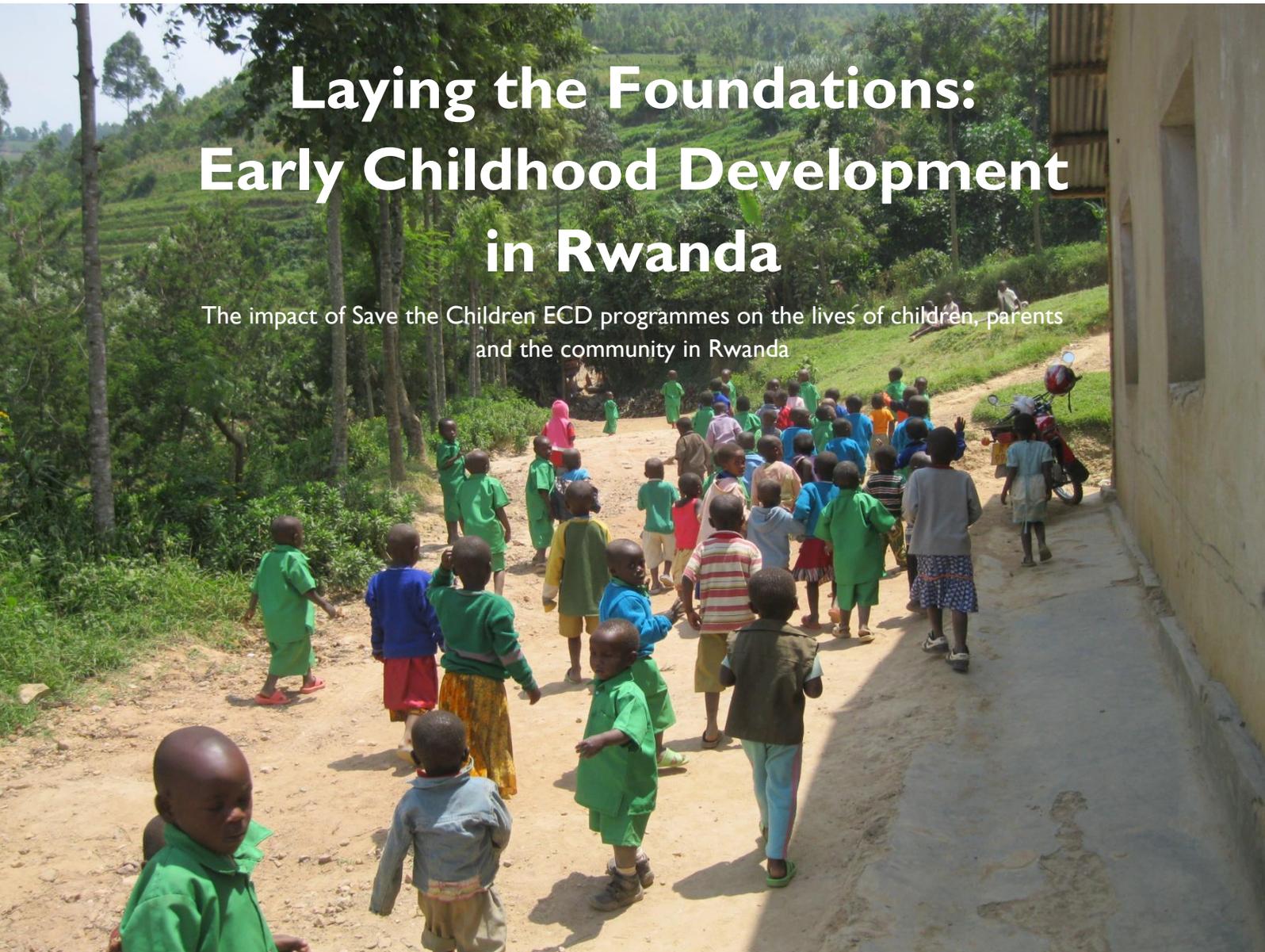


# Laying the Foundations: Early Childhood Development in Rwanda

The impact of Save the Children ECD programmes on the lives of children, parents  
and the community in Rwanda



***Umwana ni umwami:***

***A child who is well taken care of today becomes the king of tomorrow  
Rwandan Proverb, cited in ECD White paper***

This report:

- Analyses the impact of ECD on education, health and nutrition, child protection and parental employment.
- Contextualises international research on ECD.
- Outlines evidence of best practices from other countries.
- Gives an overview of ECD provision in Rwanda.
- Provides a set of recommendations and key priorities to support the implementation of the Integrated ECD Policy and Strategic Plan.



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## **The importance of Early Childhood Care and Development**

Early childhood is seen as the foundation of human development<sup>i</sup> and comprises of prenatal to eight years. When assessing the importance of early childhood care and development it is important to look beyond a single sector approach and focus on a joint approach that tackles the multiple impacts on children's needs. This demands a concerted effort to bring together sectors like education, health, nutrition and protection, all of which are not traditionally integrated, but tackle the same age range.

Not only is ECD provision crucial for enhanced educational attainment and development, but the wider impact of integrated ECD, beyond early learning, is crucially important. ECD reduces child malnutrition, stunting and wasting and minimises their effect on childhood illnesses. It decreases child mortality, improves child and maternal health, and contributes to human development<sup>ii</sup>. The benefits are particularly visible in children and communities which experience social and economic challenges and disadvantage<sup>iii</sup>. As a result, ECD is now seen as a catalyst for achieving improvement of maternal and child health (MDGs 4 and 5), for contributing to educational attainment (MDG2) and, in the long term, lifting people out of poverty (MDG1). This is reflected in global policies and initiatives, such as the '*Dakar Framework for Action*', which included the expansion and improvement of early childhood care and education as its first goal (UNESCO 2000<sup>iv</sup>).

Research shows that the earlier children are exposed to rich and diverse educational experiences through high quality ECD the better their development, learning and social skills. Similarly, tackling undernutrition before it has a permanent effect on children, and increasing health outcomes and children's survival are equally crucial interventions in any integrated early childhood development program.

### **A multi-sector approach to early childhood**

In low and middle income countries, including Rwanda, there are a range of factors which impact children's development and perpetuate inter-generational disadvantage<sup>v</sup>. These include undernutrition and malnutrition (including iodine and iron-deficiency, child and maternal anaemia<sup>vi</sup>, minerals and micronutrients deficiency), infectious and other diseases (e.g. malaria, HIV/AIDS, diarrhoea), and adverse psycho-social stimulation (e.g. children's exposure to violence, chronic anxiety and stress, maternal depression).

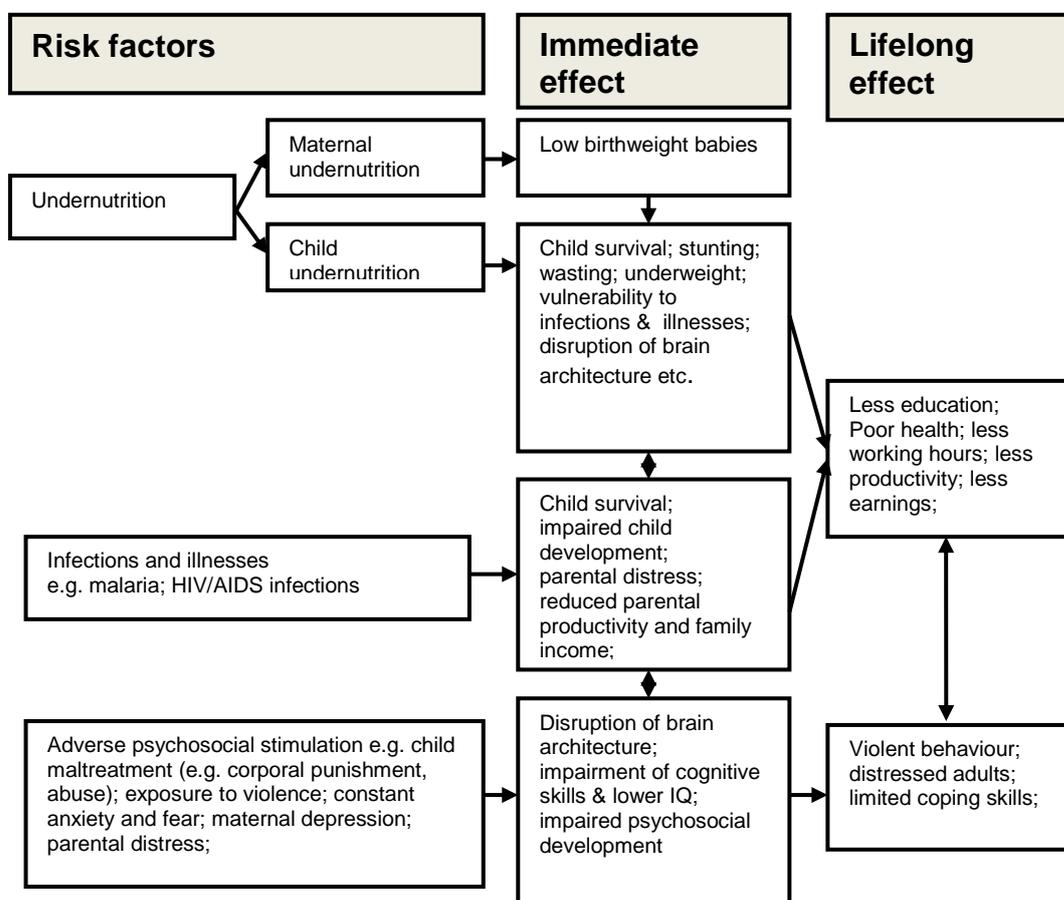
Both maternal and child undernutrition have a considerable impact on children's development and survival. Maternal undernutrition during pregnancy contributes to low birth weight babies who, as a result, are vulnerable to infections and other illnesses, leading to infant and child mortality. Child undernutrition itself, especially during the first two years of children's lives, is the major, and often ignored, contributing factor to stunting, wasting and underweight children.

The relationship between undernutrition (both maternal and child) and other illnesses is complex, but the synergy between the two cannot be ignored; it greatly undermines children's survival and detrimentally affects their growth, development, and education. As adults, children who have been subjected to undernutrition, are

more likely to have lower levels of education and employment opportunities, earn less, have larger families, and provide poor care for their children<sup>vii</sup>. The compound and accumulative effect of these factors perpetuates inter-generational poverty. The human and economic cost of these diseases is immeasurable, making their prevention an imperative first priority for any nation.

*Well-developed and cared for children become productive citizens... they earn their living and contribute to the country's economic and social development!*

Additionally, children's exposure to adverse psycho-social environments (e.g. maltreatment, exposure to violence and situations creating long-term anxiety and fear, inadequate stimulation, maternal stress during pregnancy, and maternal depression) are risk factors which disrupt the brain architecture and undermine a child's cognitive functioning with lifelong consequences<sup>viii</sup>. Children's corporal punishment by parents, for instance, has been found to be strongly associated with lower IQ measurements<sup>ix</sup> and boys' exposure to violence in childhood is likely to lead to adulthood violence<sup>x</sup>. Parental distress and family conflict also diminish the capacity to offer children adequate care and protection<sup>xi</sup>. Similarly, parents' capacity for childcare is reduced, when families live in disaster zones or countries in conflict or post-conflict, where there is a breakdown of services and networks of support. The complexity, and immediate and long-term accumulative influences of undernutrition, illness and adverse psycho-social stimulation, and its impact on education and life-long opportunities are shown in the diagram below.



**Diagram 1: The immediate and long-term impact of nutrition, health and psycho-social stimulation**

Tackling the different impacts on children, ECD is deemed to be one of the best interventions to prevent inequality caused by poverty, due to its direct impact on child wellbeing (on nutrition, health, cognitive skills, self-help skills and socialisation), on siblings (able to attend school), and on parents (parental employment). In the long term, evidence shows that ECD reduces dependency on welfare and minimises costs incurred because of potential antisocial and criminal activity in adult life.

Beyond this, ECD gives children at this crucial developmental phase, much need developmental stimulation, improving their academic and ultimately professional prospects. Pre-primary education has been shown to be linked to improved school achievement, retention, graduation, repetition rates, and adjustment and productivity in adulthood through extensive international studies. By combining these different aspects of early years support and development, ECD provides a comprehensive, joined-up care package for a countries next generation. In the short term, it supports the community by enabling parents and families to better concentrate on their own schooling and labour needs whilst the younger generation are safe and well-cared for at ECD centres. In the long term, it contributes to better and higher status jobs with good payment rewards<sup>xii</sup> for those who attended ECD. Ultimately ECD benefits a country economically<sup>xiii</sup>.

### **ECD's impact on education**

Most of the research evidence about the impact of ECD interventions on education comes from developed countries, but similar evidence is emerging from low and middle income countries as well. Much of this evidence focuses on the effects of pre-school on children.

A study of 24 countries in Sub-Saharan Africa found that increased preschool enrolment boosted primary completion rates and lowered dropout and repetition rates. In places where children had no access to preschool, grade repetition rates were twice as high as in places where half the children had access to preschool (12% versus 25%) and dropout rates were 2.5 times higher in areas with no preschool (20% versus 50%). The benefits of ECD were greatest among children from the poorest families with the least educated parents.<sup>xiv</sup>

#### **Mozambique**

Conducted by the World Bank, this was the first randomised evaluation of a pre-school intervention in a rural African setting. It revealed that children who attended preschool were more likely to be enrolled in primary school, and at the appropriate age, compared with children who did not attend preschool; they were better prepared for school, and spent more time in school and doing their homework.

Children's participation in the Save the Children preschool program resulted in significant improvements in cognitive and problem-solving abilities, in fine-motor skills, better socio-emotional and behavioural outcomes, and less significant differences were found in language and communication. Overall, children who attended the ECD programmes outperformed their peers on these dimensions. In addition, they spent less time working on the family farm.

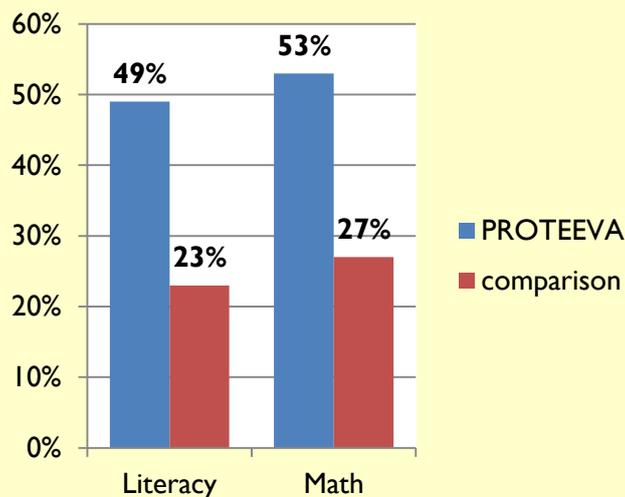
World Bank and Save the Children, *The Promise of Preschool in Africa: A Randomized Impact Evaluation of Early Childhood Development in Rural Mozambique*, February 2012

## El Salvador

Save the Children has worked with El Salvador's Academy of Paediatricians to design a developmental screening instrument for paediatricians and healthcare workers to use during routine growth check-ups. Following the check-up, each child is assigned to a community health worker who follows up with activities that support their development. The health workers have a toolkit of resources that enables them to work with young children across different developmental issues and ages. This approach now reaches approximately 90 per cent of all children in El Salvador. It is a powerful example of a successful cross-sectoral approach to ECD programming that brings sectors together to jointly focus on the needs of the youngest children.

## Bangladesh

Children attending Save the Children preschools in Bangladesh, with an emergent literacy and maths focus (PROTEEVA), outperformed children who did not attend ECD centres, on both early literacy and math school readiness measures, at the end of a 1 year preschool program, with effect sizes ranging from 1.61 to 1.



These findings are consistent with the findings from developed countries, in particular member states of the Organisation for Economic Cooperation and Development (OECD). For instance:

- In the United States, a programme evaluation has shown that children who attended well-designed and delivered preschools:
  - Increased their achievement in reading and maths in primary school, improved their productivity in class, showed self-control and exhibited less behaviour difficulties, while grade repetitions and the demand for special educational needs interventions were reduced.
  - Primary school teachers' satisfaction was increased and their absenteeism and turnover were reduced<sup>xv</sup>. Special educational needs

were identified and addressed early and the children were less likely to drop out of school or to be involved in anti-social behaviour and criminal acts, while they were more motivated to complete their schooling<sup>xvi</sup>.

- In the UK, quality preschool provision was reported to have positive effects on children's learning and behaviour, especially for children who experienced social disadvantage and/or had special educational needs. It enabled children to reach their potential and acquire a certain level of skill and readiness necessary for school entry<sup>xvii</sup>.
- In Brazil, research showed that girls aged 10-18 who had not attended preschool were more than twice as likely to get pregnant as teenagers compared to girls who had attended ECD programmes<sup>xviii</sup>.

Beyond improvement of academic outcomes, the greater impact of preschool was on children's health and nutrition; "soft" skills such as social and emotional development; attachment and the building of relationships and positive interactions with peers and parents<sup>xix</sup>. These skills however are often under-reported, thus underestimating the impact of ECD<sup>xx</sup>.



## The importance of integrated quality ECD

This short report draws attention to the importance of integrated ECD programs, its impact on nutrition, health and the need for positive psychosocial stimulation in the early years of children's lives.

Programmes which targeted nutrition and related health practices reduced: i) stunting by 36 percent at 36 months, ii) mortality between birth and 36 months by 25 percent, iii) disability associated with stunting and severe wasting by approximately 25 percent<sup>xxi</sup>. The effect was found to be greater in preventative programmes aimed at children from 6-36 months and run for a long duration, than it was in recuperative programmes<sup>xxii</sup>.

Exposure to nutritious supplements before, the age of 3 years, is associated with higher annual income and a 46 percent increase in average wages in adulthood<sup>xxiii</sup>. The period from conception to 24 months of age is a crucial window of opportunity for reducing undernutrition and its adverse effects<sup>xxiv</sup>. The evidence is that maternal and child undernutrition are directly associated with human development and a nation's human capital. Provision of quality ECD services, that intergrate health and education, provides a unique opportunity to address undernutrition and other developmental needs of young children, over a long duration, in a focused, child-friendly approach.

Interventions which integrate these components have been found to prevent the loss of developmental potential and sustain children's cognitive and educational benefits and psychological functioning (see Engel et al 2011 and Walker et al 2011). In turn, these skills and functions are likely to benefit adults' earning, their functioning in society, and their parenting of the next generation. Overall it is clear that prevention of risk factors in early childhood is likely to bring about important health, educational, and economic benefits in adulthood<sup>xxv</sup>. There are many effective nutritional interventions but provision tends to be fragmented<sup>xxvi</sup>, failing to reach the poorest and most disadvantaged sections of a population, especially those living in rural areas, who have no easy access to services.

Integrated early child development programmes can be most effective interventions to tackle multiple risk factors in low and middle income countries<sup>xxvii</sup>. Integrated ECD programmes which balance nutrition, health services and structured parenting programmes are found to have substantial positive effects on children's development<sup>xxviii</sup>. Most effective are the programmes which: i) target the youngest and most disadvantaged children; ii) are delivered by trained workers; iii) are of long duration; iv) are of high quality and intensity (see diagram 1).

In an extensive review and analysis of existing ECD programme evaluations, Engle and colleagues<sup>xxix</sup>, found a positive trend of outcomes that emulate those found in intervention programmes implemented in developed countries. They concluded that the potential long-term economic effects of increasing preschool enrolment to 25% or 50% in every low-income and middle-income country has a potential benefit-to-cost ratio ranging from 6.4 to 17.6<sup>xxx</sup>. ECD is a highly cost effective intervention and as such can be a long-term driver for accelerating a country's economic growth<sup>xxxi</sup>. In the US studies have shown that the return for every dollar invested in preschool is

much greater (8:1) for the individual and society than an investment in school-based programs (3:1)<sup>xxxii</sup>. Furthermore, ECD is an infrastructure that is considerably less costly than any other welfare and custodial service and additional schooling contributes to greater productivity. For example, in a study conducted in Brazil, it was estimated that the cost of a child in ECD is \$100, on the street \$200 and in prison \$1000<sup>xxxiii</sup>. Finally, it is estimated that ECD provision accounts for 30-70 percent for achieving the MDGs<sup>xxxiv</sup> with its benefits being particularly visible in children and communities who experience social and economic challenges and disadvantage<sup>xxxv</sup>.

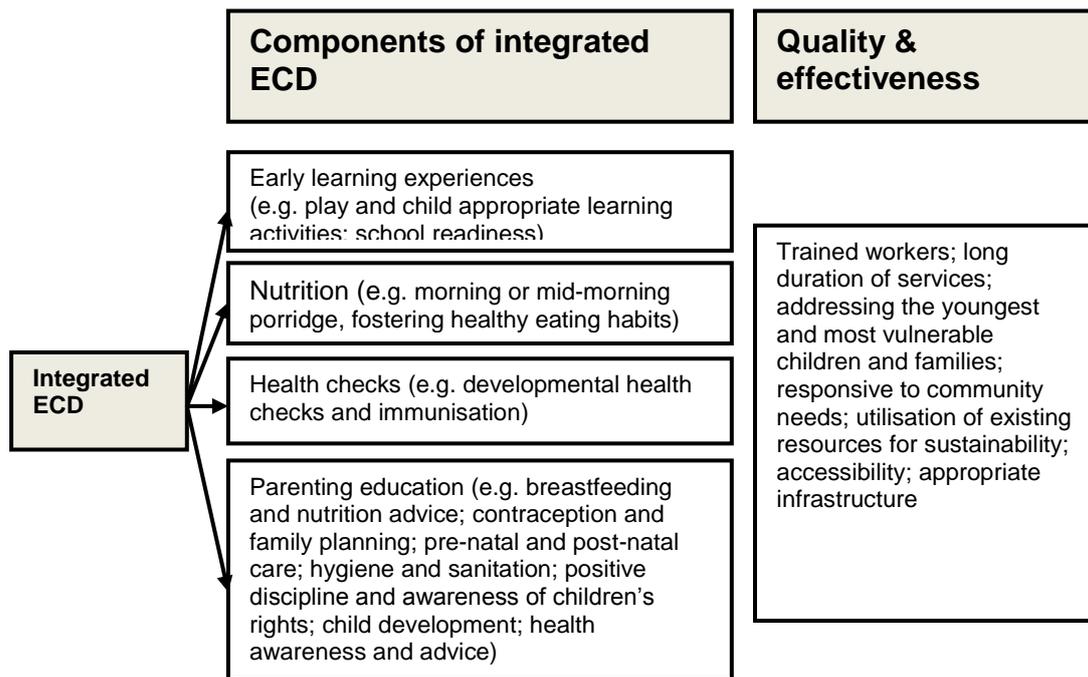


Diagram 2: Integrated ECD



The quality of ECD impacts immediately on children’s development and the families’ capacity to care for them. In turn, these contribute to lifelong educational and employment outcomes for children who attend ECD, with wider impact on a society’s social capital and wealth. Equally a nation’s social capital and investment affects the extent of ECD provision and its quality. In short, the better educated the parents, the more they invest in their children’s education<sup>xxxvi</sup>.

The extent of ECD benefits however is conditional on the quality of its provision. Although the application of common standards of quality is nearly impossible, there are certain parameters that determine the standards of provision independently of the country in which it is provided. These include<sup>xxxvii</sup>:

- Regulations and goals for ECD provision;
- Curricula standards;
- Qualifications, training and working conditions of ECD caregivers;
- Engagement of families and communities;
- Systematic monitoring and evaluation.

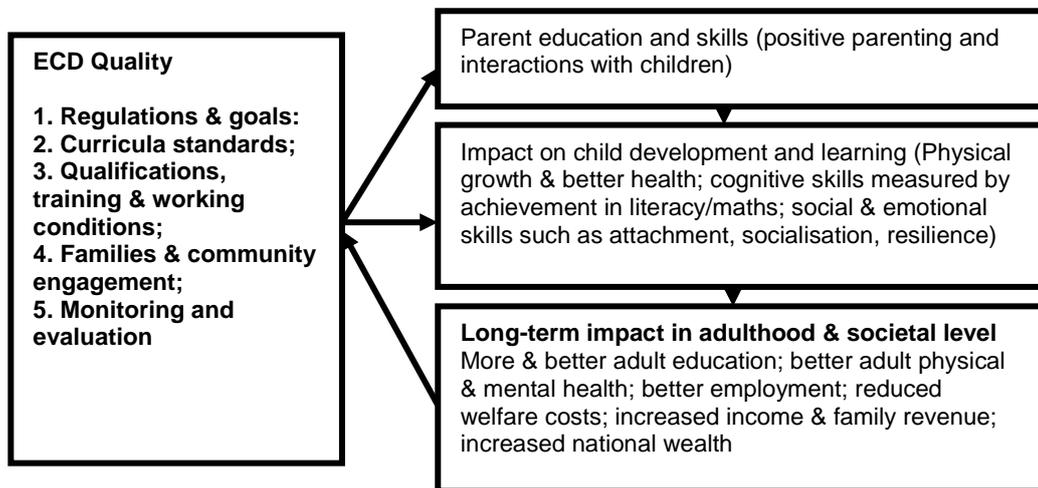


Diagram 3: ECD quality

## Early Childhood Development in Rwanda

### **Our children have rights from birth and we know that now...**

*(Comment from focus group discussions with parents, SC mid-term review of ECD in Rwanda)*

Children's rights are at the heart of Rwanda's Early Childhood Development policy<sup>xxxviii</sup>. Rwanda's vision for Early Childhood Development is presented in its national ECD Policy<sup>xxxix</sup> as well as its integrated ECD Strategic Plan<sup>xl</sup>, both of which were approved by the Cabinet in 2011 and provide for a holistic and integrated approach to early childhood development. Rwanda's vision on early childhood is that *"All infants and young children will achieve fully their developmental potential: mentally, physically, socially and emotionally"* (ECD Policy), while its goal is *"To ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mothers, fathers and communities become nurturing caregivers through receiving integrated early childhood development services"* (ECD Policy).

Rwanda is signatory to the UNCRC and the African Charter on the Rights and Welfare of the Child. The guiding principles of the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child reinforce the rights of the African Child. Moreover, in 2005, the UNCRC asserted that *"young children are rights holders of all rights enshrined in the Convention and that early childhood is a critical period for the realisation of these rights"*. Earlier, the Jomtien Declaration Education for All (EFA) affirmed that learning starts at birth and the subsequent Dakar Framework for Action included as its first EFA goal the expansion and improvement of early childhood care and education by 2015. The Constitution of Rwanda postulates that parents and/or carers have the primary responsibility for ensuring that children enjoy their rights, but governments have also the responsibility to support parents in their efforts by providing appropriate resources. Governmental responsibility is acknowledged in two of Rwanda's key strategies - both its Vision 2020 and the Economic Development and Poverty Reduction Strategy (EDPRS) 2007 which have committed to give all Rwandan children a good start in life by eradicating poverty, improving education and health outcomes, reducing child and maternal mortality and increasing gender equality.

Until 2009, the funding dedicated to ECD represented 0.005 % of the education budget. This has now increased to 0.4 % of the Ministry of Education budget for the fiscal year 2012-2013 which is still below the standards set by the Organisation for Economic Cooperation and Development (OECD) of 1% of GDP as the minimum required to ensure provision of quality early child development services. However, in the draft ESSP costing of November 2012 ECD budget provision has increased from 0.1% of GoR education budget, to between 2.6% (realistic estimate) 3.8% (ambitious estimate) over the next 5 years which demonstrates in practice the commitment of the Rwandan Government to ECD.

## Provision of ECD in Rwanda

### Education

Much progress has been made within the education elements of ECD<sup>xli</sup>:

- In 2006, a Presidential Order<sup>xlii</sup> mandated that all children between the ages of 3 and 6 should attend pre-school and two years later an annex<sup>xliii</sup> was attached to it about Standards for Improving Education Quality.
- Data provided by the Ministry of Education shows that the Net Enrolment Rate (NER) and Enrolment Rate (GER) for pre-primary is still low, respectively 10.4% and 11.9% in 2011, compared to the target of 15% by 2012 set under the ESSP 2010–2015. However, the intention described in the draft ESSP revision dating 13<sup>th</sup> November 2012 is to increase GER to around 33% by 2017/18. This target could imply full access to one-year pre-primary programmes or 33% access to three-year pre-primary programmes. The target of 33% for pre-primary GER by 2018 would require an investment of approximately RWF10bn in construction each year.
- The Ministry of Education has set ambitious targets to scale-up pre-school provisions to 1 preschool per cell (2,148 total) by 2017
- In 2012 the Ministry of Education subsidized all 30 districts in Rwanda to support the infrastructure development of one model ECD centre per district and has started advocating for existing 'Basic Education' schools to each open a pre-primary section.
- ECD will be introduced as a career option within Rwandan Teacher Training Colleges by 2013
- The existing ECD curriculum is scheduled to be revised by 2015

### Health and Nutrition

Rwanda has achieved great improvements across many health indicators since 2005, but inequalities in health care and services continue to exist<sup>xliv</sup>. These challenges are particularly acute for the poor, those living in rural areas and those who have lower or no education. ECD has been recognised as a key intervention to address child and maternal health related issues. This is well articulated in the ECD Policy<sup>xlv</sup> in particular its emphasis on healthy and well-nourished children.

The challenges below, which are identified in the Rwanda Demographic and Health (2010) survey referenced above, need to be taken into account in an effort to work in an integrated manner under the ECD policy:

- Malnutrition has been reduced, but the figures remain alarmingly high for stunted, wasted and underweight children (44 %, 3 % and 11 %, respectively) and children suffering from iron-deficiency anemia (38 %), as of 2010.

- Neonatal, infant and under-5s mortality rates have been reduced, but the rate is lower for neonatal mortality than under-5s mortality, raising concerns about prenatal and antenatal care.
- As of 2010 the vaccination of children 12-23 months had reached 90%, but coverage was variable depending on maternal education. Malaria still affected 1.4 % of children age 6-59 months in 2010.
- In 2012 the Ministry of Health was actively running programmes in Mother and Child Health, working to eliminate malnutrition and HIV-AIDS.
- By end of year 2012, every village in Rwanda had an operational community health programme, with 4 community health workers deployed to each village.

At the time of writing, the Ministry of Health has been actively promoting antenatal care, and will be running a campaign to step up attention and care for the child's first 1,000 days of life. Currently, the government of Rwanda is running an extensive campaign aimed at reducing the alarming levels of malnutrition. Given the alarming rates of stunted, wasted and underweight children, the integration of nutrition in ECD will ensure that a large proportion of young children receive adequate nutrition once a day and, in the long-term, will improve nutrition and eating habits.

### **Child protection**

Rwanda's ECD strategic plan reports widespread vulnerability among children. According to the 2002 Census, only 65% of children had been registered at birth. The DHS for 2005 found that 82.4% of children under age five had been registered, demonstrating a significant improvement. Unregistered children appear to be rather evenly arrayed throughout Rwanda, with rural children registered at a slightly higher rate than urban children. According to the 2009 Poverty Indicator's Survey, the child labour index stands at 5.3%, down from 9.6% in 2000-2001. No statistics are available regarding children of six years of age and under who have been placed in abusive child labour or are affected by child trafficking. Research is required on these issues and the types and amount of services that are needed to assist these children. Orphans, currently defined in Rwanda as missing one or both parents, are believed to constitute almost one-quarter of the nation's children, although no reliable statistics are available. According to the DHS (2005), 17.5% of children under 15 years of age, reported that one or both of their parents were deceased. Reliable statistics are not available regarding the incidence of gender-based violence (GBV) against young children, abused children, street children, and other highly vulnerable children who include: children heading families; children living in the street; children in institutions; children subjected to violence, maltreatment, abandonment and exploitation; and children with disabilities.

The Ministry of Gender and Family Promotion has started mainstreaming ECD as part of their strategic planning process to ensure that ECD centres become a hub for a range of child protection services in communities.

## Coordination

- A structure for co-ordination across different government departments has been set up within the 2011 ECD policy and strategic plan. At the time of writing this structure was pending approval for actual set-up.
- There is currently an active National ECD Taskforce operating under the Ministry of Education, dedicated to developing quality ECD provision across Rwanda.
- NGOs have set-up an ECD working group as part of the Rwanda Education NGO Coordination Platform.
- Events in Rwanda, such as the ECD stakeholders' meeting and the ECD Action Week in April 2012, have raised awareness of the importance of ECD.
- There is a commitment to ECD at all governmental levels, demonstrable in the EDPRS II, the sector plans of key-ministries, and several district development plans.



## Centre-based ECD in Rwanda: Local evidence from Save the Children Programmes

### Baseline Assessment: ECD programmes before Save the Children's Intervention

In 2010 Save the Children conducted an EU-funded, ECD centre-based baseline assessment<sup>xlvi</sup> in VUP sectors of Gicumbi, Rubavu, Ruhango and Burera. The assessment revealed that there were extensive challenges across all parameters of ECD quality. **Infrastructure, educational resources, materials and equipment were extremely limited or not available.** The physical environment emerged as the priority area for development with inadequate or borrowed buildings often with structural weaknesses and/or with inadequate facilities (e.g. no playground, toilets, kitchens and water tanks). **ECD centers had no appropriate learning materials and play equipment.** More common equipment included blackboards and chalk, a teachers chair and desks often borrowed from the local primary school. Culture-sensitive and appropriate developmental milestones and assessment tools were not available to assess children's development. Many ECD centers had been established without reference to standards required for infrastructure and staff-pupil ratio.

**Care-givers had not received ECD training in play-based and child-centered methodologies, or assessing ECD-aged children's developmental needs.** This resulted in care-givers relying on their own experiences of primary school education and rote-based learning. Assistants were largely absent. The management skills of care givers were at an extremely low level. Very few centers had reliable records of children's dates of birth and daily registers. Children did quite well in gross motor skills, but not in other areas of development (e.g. fine motor skills, communication, problem-solving skills, and personal-social development).

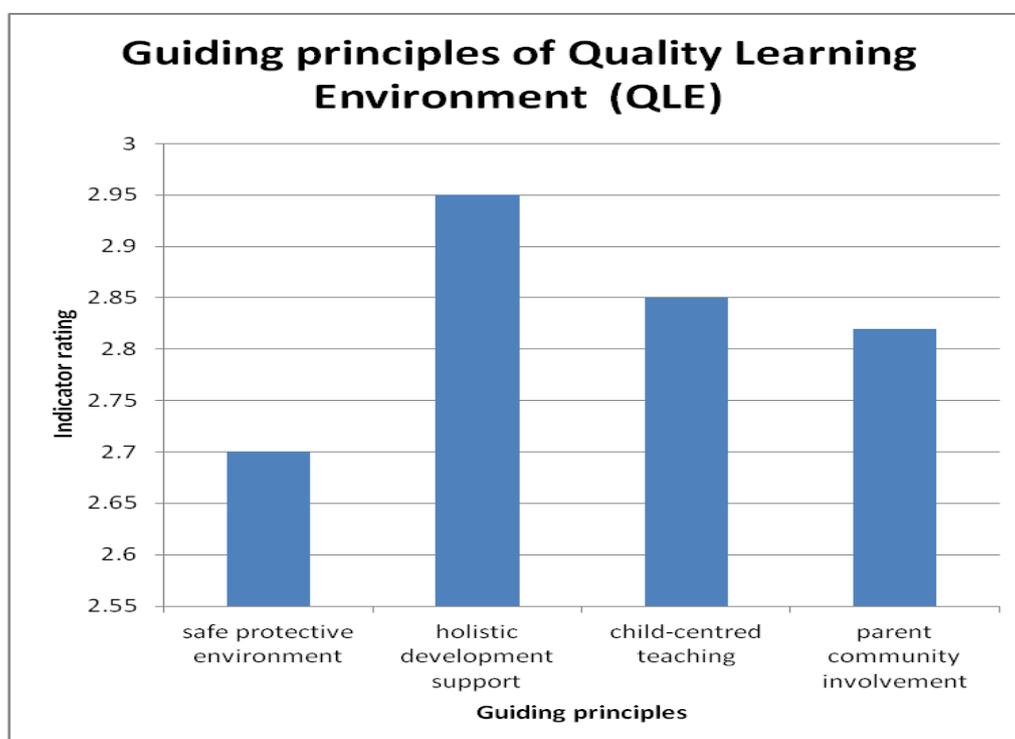
Stakeholders' understanding of ECD was quite low. At that time there was no formal training for Sector or District officials, or Primary School Directors, to raise awareness of the importance of ECD or acquire the skills necessary to implement ECD centres, and local authorities did not have access to ECD trainers. Parent committees were functioning but their role was confined to collecting financial incentives for the caregivers. No member of the parent committees had received management training. Parents' education on children's rights, protection, health and nutrition was not available

## **Mid-term review Save the Children centred-based ECD programmes**

Since 2010, through an EU-funded project, Save the Children has supported 28 existing ECD centers. Improving the quality of the ECD Centres by focusing on four guiding principles:

- ECD centers to provide safe and protective environments;
- ECD centers to make available learning resources which enable children’s active participation and engagement for holistic development (e.g. physical, cognitive, social and emotional);
- ECD centers to use play-based, child-centered and gender-sensitive teaching methodologies;
- ECD centers to encourage and support parent and community engagement.

A mid-term review conducted in 2012, assessed the impact that the EU-funded, Save the Children ECD programmes had on children, parents and the community in 21 ECD centres. The review<sup>xlvii</sup> revealed that the interventions had resulted in **significant changes across all four guiding principles**. In 2010 the baseline revealed “a very low level of base-line indicators”<sup>xlviii</sup>. In contrast, the graph below illustrates that on a scale of 1-4 (1=indicators were not achieved and 4=indicators exceeded expectation), all guiding principles were rated between 2.7- 2.95 in the mid-term review conducted in May 2012



## Positive impact perceived by children

In discussions with the children, it was revealed that the improvements in the physical environment were particularly important for them. The children appreciated classrooms which were spacious, well-decorated and equipped with play equipment and learning resources. Similarly, the children liked the outdoors of ECD centres which had play equipment, were covered with grass, and offered shaded spaces.

In contrast, in small classrooms the children commented on the effects of overcrowding (e.g. pushing each other, not having quiet space). Toilets, water and especially mid-morning porridge were most welcomed by the children. However, the same areas which were liked by the children were also considered as needing further improvement. Three criteria seemed to permeate children's suggestions for improvement:

- Space (e.g. larger classrooms);
- Aesthetics and safety (e.g. colourful classrooms; better playground fencing; changing the colour of the water tank from black to green);
- Playful learning equipment and resources (e.g. outdoors play equipment; books and coloured pens etc).



## Positive impact perceived by Parents: Child protection, Parental Employment, Nutrition and Education

Parents' perceived impact of ECD was linked with child protection, parental employment, and children's health and nutrition, as well as children's transition to and performance at primary school.

**What we give to our children, we get it back...**

*When our children come home from the ECD centre and they are well-spoken and polite, it changes how we speak and interact with them...*

*(Comment from focus group discussions with parents, SC mid-term review of ECD)*

### CHILD PROTECTION

Prior to the availability of ECD centers, parents left their young children with older siblings (8-9 years old). However, young children were often neglected (e.g. not fed well, left alone etc), while older children missed school or took up the heavy burden of parenting at a young age. By introducing ECD centers, the young children that attend them are in a safe environment with knowledgeable caregivers who look after them, make them aware of risks in their environment and improve their self-help skills, such as putting shoes on and off, tying laces, hand washing and getting dressed. In addition, parental awareness about children's rights and positive parenting has also changed their perceptions of the status of young children. As one parent put it, "we now know children have rights from birth".

### PARENTAL EMPLOYMENT

*Child protection and parental employment are inter-dependent.*

*Safe childcare enables parents to work longer hours.*

*(Comment from focus group discussions with parents SC ECD programme mid-term review)*

Child protection and parental employment appeared to be two inter-dependent factors. **Parents explained that having safe childcare enabled them to work longer hours.** In the past, they would leave the youngest children in the care of older siblings (8-9 years old). If ECD Centres were accessible children would generally leave by mid-morning because they were hungry. As a result, parents were constantly worried about their children's safety, older children missed their schooling or parents had to leave work early to feed them and look after them.

The introduction of mid-morning porridge further supported parental employment. Parents had peace of mind about their children's safety and feeding during the morning and could concentrate on their job and work longer hours. In addition, children's improved self-help skills gave parents more time to do their jobs rather than constantly attend to the children's self-help needs.

Although these findings are not based on a randomised evaluation, they remain indicative of the importance of ECD centres as a crucial factor to extend parents' working hours, tackle undernutrition and improve children's cognitive and social skills.

## PARENTAL EDUCATION

Parent education increased awareness about child development, child rights and health issues and improved parents interactions with their children. Parents recognised the role of ECD centres for children's easy and smooth transition to primary school as well as their improved attendance and performance there. Not having to look after younger children also increased the attendance of older children in the primary school.

## PARENTAL VIEW OF THE EFFECT OF ECD CENTERS ON CHILDREN

*When we compare our children and other children who attended ECD with those who didn't we can see the difference... **they have better grades, do their home-work** and help their siblings... **they are happy at school** and want to go there every day...  
(Comment from focus group discussions with parents)*

Comparing children who attended ECD and those who did not, parents said that the former were doing better than the latter, e.g. they did their homework, helped siblings with homework and got better grades. They also attended school regularly and completed primary school.

In addition, parents appreciated the social skills that children developed by attending ECD centres. Acquiring self-help skills have been acknowledged by parents as behaviours which not only benefit the children, but affect their own interactions with them. These include: being polite (greeting and acknowledging others, saying things such as please and thank you); making friends and playing well with other children; initiating conversations; being aware of dangers and how to protect themselves.

## Recommendations

**ECD stakeholders, Government, Development Partners including UN agencies, Donors Community and Civil Society, Religious leaders and the private sector are called to contribute to the implementation of the Integrated ECD Policy and Strategic Plan in an integrated manner.**

**A head start in children's lives is the stepping stone for achieving the goal of Vision 2020, that is, for Rwanda to become a knowledge-based and middle income country.**

The international evidence and local evidence from Save the Children's mid-term review, demonstrates the potential of well-supported ECD centre-based provision. It illustrates the need for developing and establishing minimum standards and expectations in order to offer equal opportunities for comparable learning experiences for all young Rwandan children. This is needed in order to break the cycle of disadvantage, to improve basic education outcomes and reduce drop-out and repetition rates, quality and equity matter.

The below recommendations are based on the recommendations from the ECD stakeholders meeting, 19 April 2012 held in Kigali and the action plan developed by the Rwandan Delegation at the Regional Workshop on Advancing the Early Childhood Development Agenda in Africa: From Policy Analysis to Implementation, Dar Es Salaam, October 24-26, 2012.

### **ACTIONS TO BE TAKEN AT THE NATIONAL LEVEL**

- Operationalise the ECD Coordination Structures set in the ECD policy – at all levels
- Develop integrated ECD annual plans
- Include ECD targets as part of District and Sectors performance plans
- Develop a stronger Public-Private partnership around ECD
- Conduct an inter-sectoral budget analysis and allocate increased budget resources for ECD implementation
- Develop clear and accurate data for evidence-based planning
- Reduce the costs for communities, gradually guaranteeing universal access to ECD programs
- Achieve equal participation of all relevant government Ministries in the National ECD Task Force
- Include ECD activities and targets in the job descriptions and performance contracts of all ECD focal people in every relevant government Ministry
- Increase affective multi-sectorial communication and advocacy on the importance of ECD at all levels in Rwanda; from the community to the highest level of government
- Increase the funding available to ECD development and provision in line with the OECD recommendations and Rwanda's commitment to, and ambitions in, ECD provision

- Develop a network and training opportunities for different levels of ECD professionals, with clear professional profiles and associated incentive schemes f.i. pre-service and in-service trainings to ECD centre-based caregivers in: i) child development, ii) child-appropriate and culture-relevant teaching methodologies iii) managing ECD centres, iv) in working in partnership with parents and communities
- Develop training for parents and community members on: i) establishing and effectively running quality ECD centres ii) simple steps to better support children's developmental needs iii) income generating activity models for supporting ECD centres
- Develop country-wide minimum standards, guidelines for quality provision, and affective quality assurance mechanisms
- Finalise a strong play-based, developmentally and culturally appropriate curriculum

### **ACTIONS TO BE TAKEN TO APPLY INTEGRATED ECD APPROACHES**

- Develop model community-based ECD centres, offering integrated services for children aged 0-6 year olds
- Integrate a nutrition component in ECD centre-based provision to ensure that a large proportion of young children receive adequate nutrition once a day
- Link the pre-natal and early developmental screening, health checks and immunisations, currently taking place at Rwandan health centres, to ECD provision to ensure the provision of joined up services, thereby increasing the reach of health provision and better facilitating regular health checks
- Integrate community health workers, within the ECD framework, including training for community health workers on ECD provision. Thereby increasing the reach of: i) parental sensitization on child and maternal health and nutrition ii) parental sensitisation on children's development iii) family planning services, iv) pre-natal and post-natal support, v) information about welfare entitlement and support in accessing those services

### **ACTIONS TO BE TAKEN AT THE DISTRICT AND SECTOR LEVEL**

- Support communities to set-up safe and protective infrastructures that are affordable within available resources (classrooms, latrines, kitchens, playful and educational outdoor resources and equipment)
- Provide learning resources that are engaging, stimulating and enable children's active participation in learning activities
- Support setting-up parent committees, and their development of knowledge and skills in running ECD centres, including income generating skills for financial sustainability
- Establish a strong monitoring and evaluation system to assess progress

- Provide training for parents and community members on: i) establishing and effectively running quality ECD centres ii) simple steps to better support children's developmental needs iii) income generating activity models for supporting ECD centres

## **Conclusion and Key messages:**

- The earlier ECD is started, the greater benefit there is to the individuals who attend, their communities and the country as a whole
- Small investments early - save lives - improve performance - increase earning potential
- The better the ECD experience, the better the children's retention and achievement in basic and later education
- ECD improves parenting skills and parents' capacity
- ECD is more than learning. It's about children's nutrition, health and survival
- ECD improves nutrition for pregnant women, nursing mothers and children
- ECD is a service to children and the community; it's a hub of social protection
- ECD increases household income and reduces poverty. It frees parents up for employment and offers employment
- Investment in ECD, saves on welfare and criminal costs
- Loss of time for ECD is loss of opportunity for the Rwandan children and society

## **Annex: Save the Children ECD programme in Rwanda**

Save the Children started working in Rwanda in 1994, initially to support family tracing and reunification and later to strengthen community-based child protection structures and support pre-natal and newborn health.

In 2009 Save the Children started working in Early Childhood Care and Development (ECD) by taking part in the national inter-ministerial Task Force developing the ECD Policy and Strategic Plan. Since then Save the Children has been supporting 28 community-based ECD centres. Save the Children supported the development of community based ECD centres by: i) sensitising local authorities and communities about the importance of ECD; ii) supporting the rehabilitation and construction of infrastructures; iii) providing child-size furniture and equipment; iv) providing learning and teaching resources; v) training caregivers, assistant caregivers and parents on play and age-appropriate teaching methodologies; vi) providing mid-morning porridge for the children.

From 2012 Save the Children will develop and pilot test emergent literacy and maths modules and learning aids to support school-readiness in 21 of the currently supported ECD centres.

Save the Children is a member of the national-level ECD Task Force supporting advocacy around ECD and the dissemination/implementation of the ECD policy and the strategic plan. Save the Children is also chairing the ECD working group under the Rwanda Education NGO Coordination Platform to strengthen civil society engagement in ECD.

Save the Children conceptualises and implements ECD as a holistic and integrated service in accord with the Moscow framework which defines ECEC (the term used by UNESCO) as "... the provision of care, education, health, nutrition, and protection of children prenatal to eight years of age". (UNESCO 2010:1<sup>xlix</sup>). The conceptualisation of ECD as a holistic and integrated service is based on international research evidence, which has shown that children's early experiences, and the environment in which they have them, shape the architecture of the developing brain, determine children's growth and development, and affect their lifelong education, health and productivity!

**Save the Children works in more than 120 countries. We save children's lives. We fight for their rights. We help them fulfil their potential**

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