissions and carries out research (Condo et al., 2014). A powerful report that led the government to revise its policy for nursery education in 2013 was a USAID-funded study of children's attainment in reading and numeracy in primary school in which reading performance in Kinyarwanda and English and numeracy skills were below expectations (DeStefano et al., 2011). Concern grew about the lack of school readiness in many poor children when they reached the age of seven, resulting in their starting school late and in high repetition and drop-out rates, all of which placed a burden on already overstretched school budgets. The issue, was raised by the Ministry of Education in the 2013-2018 education strategic plan (MINEDUC, 2013).

Periodic reviews by the UN Committee on the Rights of the Child have emphasised the importance of investing in ECD (CRC, 2002, 2013). Development partners including DfID, the World Bank, USAID and UNICEF, international NGOs including Save the Children and Care International and local NGOs as members of the Rwanda NGO Coordinating Platform (RENCP) have all kept the issue on the table through membership of joint sector working groups, participation in consultations on policy developments and via publication of reports and briefing papers (eg Care International, 2015; RENCP, 2016).

Women members of parliament, and children through the Children's Summit, have also raised issues relating to children, most noticeably (in the case of the Children's Summit) the issues of children living in orphanages, violence against children, education and children living with disabilities (UNICEF Rwanda, 2012). However, women's organisations have become less active in advocacy, with many former leaders elected to parliament in 2003 (Burnet, 2008).

Local NGOs, except for those that work with RENCP, generally lack advocacy capacity and NGO legislation restricts them to service delivery. The National Women's Council, a statutory body to which all women aged 18 or over are required to become members, plays an important role in sensitising women to the importance of ECD and the need for active parenting at a local level. They also have one representative on sector working groups.

Most recently, the Word Bank has highlighted the importance of ECD in its analysis of what Rwanda needs to do in order to achieve its new *Vision 2050*. They argue that Rwanda needs to invest significantly more if it is to have any prospect of being an upper middle-income country by 2050 (World Bank and Government of Rwanda, 2019). The authors of the report point out that Rwanda is behind other low-income countries in delivering ECD policies, most noticeably in tackling stunting and providing preschool education. It also argues that investing in ECD brings higher returns than investing in older children.



Domains of ECEC, Source: authors

Reducing the bulge caused by repeaters in Primary 1, for example, could save 5% of the education budget, to be invested in other educational provision, and eliminating stunting could increase GDP growth by 11.5%. They also argue that with the accelerated decline in fertility, more needs to be invested in the health and education of every child, as the working population grows and the youth dependency ratio falls, to benefit from the demographic bonus.

In the health sector, development partners and international NGOs were supportive of scaling up interventions to promote the health and wellbeing of young children in the 2000s. In education, however, development partners prioritised basic, technical and vocational education and training (Hayman, 2007). This left the government unable to invest in a development programme for nursery education because of its dependency on development finance. In 2003, development finance from OECD countries was nearly twice government revenues, and although this had fallen by 2010, development finance exceeded government revenues until about 2013 and still constitutes about 40% of the budget (Abbott and Mugisha, 2016).

After 2010, UNICEF and international NGOs in the education sector gave greater priority to ECD. A report for DfID in 2012 argued that there was evidence that ECD was a highly cost-effective strategy that reduces risk factors for poor development, promotes long-term economic growth and significantly reduces socioeconomic inequalities (UK DfID, 2012). The authors pointed out that families urgently needed support to enable them to care better for their children through access to better nutrition, health education and health services.

By 2019, the World Bank promoted ECD as a priority and offered development assistance for interventions that improve the health and wellbeing of young children. This shift coincided with the social-sector ministries recognising the importance of integrating ECD services and especially the need to place more emphasis on the education stimulation of children aged 0-3 years, and on pre-school education and health promotion. Nutrition also became a national priority, with the President raising malnutrition as an issue that required immediate attention in 2009. He has reiterated this at subsequent government annual retreats. The government also identified malnutrition as a national emergency in 2015 when the findings from the 2014 *Demographic and Health Survey* showed that progress in reducing stunting in young children had been much slower than anticipated (see below).

4.2 Developing policy options

This subsection outlines the actors and process that informed policy options developing ECD.

The shift to an integrated ECD policy has been an incremental process rather than a one-off shift, with opportunities opening to advocate for integrated and comprehensive ECD as elements of a policy were put in place and as the findings from periodic *Integrated Household Living Conditions* and *Demographic and Health Surveys* were published, providing evidence that ECD remained a significant issue that needed to be addressed by government.

There are two distinct phases to the shift. In the 2000s, there were two separate strands to child development policy and programmes: education policy, which focused on the provision of preschool education, and health policy, which focused on child and maternal health and nutrition. In the 2010s, these two strands came together with the recognition of the need for an integrated ECD policy that delivered comprehensive and coordinated services promoting the wellbeing of all children 0-to-6-years. Following the launch of the ECD policy in 2011, it has been amended and further developed to ensure that the intended objectives are achieved and to maintain implementation momentum (MIGEPROF, 2016a).

The international and national policy context was important for development of the policy options. ECD policy did not exist in a vacuum but was complemented by other government policies that are important for young children and by international policy priorities to which government responded. The government explicitly recognised this in developing and designing its ECD policy, building on existing education and nutrition policies (MIGEPROF, 2016a; MINEDUC, 2011).

International and National Policy context for developing the ECD policy

International	National
Millennium Development Goals and Sustainable Development goals Convention on the rights of the child African charter on the rights and welfare of children Dakar framework for *Education for all* Convention on the elimination of all forms of discrimination against women Post-2015 world fit for children	Economic development and poverty reduction strategy Vision 2020 National gender policy 7-year government programme Health sector policy Education policy Nutrition policy

Sources: MIGEPROF, 2016a; MINEDUC, 2011

There is generally wide consultation in Rwanda when a new or revised policy or strategy is developed, usually involving workshops with representatives from academia, development partners, international NGOs and local NGOs as well as the government-sponsored National Women's Council. The government is committed to evidence-informed policy, and international and local research evidence is seen as important when policy options are being considered. Policy and strategy documents generally refer to the consultation process and on occasion give details of how it was carried out and what types of actors were included (MIGEPROF, 2016b; MINEDUC, 2011, 2013). As Save the Children have pointed out: *We are constantly engaged in sector working groups, participatory policy development processes, and Government level annual reviews. Agreements reached in these forums will support the success of projects and programmes.*

The approach was referred to as a participatory policy approach by one former government minister, with civil society representatives joining ministers in parliamentary meetings at which proposals are discussed within frameworks of scientific evidence (Binagwaho et al., 2014). When a policy is the responsibility of more than one ministry, as is the case with ECD, there are meetings of ministers in the social cluster to discuss proposals. Once agreed within the cluster, the draft policies are considered by all ministers and agreed either at a meeting of ministers chaired by the Prime Minister or at a cabinet meeting chaired by the President (MIGEPROF, 2016a; MINEDUC, 2011).

All stakeholders are represented at the *Government of Rwanda and Development Partners Retreat,* although it is primarily a meeting for the government and the main bilateral and multilateral external funders. These meetings are held behind closed doors and are seen as an opportunity for open discussion with the government. Policy options are also discussed at the *Umushyikirano* (national dialogue) and the Children's Summit (National Commission for Children, 2012). *Umushyikirando* is held in Kigali, chaired by the President and attended by government ministers, senior civil servants, ODPs, members of parliament, district mayors and provincial governors (Abbott et al., 2014). It is aired live on TV and radio and anyone can telephone to make comments or ask questions. The Children's Summit discusses issues raised by children's meetings across the country and prioritises the ones that it wants to bring to the attention of government (UNICEF Rwanda, 2012).

Policies are discussed by all stakeholders who are represented on sector/cluster working groups (technical working forums through which the government and stakeholders meet to discuss sector and cross-sector planning and prioritisation according to strategic plans and development programmes), jointly chaired by the Permanent Secretary of the relevant line ministry and a development partner. Once the government agrees on the need for a policy, international NGOs and UNICEF are invited to support development and identification of implementation options. UNICEF and international NGOs carry out research and invest in pilot projects, often in partnership with the relevant ministry, to provide evidence-based recommendations. This is important for maintaining momentum and developing specific programmes for implementation.

In the case of ECD, oversight of implementation includes a National ECD Technical Working Group Chaired by MIGEPROF, with membership including the relevant line ministry and relevant stakeholders (MIGEPROF, 2016a: 30). These forums discuss policy options as well as monitoring and evaluation (MINEDUC, 2012). International NGOs, local NGOs, FBOs, the private sector and development partners are given key roles in implementation, monitoring and evaluation for continuous improvement and further policy development (MIGEPROF, 2016a: 28).

This has been the case especially with pre-nursery and nursery education and care (eg Care International, 2015; Honeyman, 2014). Findings from evaluations of these pilot studies are validated at national events with government representatives, development partners, international NGOs, local NGOs, FBOs and academics. The findings are also summarised in policy briefs and discussed with representatives from relevant ministries and at individual sector working groups and the overall social sector working group. The government then works with development partners to scale up successful projects, both encouraging international and local NGOs to expand their provision and talking to the main external funders about the possibility of finance for it.

Policies tend to be revised following implementation, based on monitoring and evaluation or other factors that question the effectiveness of the existing policy. In effect what happens is that policy options change. There have been two main policy issues that have been debated and resulted in changes in policy: the extent to which the government should be responsible for providing nursery education for children aged 3-6, and what provision the government should make for children aged 0-3.

The policy on nursery education was initially for the government to provide technical support and encourage the non-government sectors (private and voluntary) to provide schools for the 4-6 age range, especially for children from poor homes (MINEDUC, 2003). In 2005, however, a study commissioned by the government recommended integrated ECD for 0-6-year-olds at household and community level, building on traditional methods, using existing healthcare provision and including private-sector participation (Government of Rwanda, 2005).

In the same year, in the policy on family promotion, Ministry of Gender and Family Promotion (MIGEPROF) argued that there should be day-care centres for 0-3-year-olds and nursery schools for 4-6-year-olds as well as parenting education. In a report in 2012, DfID argued that the government needed to be more proactive, provide examples of good pre-school education practice at primary school and district level and work with its development partners to increase high-quality provision.

In the 2013-18 education strategic plan, policy shifted to more direct government involvement in provision (MINEDUC, 2013). The government was to be responsible for: setting standards and the curriculum for preschool for 4-6-year-olds; providing a pre-service training programme for early years teachers; providing materials for local communities to build additional classrooms on primary schools; and exploring the possibility of paying nursery-school teachers' salaries. Parents and local communities were expected to make financial contributions to the construction and running costs of nursery schools. All children were to be given the option of a year of fee-free preschool education as a priority, extending to three years as finance became available.

In parallel with the Ministry of Education (MINEDUC) revising its policy for nursery education for children aged 4-6-years, the social sector cluster was discussing the need to provide an integrated service for infants and young children that recognised the need for education as well as care for 0-3-year-olds in addition to nursery education for 4-6-year-olds. While MINEDUC was mainly concerned about school readiness, the Ministry of Health (MINISANTE) and MIGEPROF were concerned about early child development, the problem of stunting and ensuring that a coordinated ECD policy was implemented. They recognised that enabling all children to develop their full potential required elimination of stunting, the impact of which on cognitive development is irreversible, and stimulation through active play for 0-3-year-olds.

The review led the cluster to recommend that, to maintain the momentum, responsibility for the ECD policy should be transferred from MINEDUC to MIGEPROF. This was agreed by the government in 2014. The policy was revised between 2014 and 2016 with the support of UNICEF and Save the Children. When the revised policy was approved in 2016, UNICEF and Save the Children each seconded an early childhood specialist to MIGEPROF for two years to lead its implementation. In 2018 the government established a unit in MIGEPROF to ensure coordinated implementation with cross-sector collaboration and integrated service delivery.

The government aimed to provide a comprehensive ECD framework integrating nursery education for 4-6-year-olds, nutrition, health, water and sanitation, informal parenting and pre-nursery education for 0-3-year-olds and child protection services for children under-6-years (MIGEPROF, 2016a). While the 2011 policy had only one pillar, the 2016 policy identified five key areas of programme investment: parenting education and support; school readiness and transitions; child protection and family promotion; health, nutrition, water and sanitation; and coordination, governance, resourcing, monitoring and evaluation. Services were to be universal, with additional targeted services for vulnerable children.

The policy was partly a response to a lack of coordination in the 2011 policy, the continuing poor health and nutritional status of children and the slow development of education and care provision for children aged from 0-to-6-years. Findings from the 2014 *Demographic and Heath Survey* were used to demonstrate the size of the heath and nutritional problems and the educational statistics demonstrated the need to invest more in nursery education. The importance of multi-stakeholder coordination was also stressed. The 2017-24 *National Development Strategy* identifies 0-3-year-olds as a priority group, with the strategy setting a target of a pre-nursery centre for every village and a programme for sensitising parents to the importance of the first 1,000 days of nutrition for child development, to be achieved by 2024.

4.3 Engaging and building the support of political actors and decision makers

This subsection explores how the attention of political actors was drawn to the issue of ECD and their support secured.

The government has made its strong commitment to ECD clear by creating: *an environment in which a child's development, survival, protection and participation are ensured through a well-coordinated and multi-sectoral approach, where the welfare of children is ensured, their dignity and right to reach their full potential are guaranteed and their responsibilities are fulfilled (MIGEPROF, 2016a:4).*

The Rwandan Patriotic Front, the dominant political party in Rwanda, has committed to promoting child rights and welfare with policy priorities clearly targeted at improving FCHW (Pontalti et al., 2014). The President and First Lady both championed causes promoting children's health. The First Lady, through the Imbuto Foundation which she founded, has championed the importance of ECD. She has mobilised money for ECD centres through her foundation and promoted the involvement of fathers in child rearing. In 2009, the President demanded that treating and preventing malnutrition should be a government priority following a visit to a hospital where he saw a mother and child suffering from malnutrition. Since then, he has made certain that ECD is an agenda item at each annual government retreat. In 2013, the Prime Minister initiated a National Campaign, The *1,000 Days in the Land of 1,000 Hills*, designed to tackle stunting and malnutrition more generally and ensure that all children have the best start in life following the Nutrition Summit we discussed above.

Politics in Rwanda are non-adversarial. Any disagreements over policy are discussed behind closed doors and polices are shelved when agreement cannot be reached (Golooba-Mutebi and Booth, 2013). There are six ministries involved in ECD policy, however: MIGEPROF, which has been the coordinating ministry since 2014, MINEDUC, MINISANTE, MININFRA, responsible for water and sanitation, Ministry of Local Government (MINALOC), the line manager of the districts responsible for implementation and Ministry of Finance and Economic Planning (MINECOFIN), responsible for budget allocation. These ministries coordinate and are involved in the development and implementation of cross-sectorial policies through the Social Sector Working Group, but the involvement of so many ministries can delay progress (CRC, 2013).

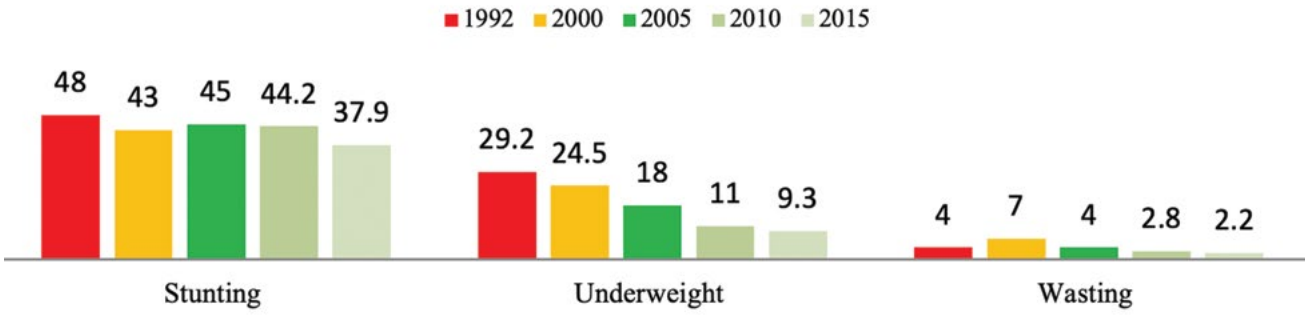
Beyond the difficulties of coordination there have been differences over policy priorities between MINEDUC, MINISANTE and MIGPROF, with MINEDUC prioritising policies for school readiness, MINISANTE maternal and child health and nutrition and MIGPROF parenting. However, this has been resolved with the agreement, reached through discussions at the Social Sector Working Group and the Government Retreat in 2014, that all are important for ensuring that all children reach their full potential as well as recognising the importance of early learning for 0-3-year-olds.

On occasions the President, Cabinet and Annual Retreats identify priorities that are external to budgeted strategies and have to be funded by switching budget from other priorities (Williams, 2017). An example is the President's demand in 2009 that the Ministry of Health develop a strategy for eliminating acute and chronic malnutrition for under-5s (Gleason, 2014).

This required MINISANTE to develop and implement a multisector policy and strategy for which there was no allocated budget. Initially the screening of children was done by CHWs, but when the emphasis moved from detection of cases and treatment to prevention it was necessary to build support among ODPs to get additional funding and technical support.

The first steps were gaining the support of the Nutrition Technical Working Group and holding a National Nutrition Summit to agree on a policy and strategy. The second was getting funding and technical support from ODPs to fund the programme. Initially, USAID and UNICEF were the main supporters, but other UN agencies, World Food Programme, World Health Organisation and Food and Agricultural Organisation, subsequently provided technical support and the Netherlands, Switzerland, the EU and the African Union provided finances additional to those they had already committed.

The third step was ensuring coordination of the programme through the social cluster working group. The issue was kept on the agenda by discussing progress at government retreats, and at the retreat in 2015, when the publication of the 2014 *Demographic and Health Survey* showed slower progress in reducing stunting than targeted and the President publicly told the Ministers of Health and Local Government that they needed to do better.



Trends in child nutritional status (6 Months to 5 Years) 1992 -2014/5 (%)
Sources: Rwanda Demographic and Health Surveys 1992, 2000, 2005, 2010, 2014/5

In Rwanda, people expect that government will take the lead in developing policy and deciding on options, with restricted space for an autonomous civil society (Binagwaho et al., 2014; Hackenesch, 2018). Local NGOs are constrained by the legal framework in which they operate to play a mainly service-delivery role and generally lack advocacy capacity.

International NGOs find that they need to work with rather than against government in developing policy options (Save the Children, 2019). Civil society, local and international NGOs and development partners are, however, seen by the government as co-producers of policies to enable the achievement of goals, especially as Rwanda is reliant on them providing financial and technical support for policy implementation.

The development of implementation options tends to come after an umbrella policy has been agreed, with international NGOs implementing or funding local NGOs to carry out pilot projects that could be scaled up if they worked. Save the Children, for example, has carried out a pilot of an ECD programme in four districts (out of 30) and a reading readiness programme (eg Petrovic et al., 2017; Save the Children, 2018).

UNICEF and the main international NGOs working in the sector do advocate independently of working with the government, but we have found little evidence of this in relation to development of the ECD policy. However, Save the Children successfully advocated for the government to fund infrastructure so that all children could be offered one year of preschool, work towards increasing this to three years and investigate extending the capitation allowance to preschool provision in line with its existing policy. Save the Children also successfully advocated for a stronger focus on parenting education in the 2016 ECD Policy than had been the case in the 2011 policy (Dusabe et al., 2019). It did this mainly through talking to relevant officials in MINEDUC, publishing policy briefs and contributing to Education and Social sector working group discussions.

In Rwanda, ODPs and international NGOs take on the roles that civil society and opposition parties would play in liberal democracies. There is a division of labour, with the ODPs agreeing with government the sectors in which they will work (Abbott and Mugisha, 2016). UNICEF is the main ODP that works on ECD, although more recently the World Bank has advocated for ECD and DfID has shown some interest. DfID is the lead ODP in the education sector but mainly funds primary and secondary schooling. In the health sector the main ODPs are USAID, Global Fund, WHO and UNFPA. RENCP, the common platform for international and local NGOs working in the education sector, enables the 'voice' of local NGOs to be heard along with international NGOs working in ECD. This permits local NGOs that deliver ECD services to bring issues to the table.

The main development partners generally support government policy, but they also shape it by the sectors and policies they are prepared to invest in. Evidence for this is not always clear. In the education sector, ODPs have had a strong influence on what the government has been able to fund. In the 2000s, the priorities were basic education: primary and junior secondary and technical and vocational education. With the notable exception of UNICEF, none of the ODPs provided support for ECD, making it difficult for the government to increase state provision and forcing them to introduce fee policies which meant that most parents had to contribute towards costs.

More generally, even if development partners are prepared to fund government policies, they offer government funding for a limited choice of options, including what they think government should be prioritising and fund programmes and projects that the government would not necessarily prioritise (Abbott and Mugisha, 2016). ODPs have only recently come on board to support ECD, with international NGOs and especially RENCP leading the advocacy for it and supporting the government in developing an integrated policy.

The main meetings between the government and development partners are bilateral closed meetings, Development Partners Meeting (DPM), and the Development Partners Retreat (DPR), for which recent minutes were not available in public domain. At the 2016 meeting of the development partners group, RENCP advocated for ECD, supporting their arguments at the time of writing the paper with a policy paper on investing in it (RENCP, 2016).

More recently, the World Bank has stressed the importance of investing in ECD, pointing out policy options for reducing stunting and urging Rwanda to put greater effort into its strategy and learn from what has worked in other countries (World Bank and Government of Rwanda, 2019). They also argue that Rwanda needs to focus more on basic education, which should include pre-primary education and that more money needs to be invested in pre-school education for 0-6 year olds (World Bank, 2018). This is based on the finding from the Lancet series and WHO's nurturing care programme.

5. Summary of and learning on key drivers of the policy change

5.1 Summary of key drivers and processes fostering policy

The window of opportunity for promoting change in FCHW policy opened initially when the government was consulting on *Vision 2020* in the late 1990s and had committed to promoting the wellbeing of all Rwandans. The government has maintained this commitment and over the last 20 years has made progress in developing an integrated ECD policy. Strong drivers of this has been the poor health of young children, malnutrition among under-5s, poor parenting skills and the continuing low achievement of children at school. Investment in the early years is seen as essential for produce healthy and educated adults to drive economic development and the transformation of Rwanda. A strong incentive has been the MDGs and Education for All targets, as Rwanda's image on the international stage is an important negotiating tool for the Government (Pontalti et al., 2014).

The government itself has to a large extent brokered the links between the problem and policy stream and there is little evidence of any dissent or opposition to the integrated ECD policy within government, although MINEDUC has had different priorities from those of MIGEPROF and MINISANTE. MINEDUC prioritises preschool education for children aged 4-6-years to ensure that all children are school-ready by 7-years old; MIGEPROF and MINISANTE have increasingly been concerned about the psychosocial and physical development of those aged 0-3 years. It was not until 2018 that parenting education was included in strategic planning (Dusabe et al., 2019).

While MINISANTE developed and implemented a universal and comprehensive health service for children, including those aged 0-6 years and put strategies in place to prevent malnutrition, a comprehensive and universal early years education and care service is still being developed. This is mainly because of a lack of finance, partly accounted for by the fact that main development partners in the education sector have supported the expansion of basic and TVET rather than nursery education. Only UNICEF has been active in ECD. However, since 2016, MINEDUC has begun to provide more funding for preschool provision and the government has put strategies in place to ensure greater coordination in the delivery of services for young children and their families. This has been, at least in part, because two of the largest external funders have recognised the importance of ECD (UK DfID, 2012; World Bank and Government of Rwanda, 2019).

Political support for ECD has been strong, with the President and the First Lady keeping the issue on the table and involved in developing policy options. UNICEF and Save the Children have also promoted ECD and have been key in demonstrating policy options for implementing it and in shaping ECD policy and strategy. The formation of RENCP by the international NGOs working in the education sector has not only given local NGOs a voice in shaping policy, but also formed a group that is seen as an important partner by the government (Williams, 2015). RENCAP has played a role in ensuring that the formal and informal education of young children has remained firmly on the agenda, although it has been led by international NGOs and local NGOs have weak advocacy skills.

5.2 Learning and insights on changing mindsets and norms

This section presents learning and insights that may be shared or adapted for those involved in promoting policy recognition and change

In raising and keeping the issue on the policy and political agenda: Several insights can be drawn from the experience of developing integrated ECD in Rwanda, keeping the issue alive and ensuring continuing efforts to put policy in place for promoting young children's wellbeing.

There was high-level commitment in government to improving young children's wellbeing, including from the President and First Lady. The government was clear on what its objectives were, committed to evidence-informed policy-making and was receptive to evidence on the importance of ECD for children's wellbeing and well-becoming. The government understood that to deliver ECD there was a need for joined-up government for the development of the policy and its implementation and a committee structure that facilitated the development and implementation of coordinated cross-sector policy.

The publication of the findings of periodic surveys, most noticeably the Integrated Household Surveys and the Demographic and Health Surveys, has been a reminder to the government and development partners and has informed public opinion of the relatively poor health, nutritional status and educational attainment of young Rwandan children.

For the development and adoption of policy options: To develop integrated ECD policy, more is required than just identifying the health and education services that form the basis for the policy. Rwanda learned by trial and error the necessity of an integrated policy with strong coordination. Having a policy for ECD that does not consider adequately how parents will be able to access services makes parental uptake difficult.

The Government first included preschool education as one element of the ECD package as the first stage in education in 2006, with MINEDUC providing the regulatory framework and communities and the private sector providing the service. However, most parents could not afford the fees and most communities did not have the capabilities to build and run a preschool. The government has now taken over responsibility for the running costs of preschools, although schools are still provided by non-government organisations, mainly faith-based.

In building political and public support and sustaining policy implementation: There were strong advocates for improving young children's wellbeing. These actors worked with government to support it in developing policy in line with its commitments to improve the wellbeing of all Rwandans through socially inclusive development. In particular there was the persistence of UNICEF and international NGOs in keeping integrated ECD on the agenda. A strong commitment to monitoring and evaluation assisted in this, although by itself would not necessarily ensure the translation of a commitment to improving the wellbeing of young children into government spending.

In Rwanda, the MDGs and Sustainable Development Goals are integrated into the monitoring and evaluation framework. The MDGs meant that young children's health was seen as a priority, but not their education or stunting. Preschool education and stunting did not have MDG targets. The Sustainable Development Goals do have such targets, which may partly explain why young children have moved up the agenda.

In aid-dependent countries it is often necessary that ODPs agree with the government that an issue is a priority in order for its elevation on the list of government spending. While government commitment and the availability of policies to address the poor wellbeing of young children are necessary, they are not sufficient to drive the shifts. The issue competes with other issues that may be given higher priority, within the financial resources available.

Challenges to sustainability include: teachers' ability to implement the competency-based curriculum; the difficulty of standardising the assessment and learning outcomes for young children; and the large number of indicators for measuring ECD outcomes, with 97 indicators in the current draft results framework. There are also challenges in the fact that most early child education projects are supported by development partners and are small in scale, raising questions about their sustainability and scalability. There are insufficient nursery classrooms to accommodate all 4-6-year-olds, making access difficult for children who are not in the formal system and nursery education is still not a priority for district and sector education officers.

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Endnotes

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2 See Loewenson and Masotya (2018) for information on the conceptual and analytic framework used.