







Early Child Development (ECD) in Rwanda

Driven by strong political will, the Government of Rwanda has pursued several initiatives to support early childhood development. In 2011, the Ministry of Education of Rwanda published an Early Childhood Development Policy which focuses on a targeted approach to protect the country's children from the impacts of abuse, poverty, and disease. The plan's overall objective is to make sure children are able to reach their full potential with the guidance of nurturing caregivers who are educated through integrated ECD services. The plan outlines how research has shown investing in ECD not only has positive effects on health and education outcomes, but also on the overall economic development of a country. Therefore, by further investing in the country's children, Rwanda hopes to make strong strides toward achieving its development goals.

In 2016, Rwanda enacted another **Early Childhood Development Policy** plan to address gaps in the 2011 initiative. Previous policy served to enhance positive parenting skills, early child education, and child protection. These initiatives are key, since a child's initial years are pivotal for their development and future **mental and physical health outcomes** – as is recognized by the ECD policies. The 2016 plan built upon past successes to focus on further optimizing children's motor, social, and cognitive development by focusing on **empowering parents and caregivers** to be key service providers. The plan also aims to enhance equal access for families in need of ECD services. Through this approach, the country aims to continue making developmental progress, beginning with further empowering its children and caregivers.

Rwandan Context

The Government of Rwanda has made tremendous strides in promoting early childhood development (ECD) in the face of substantial challenges. Compound adversities including colonialism, the 1994 genocide, HIV/AIDS epidemic, and more recently, the COVID-19 pandemic have contributed to chronic malnutrition, elevated neonatal mortality, and higher stunting rates in Rwanda.

Government intervention has dramatically reduced stunting rates from 38% in 2015 to 33% in 2020 and rates of infant mortality, continue to demonstrate a steady decline.

Taking the perspective that productive child development leads to a more productive and developed country, Rwanda's government remains committed to enacting ECD initiatives to support a productive future generation via strong governance and policy that cultivates an environment conducive to long-term, positive impacts on early childhood development.



Special thanks to our funders

Sugira Muryango Characteristics

In partnership with the Government of Rwanda, the Research Program on Children and Adversity (RPCA) in the Boston College School of Social Work launched the Sugira Muryango "Strong Families, Thriving Children" program. This project was expanded from the Family Strengthening Intervention for Families/Children Affected by HIV/AIDS, and now aims to promote ECD by engaging fathers, reducing violence, and overall strengthening the family. The study was implemented as a cluster randomized trial (CRT) between February 2019 and September 2019, and now targets almost 10,000 families. Sugira Muryango fills an important gap in Rwanda's ECD ecosystem as the only solely home-visiting program designed to reach the most impoverished families with a child from 0-3 in Rwanda.

Sugira Muryango Alignment with ECD Policy Landscape

Sugira Muryango was designed in alignment with the Government of Rwanda's established policies and initiatives directed at improving ECD. The intervention **empowers parents** with the skills needed to establish a strong family, and therefore support child development. Sugira Muryango uses active coaching on **responsive parenting**, where both mothers and fathers become equipped to better understand the needs of their child. To streamline implementation, the Sugira Muryango initiative utilizes a home-visiting approach to offer individualized service for families who are harder to reach, **addressing barriers to access**, especially among the most impoverished families in Rwanda. Sugira Muryango is delivered by supervised child protection community volunteers to work with families and caregivers, thereby increasing human capital for ECD implementation. Furthermore, since <u>few ECD interventions</u> **integrate violence prevention** within their approach, another important goal of Sugira Muryango is violence reduction – whether it be intimate partner violence or **harsh disciplinary practices**.

Rigorous Testing and Implementation Science Support Delivery, Scale Out, and System Integration

Implementation of Sugira Muryango was enacted by the Government of Rwanda, RPCA, and FXB Rwanda, a local non-governmental organization (NGO) that conducts training, supervision, and ongoing quality monitoring. Sugira Muryango has been developed and tested in two pilot studies and a cluster randomized controlled trial (cRCT) that demonstrated its clinical effectiveness. Immediate post-intervention results of the cRCT revealed improvements in **positive mother-child interactions** and more stimulating home environments. **Family violence also decreased** via reductions in harsh discipline and intimate partner violence. Caregivers also improved dietary diversity and hygiene practices, and both male and female caregivers experienced **reduced depression and anxiety**. Twelve month follow-up results showed that children in families receiving Sugira Muryango experienced improvements in gross motor, communication, problem- solving, and personal social development. **Father engagement** in caregiving improved. Positive effects on decreased family violence were also sustained.

Following this demonstration of clinical effectiveness, the Government of Rwanda, RPCA, and FXB Rwanda pivoted to scale out delivery of Sugira Muryango to 10,000 of the most impoverished households across three districts in Rwanda. Coordinated through a novel implementation strategy involving a Collaborative Team Approach, the PLAY (Promoting Lasting Anthropometric Change and Young Children's Development) Collaborative engaged multisectoral stakeholders across Rwanda's ECD ecosystem, including government representatives at National, District, Sectoral levels. The PLAY Collaborative supported scale out, while ensuring quality improvement and sustainability.

Immediate post-intervention results of the PLAY Collaborative include **increased stimulation in the home**, **increased engagement in playful activities**, **reduced IPV against mothers**, **and decreased symptoms of depression and anxiety** in mothers and fathers. Results also indicate that caregivers participating in Sugira Muryango were significantly less likely to endorse using physical punishment when raising and educating a child. Furthermore, findings suggest that interventionists and mentors believed the implementation strategy to be appropriate for local communities, **feasible to maintain** in the future, and acceptable to be **disseminated further**. Overall, results showcase that Sugira Muryango, delivered through the PLAY Collaborative, creates a **healthier and more nurturing** environment for children to learn and grow.

Sugira Muryango Next Steps

Implementing organizations aim to make a few developments to further Sugira Muryango's total impact.



Develop an implementation model for continuous enrollment of eligible families. Establish a sustainable source of financing.



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As families graduate from the program, frontline providers, the Inshuti z'Umuryango (IZU), will enroll new eligible families.

Government sustainment and its taking on of costs and quality assurance is an important aim.



