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ECD

SCORECARD

2nd EDITION



RWANDA

ECD SCORECARD

EARLY CHILDHOOD DEVELOPMENT



2022

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Abbreviations and Acronyms

ANC	: Antenatal Care
CBEHPP	: Community Based Environmental Health Promotion Program
CERAI	: Centre d'Enseignement Rural et Artisanal Intégré
CERAR	: Centre d'Enseignement Rural et Artisanal du Rwanda
CHWs	: Community Health Workers
COVID	: Coronavirus disease
CSOs	: Civil Society Organizations
CSFVA	: Comprehensive Food Security and Vulnerability Analysis
DHS	: Demographic and Health Survey
DPs	: Development Partners
ECD	: Early Childhood Development
FBOs	: Faith-Based Organizations
FBF	: Fortified Blended Foods
FGDs	: Focus Group Discussions
HBEs	: Home-Based ECDs
HHs	: Households
HMIS	: Integrated Health Management Information System
IECD	: Integrated Early Childhood Development
ISSN	: International Standard Serial Number
ITN	: Insecticide-Treated Net
IZU	: Inshuti Z'Umuryango
KIIs	: Key Informant Interviews
MDD-W	: Minimum Dietary Diversity-Women
MINEDUC	: Ministry of Education
MoH	: Ministry of Health
LODA	: Local Administrative Entities Development Agency
NCDA	: National Child Development Agency
NECDP	: National Early Childhood Development Program
NISR	: National Institute of Statistics in Rwanda
NSDS	: National Sustainable Development Strategy
NST1	: National Strategy for Transformation 1
ORS	: Oral Rehydration Salt
PhD	: Doctor of Philosophy
RBC	: Rwanda Biomedical Centre
RDHS	: Rwanda Demographic and Health Survey
REB	: Rwanda Basic Education Board
RGB	: Rwanda Governance Board
RGS	: Rwanda Governance Scorecard
SAM	: Severe Acute Malnutrition
SDGs	: Sustainable Development Goals
SPRP	: Stunting Prevention and Reduction Project
SU	: Sampling Unit
TVET	: Technical and Vocational Education and Training
VTC	: Vocational and Training Centre
WASH	: Water Sanitation and Hygiene
WB	: World Bank
WHO	: World Health Organisation

PREFACE

It is my pleasure to share with you the second edition of the Rwanda Early Childhood Development (ECD) Scorecard developed by the Rwanda Governance Board (RGB) in collaboration with the National Child Development Agency (NCDA). The main objective of the scorecard is to assess the quality of service delivery in ECD facilities.

While the first edition assessed only 13 districts covered by the Stunting Prevention and Reduction Project (SPRP), the current edition covered all the 30 districts.

The scorecard is composed of six pillars, 16 indicators, and 93 variables developed on the basis of the areas of interventions of the ECD program. The six pillars are: Nutrition; Health; Water, Sanitation and Hygiene (WASH); Parenting Education; School Readiness as well as Child Protection and Inclusiveness.

The ECD scorecard draws data from both primary and secondary sources. Health is the highest performing pillar with a score of 82% whereas Child Protection and Inclusiveness is the lowest performing pillar with a score of 43.6%.

I believe that this ECD scorecard will provide valuable information to policy-makers, ECD stakeholders and beneficiaries. I appreciate the contribution of our partners and other stakeholders in the production of this report. Finally, I extend my gratitude to the RGB team that produced this edition of the ECD scorecard.

Dr. KAITESI Usta

Chief Executive Officer, RGB

Foreword

The Government of Rwanda has set an ambitious agenda for addressing poverty and human development gaps. Through the National Strategy for Transformation (NST1), the Government has made a commitment to invest in integrated Early Childhood Development (ECD) services to combat stunting and chronic malnutrition among U5 children. According to the Demographic and Health Survey (2020), the stunting rate is 33.1%. This affects the physical, mental, and emotional development of children as well as the human development of the country. Therefore, investing in ECD is critical for the future productivity of individuals and socio-economic development of Rwanda.

ECD offers a comprehensive approach to policies and programs that address the growing needs of a child from the time a child is conceived to 6 years of age. A child's growth requires the active participation of parents, the community, and caregivers to ensure the child's physical, social, emotional, spiritual, moral, and intellectual development.

This report serves as a basis to assess the progress in the implementation of ECD services in the different ECD settings to inform continuous improvement of the ECD program.

We would like to extend our vote of thanks to our partners and stakeholders that have contributed to the implementation of ECD program. We also thank the Rwanda Governance Board team that produced this report.

Nadine GATSINZI UMUTONI

Director General, NCDA



Scores	RANK (In colours)
0-39.9	RED
40-59.9	AMBER
60-79.9	YELLOW
80-100	GREEN

Note: Scores are based on a scale of 0-100. The ECD scores should be interpreted with the understanding that the higher the score, the better. Therefore, an increased score indicates a better performance just as a lower score indicates greater need for improvement.

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INTRODUCTION

In the early stages of life, children pass through successive stages of development each of which offers the foundation for the next developmental steps (UNESCO, 2014). Early Childhood Development (ECD) refers to a comprehensive approach to policies and programs that address growth needs for children from conception to 6 years of age. This requires the active participation of parents, the community, and caregivers for the physical, social, emotional, spiritual, moral, and intellectual development of a child.

The Government of Rwanda (GoR) has invested in the integrated ECD services to combat acute and chronic malnutrition in children aged 6 years and below. This is to ensure holistic development of children in an environment that guarantees school completion, good physical and mental health to make a positive contribution to the wellbeing of the society.

In 2017, the GoR established the National Early Childhood Development Program¹ (NECDP) which later became the National Childhood Development Agency (NCDA) by combining the responsibilities of the former National Commission for Children (NCC) and NECDP. The mandate of the newly established institution is to coordinate and increase access to quality and integrated ECD interventions to prevent and eliminate malnutrition in children aged 6 and below, and further attain the desired child development outcomes for social, emotional, cognitive, and physical growth.

The ECD program aligns with the National Strategy for Transformation (NST1) and Vision 2050 as well as the Sustainable Development Goals (SDGs) aimed at moving the country's citizens to a higher level of quality of life.

To track the quality and effectiveness of the program, NCDA partnered with RGB and RBC to develop a scorecard as a tool to inform policy makers and positively influence the quality, effectiveness, efficiency, and accountability in

service delivery of these programs.

This study covers ECD interventions implemented from 2018 to 2021 at household, community and center levels in all districts with particular attention to districts under the Stunting Prevention and Reduction Project (SPRP)² selected due to their high rates of acute malnutrition and stunting.

The ECD scorecard is built on six (6) pillars aligned to ECD interventions namely: Nutrition; Health; Water, Sanitation and Hygiene (WASH); Parenting Education; School Readiness as well as Child Protection and Inclusiveness. This report serves as a basis to assess the progress in the implementation of ECD services in the different ECD settings to inform continuous improvement of the ECD program.

1.1 Purpose and scope of the scorecard

The main objective of this study is to evaluate and document evidence-based results on ECD interventions in terms of effectiveness, efficiency, and quality of ECD services as well as the ECD program's sustainability to inform policy-makers.

Information was collected from parents, ECD caregivers, and civil society organizations offering ECD-related services as well as physical observations. Within the age groups, the study evaluates ECD services to children aged two and below as well as children aged three to six years in ECD settings.



1. Article 5 and 6 of the Presidential Order N° 083/01 of 28/08/2020 establishing the National Child Development Agency.
2. Bugesera, Gakenke, Huye, Karongi, Kayanza, Ngororero, Nyabihu, Nyamagabe, Nyaruguru, Rubavu, Ruhango, Rutsiro, and 2Rusizi

2

RESEARCH METHODOLOGY

The ECD scorecard is a publication initiated by NCDa in collaboration with RGB and RBC to assess the quality of ECD services and the level of satisfaction of beneficiaries. The pillars and Indicators of the ECD scorecard are based on NST1, Health sector strategic plan, Social Protection strategic plan, NCDa strategic plan, WASH strategic plan, and other related local and international frameworks. The data for ECD scorecard is drawn from citizens' perception survey, RGB assessment, expert surveys as well as hard data from relevant institutions. The scorecard is an annual publication that assesses interventions implemented at households, community, center, and ECD levels in all districts.

It is a cross-sectional study that uses both quantitative and qualitative approaches to gauge the level of beneficiaries' satisfaction, and to track the status of implementation of ECD interventions. Primary data was collected from participants in the home-based, community-based and centre-based ECD for children aged two years and below as well as those from three to six years old. Participants included parents, caregivers and civil society organisations involved in ECD management. Secondary data was drawn from different relevant institutions.

The ECD Scorecard relies on diverse data sources to create pillars, indicators and variables. Using scoring methods, indicator scores are weighted equally and averaged to get a score for the pillar. Scores for variables are weighted equally and averaged to get a score of indicator. Scores for some variables are obtained by weighting and averaging composite scores under each of the variables, while other variables have stand-alone values.

The ECD scorecard is composed of six pillars namely Nutrition; Health; Water, Sanitation and Hygiene (WASH); Parenting Education; School Readiness as well as Child Protection and Inclusiveness.

These pillars are composed of 16 indicators and 93 variables as indicated in the table 2.

Table 2: Distribution of pillars, indicators, variables and composites

PILLAR	INDICATOR	VARIABLES	COMPOSITES
Nutrition	Maternal and child healthy nutrition	11	8
	Acute malnutrition and stunting	8	5
	Sub-total	19	13
Health	Maternal and child mortality	2	0
	Disease prevention and control	9	0
	Family planning	3	0
	Antenatal and postnatal care	9	0
Sub-total	23	0	
Wash	Access to safe and drinking water	5	6
	Hygiene & sanitation	9	6
	Sub-total	14	12
Parenting Education	Parenting and early stimulation	4	10
	Parent participation	6	4
	Sub-total	10	14
School Readiness	Child preparedness	5	15
	Caregivers and CHWs capacity	3	3
	ECD facilities with infrastructure and equipment	4	5
	ECD leadership and governance	6	15
Sub-total	18	38	
Child Protection and Inclusiveness	Child protection	7	10
	Care to children with disabilities and children with special needs	2	6
	Sub-total	9	16
Total		93	94

Source: ECD compilation, 2nd edition.

2.1. Development of pillars, indicators, variables and questions

The development of pillars, indicators and variables was done by RGB in collaboration with NCDA and RBC. Consultations were also done with other relevant national institutions to seek their inputs in the development process with the aim of ensuring a comprehensive and holistic view of all the players in the scorecard compilation. Pillars and indicators were developed based on the following three guidelines;

- ▶ International frameworks
- ▶ International ECD indices
- ▶ National frameworks such as Vision 2050, National Strategy for Transformation, National ECD policy and relevant sector strategies.

The six pillars that make up the ECD scorecard 2nd Edition are explained below:

- **Nutrition:** Focuses on the status of both maternal and child health nutrition, as well as acute malnutrition and stunting.
- **Health:** Deals with the status of maternal and child mortality, satisfaction with service delivery in disease prevention and control, family planning, as well as ante-natal and post-natal care related services.
- **Water, Hygiene and Sanitation (WASH):** Focuses on the satisfaction of ECD beneficiaries with access to safe and drinking water, and WASH services.
- **Parenting Education:** Focuses on the knowledge and practice of parents in parenting and early stimulation, parents' participation in health care of a child.
- **School Readiness:** Deals with child preparedness for school, enrolment and attendance status of children aged between 3 to 6 years. It also assesses the level of service delivery of ECD integrated services including infrastructure and equipment at ECD settings as well as the effectiveness of ECD leadership and management committees.
- **Child Protection and Inclusiveness:** Focuses on the parents' awareness of child rights, satisfaction, and participation in child protection and inclusiveness.

2.2. Source of data:

2.2.1 Secondary/administrative data

In the production of ECD scorecard, secondary data was obtained from diverse sources that include Rwanda Demographic and Health Survey (RDHS) 2020, Comprehensive Food Security and Vulnerability Analysis (CFSVA) 2021 and National Childhood Development Policy.

2.2.2. Primary data

Quantitative data was collected from a sample of ECD beneficiaries, caregivers, and ECD settings in all 30 districts. This research also used qualitative data collected through interviews with key informants/experts.

2.2.3. Sampling design

The target population for the survey is all Rwandan citizens with children in ECD. The sample size was determined using the following formula:

$$n = \frac{Z^2 pqN}{e^2(N-1) + Z^2 pq}$$

Where **N** is a total number of ECD in the 30 districts and number of ECD beneficiaries and on the other hand, **p** is the estimated proportion of an attribute that is present in the population in which case we use **p=50%**. This calculation is based on the Normal distribution.

Z: Is the value that specifies the level of desired confidence in the confidence interval. Typical level of confidence for this survey is 99%, in which case **Z** is set to 2.575 and margin of error is **e=50%**.

The sample size was composed of **4713** parents of children benefiting from ECD program and **690** caregivers selected from the three categories of ECD. The overall response rate was 99.6%. The sample distribution in the districts of intervention is shown in the table below:

Table 3: Sample distribution of parents per district

Nº	DISTRICTS	FREQUENCY	PERCENTAGE
1	Bugesera	169	3.6%
2	Burera	179	3.8%
3	Gakenke	136	2.9%
4	Gasabo	164	3.5%
5	Gatsibo	200	4.2%
6	Gicumbi	192	4.1%
7	Gisagara	180	3.8%
8	Huye	144	3.1%
9	Kamonyi	138	2.9%
10	Karongi	177	3.8%
11	Kayonza	115	2.4%
12	Kicukiro	120	2.5%
13	Kirehe	166	3.5%
14	Muhanga	157	3.3%
15	Musanze	54	1.1%
16	Ngoma	149	3.2%
17	Ngororero	177	3.8%
18	Nyabihu	181	3.8%
19	Nyagatare	208	4.4%
20	Nyamagabe	159	3.4%
21	Nyamasheke	202	4.3%
22	Nyanza	202	4.3%
23	Nyarugenge	66	1.4%
24	Nyaruguru	176	3.7%
25	Rubavu	124	2.6%
26	Ruhango	153	3.2%
27	Rulindo	135	2.9%
28	Rusizi	153	3.2%
29	Rutsiro	156	3.3%
30	Rwamagana	181	3.8%
Total		4713	100

Source: ECD compilation, 2nd edition.

Table 4: Sample distribution of caregivers per ECD category

ECD TYPE	FREQUENCY	PERCENTAGE
Home-based ECD	512	74.2%
Community-based ECD	70	10.1%
Center-based ECD	108	15.7%
Total	690	100%

For qualitative data, interviews were conducted with key informants/experts from different civil society and faith-based organizations with interventions in ECD across all levels of ECD.

2.2.4. Scoring and primary data analysis

The data is grouped into six pillars and a descriptive analysis is used to standardize the data from diverse sources into comparable units. For each indicator, variables are weighted equally and their average forms an indicator score. Similarly, indicators under each pillar are weighted equally and their average generates the overall score of the pillar. The scoring scale ranges from 0 to 100, where 0 is the worst and 100 the best score.

The details of the scoring methods are presented as follows:

a) Scoring using existing percentages:

In most cases, primary data compiled from surveys (parents, caregivers, and CSOs) are captured automatically as percentages and they are scored as they are with the exception of existence of NST1 or Sector Strategic plans targets.

b) Scoring against national standards:

Based on secondary or administrative data, percentages are calculated against national targets/standards (NST1, Sector Strategic Plans). Depending on the nature of indicators/variables, the scoring against national targets is either based on annual targets from NST1 or Sector Strategic Plans whereas in their absence, the scoring is based on institutional annual targets.

c) Performance scoring:

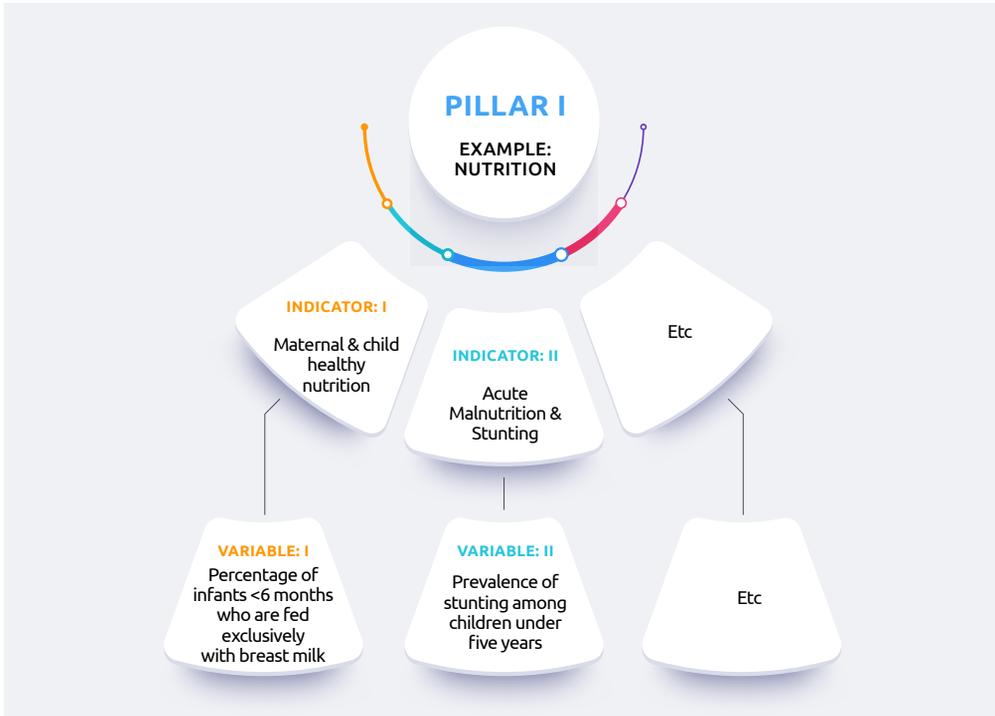
Hard or administrative data related to performance is either expressed as percentages or nominal figures, and their scoring is also based on the targets of NST1, Sector Strategic Plans or institutional where applicable.

d) Scoring variables on gender equality:

The variables on gender equality are scored as follows: a variable with parity of men and women of 50% scores 100% as an ideal gender balance in a given sub-domain.

The following figure illustrates the ECD scorecard scoring methods.

An illustration of ECD scoring methods



2.3 Demographic data of the respondents (Parents)

Primary data was gathered from ECD beneficiaries as indicated in the table below.

Table 5: The level of education and job classification

CATEGORY	ITEM	FREQUENCY	PERCENTAGE
Education level	No education	1386	29.4%
	Primary	2653	56.3%
	Artisanal, CERAI, CERAR, VTC, and Familial	204	4.3%
	D4, D5, D6, D7, A2, S6, and TVET	411	8.7%
	IPRC	1	0.0%
	A1, Bachelors, Masters, and PhD	58	1.2%
	Total	4713	
Job Category	No job	251	5.3%
	Student	13	0.3%
	Farmer	3763	79.8%
	Crafter	124	2.6%
	Entrepreneur	201	4.3%
	Public servant	85	1.8%
	Private sector employee	271	5.8%
	Retired	5	0.1%
	Total	4713	

Source: ECD primary datasets, 2nd edition.

As shown in the table above, the majority of respondents had primary education (56.3%), and no formal education (29.4%). In terms of occupation, the majority of respondents are farmers (79.8%).

Table 6: Ubudehe category and income of respondents

CATEGORY	ITEM	FREQUENCY	PERCENTAGE
Ubudehe Category	First	1083	23.0%
	Second	2183	46.3%
	Third	1410	29.9%
	Fourth	0	0.00%
	Don't know	37	0.8%
	Total	4713	100.0%
Job Category	< 30,000	3431	72.8%
	30,000-100,000	988	21.0%
	100,000-200,000	77	1.6%
	Above 200,000	20	0.4%
	Don't know	197	4.2%
	Total	4713	100.0%

Source: ECD primary datasets, 2nd edition.

The majority (46.3%) of ECD beneficiaries belong to category two of ubudehe while in relation to income, the majority (72.8%) of respondents fall in the category of less than 30,000 RWF monthly income.

Table 7: Gender, marital status and age distribution of respondents

CATEGORY	ITEM	FREQUENCY	PERCENTAGE
Gender	Men	980	20.80%
	Women	3733	79.20%
	Total	4713	100.00%
Marital Status	Single	631	13.40%
	Married	2693	57.10%
	Widowed	242	5.10%
	Illegally married	1107	23.50%
	Divorced	40	0.80%
	Total	4713	100.00%
Age group	[18-30]	1310	27.8%
	[31-40]	2069	43.9%
	[41-50]	946	20.1%
	[51-60]	240	5.1%
	[61-70]	120	2.5%
	71 and above	28	0.6%
	Total	4713	100.0%

Source: ECD primary datasets, 2nd edition.

Regarding gender, the majority (79.2%) of respondents are women whereas only 20.8% are men. A big percentage of respondents (57.1%) are legally married while 23.5% are illegally married. The majority of respondents (71.7%) are aged between 18 and 40 years old.

3

HIGHLIGHTS OF THE RWANDA ECD SCORECARD SECOND EDITION

3.1. Ranking system

The ranking of the pillars, indicators and variables are derived from their respective scores. The color-coded ranking system is categorized as follows: a score of at least 80% is ranked green, a score of 60 - 79.9% is ranked yellow, a score of 40- 59.9% is ranked amber and finally, a score of 0- 39.9% is ranked red.

Table 8. Ranking System

Scores	RANK (In colours)
0-39.9	 RED
40-59.9	 AMBER
60-79.9	 YELLOW
80-100	 GREEN

Figure 1. Overall score of the ECD pillars

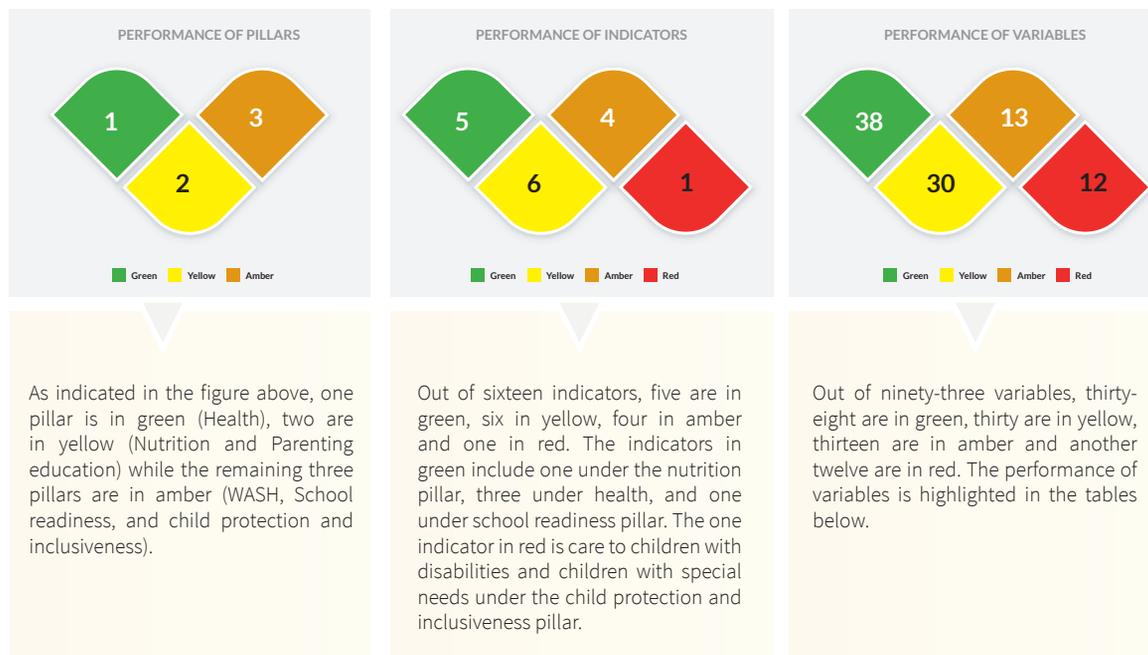


Source: ECD primary and secondary datasets, 2nd edition.

As indicated in the graph above, the highest performing pillar is health with a score of 82%, followed by nutrition with a score of 78.6% while child protection and inclusiveness is the lowest performing pillar with a score of 43.6%.

3.2. Summary of performance of pillars, indicators and variables

Figure 2. Performance of pillars, indicators and variables



3.3 The performance of variables

The performance of variables is highlighted in the following tables.

Table 9: Variables performing between 80 – 100% (ranked green)

Nº	VARIABLES	SCORE	RATING
1	Percentage of children under 5 years of age given deworming medication in the last 6 months	100.0%	Green
2	Percentage of US children referred from community to health center for nutrition-related management	99.1%	Green
3	Prevalence of acute malnutrition among children under five years	99.0%	Green
4	Percentage of women who delivered at health facilities	98.9%	Green
5	Proportion of child deaths recorded at health facilities due to Severe Acute Malnutrition (SAM) and associated complications	97.7%	Green
6	Level of parents satisfaction with immunization of children < 15 months	97.6%	Green
7	Level of parents satisfaction with importance on ECD facilities services	97.5%	Green
8	Percentage of women aged 15-45 using modern contraceptive utilization rate	97.3%	Green
9	Level of parents satisfaction with children registration	96.7%	Green
10	Percentage of early initiation to breastfeeding within 1 hour after birth	96.0%	Green
11	Immunization rate of children < 15 months	95.5%	Green
12	Percentage of newborns that received home visits by CHWs on the third day after birth	94.0%	Green

N°			RATING
13	Prevalence of stunting among children under 2 and 5 years	93.9%	
14	Percentage of children 6 to 24 months benefiting breastfeeding and appropriate complementary feeding.	93.6%	
15	Level of awareness on preventive and curative health care	93.1%	
16	Percentage of children 6-59 months provided with vitamin A supplement every six months	93.0%	
17	Percentage of newly registered pregnant women screened for malnutrition (MUAC < 21cm)	93.0%	
18	Level of parents' satisfaction with ANC visits	92.8%	
19	Percentage of pregnant women with 4 ANC standard visits	92.5%	
20	Percentage of children 05 years screened for malnutrition at the health facility	92.0%	
21	Percentage of mothers receiving postnatal visits by CHWs within three days of childbirth	92.0%	
22	Percentage of HHs with health insurance	90.1%	
23	Percentage of infants <6 months who are fed exclusively with breast milk	90.1%	
24	Percentage of pregnant women who attend a health facility for ANC	90.0%	
25	Level of parents' practicing positive parenting services	89.4%	
26	Level of parents' satisfaction with caregivers services	89.1%	
27	Percentage of children screened using child length mat	89.0%	
28	Level of parents' satisfaction on adherence to family planning	88.9%	
29	Parents' participation in child education and protection	86.3%	
30	Birth registration of children under 5 years	86.0%	
31	Level of parents' satisfaction with CHWs interventions	85.9%	
32	Level of parents' participation in child protection	85.1%	
33	Malaria prevalence for children under 5 years	84.7%	
34	Percentage of HHs providing an extra daily meal to pregnant or lactating women	83.2%	
35	Level of caregivers satisfaction with attendance of children	82.9%	
36	Level of parents' awareness of child rights	82.5%	
37	Malaria prevalence for pregnant and lactating women	82.0%	
38	Neonatal mortality rate	80.0%	

Source: ECD primary datasets, 2nd edition.

Table 10: Variables performing between 60-79.9%

Nº	VARIABLES	SCORE	RATING
1	Percentage of HHs with at least one Insecticide-Treated Net (ITN)	79.0%	
2	Level of awareness on WASH services	78.0%	
3	Under 5 mortality rate	77.8%	
4	Level of satisfaction with CHWs services in WASH	77.5%	
5	Percentage of children under 5 years who graduated from yellow to green using Mid-Upper Arm Circumference (MUAC)	77.0%	
6	Level of parents satisfaction with ECD facilities management	76.6%	
7	Level of parents satisfaction with CHWs services in nutrition	75.6%	
8	Trained caregivers by type	73.3%	
9	Percentage of households with access to clean water	72.7%	
10	Percentage of ECD facilities with operational parents committees	71.2%	
11	Parents' participation in ECD management	69.1%	
12	Percentage of households that possess livestock	69%	
13	Percentage of both parents of children aged 0-6 years practicing positive disciplining	68.5%	
14	Contribution to ECD child feeding	68.5%	
15	Fortified Blended Food (FBF)-Shisha kibondo program	68.3%	
16	Level of satisfaction with access to clean water	67.8%	
17	Parents' perception on children adoption of hygiene practices	67.8%	
18	Reporting by type of ECD	67.6%	
19	Percentage of households satisfied with hygiene at ECD facilities	66.7%	
20	Percentage of households drinking safe water	66.4%	
21	Partners' appreciation of ECD services performance	65.7%	
22	Percentage of households satisfied with body hygiene of parents/guardians	64.8%	
23	Percentage of ECD facilities disaggregated by types with cleaned latrines, handwashing facility with soap and water	64.6%	
24	Percentage of newly registered pregnant women with anaemia	63.0%	
25	Level of caregivers satisfaction with ECD facilities management	62.4%	
26	Level of parents satisfaction with IZU interventions on child protection mechanisms	62.4%	
27	Contribution to ECD facilities infrastructures and equipment	61.5%	
28	Milk support program	61.4%	
29	Partners appreciation of the level of compliance with minimum ECD standards	61.4%	
30	Level of existence of children below age 6 left in the care of other children	61.2%	

Source: ECD primary datasets, 2nd edition.

Table 11: Variables performing between 40 - 59.9%

N°	VARIABLES	SCORE	RATING
1	Percentage of post-partum utilization of modern contraceptive methods after delivery	57.0%	
2	Percentage of ECD with access to clean water	54.8%	
3	Existence of Rwanda Basic Education Board (REB) Curriculum	53.6%	
4	Percentage of HH satisfied with home environment hygiene	51.1%	
5	Percentage of new ANC registrations within 1 st trimester of pregnancy	51.0%	
6	Use of Rwanda Basic Education Board (REB) Curriculum	50.5%	
7	Contribution to ECD Hygiene practices	49.0%	
8	Percentage of HHs satisfied with body hygiene of children below 6 years	47.5%	
9	Multiple micronutrient supplements - ONGERA program	45.2%	
10	Percentage of HHs with improved latrines per minimum standards	45.0%	
11	Supervision by type of ECD	44.5%	
12	Level of compliance with minimum standards of basic infrastructure at ECD facilities	43.6%	
13	Level of appreciation of ECD partners in parent participation	41.7%	

Source: ECD primary datasets, 2nd edition.

Table 12: Variables performing between 0 - 39.9% ranked red

N°	VARIABLES	SCORE	RATING
1	Percentage of ECD with safe drinking water	36.1%	
2	Existence of a resting room, equipped with mattresses in center based ECD	35.2%	
3	ECD setting by age (Baby, Middle, Top)	34.9%	
4	Percentage of women in reproductive age receiving Minimum Dietary Diversity (MDD-W)	32.0%	
5	Existence of MoU	31.6%	
6	Percentage of men against women participating in parent sessions on IECD services	27.0%	
7	Percentage of ECD facilities accessible to children with disabilities and children with special needs.	26.6%	
8	Level of caregivers' satisfaction with IZU interventions on child protection mechanisms	25.3%	
9	Percentage of children aged 0-59 months receiving Oral Rehydration Salt (ORS) against diarrhea	22.2%	
10	Percentage of children feeding on minimum acceptable diet	22.0%	
11	Existence of consent form	9.1%	
12	Percentage of ECD facilities with teaching materials appropriate to children with special needs.	5.0%	

Source: ECD primary datasets, 2nd edition.

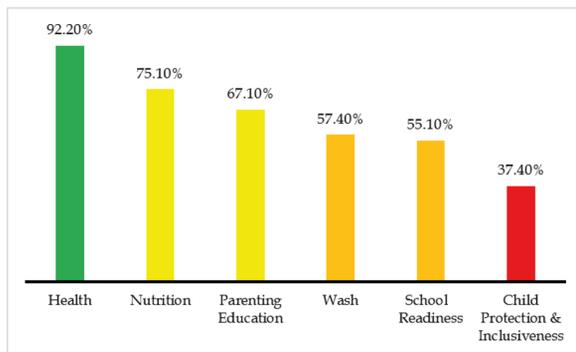
As indicated in the tables above, 38 variables scored above 80.0% with one of them scoring 100.0%. The one variable that scored 100.0% is the percentage of children under 5 years of age given deworming medication in the last 6 months which belongs to the pillar of Health. Thirty (30) variables are in yellow with scores ranging between 60.0% and 79.9%, thirteen (13) in amber, and twelve (12) are in red.

4

4. ECD BENEFICIARIES' PERCEPTIONS AND EXPERIENCES PER DISTRICT AND ECD SETTING

In each of the six pillars, the outcome was measured based on the perception and experiences of ECD beneficiaries, caregivers, civil society organizations and RGB assessment. The results regarding perceptions, observations and experiences of ECD beneficiaries are presented in two sections. The first section presents the outcomes of the ECD programs at district level while the other section presents the level of satisfaction with service delivery at the level of each category of ECD.

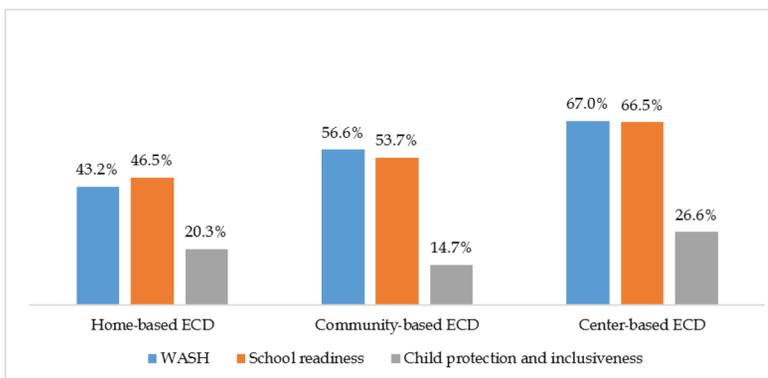
Figure 3. Perception and experience of ECD beneficiaries on service delivery



Source: Primary data.

Health is the highest performing pillar on the Perception and experience of ECD beneficiaries on service delivery with a score of 92.2% followed by Nutrition with 75.1% whereas the lowest performing pillar is Child Protection and Inclusiveness with 37.4%.

Figure 4. Satisfaction of ECD beneficiaries per ECD category



Source: Primary data

Due to the fact that services under the pillar of WASH, School Readiness, and Child Protection and Inclusiveness are the only ones provided at ECD facilities, they are the only ones assessed in the three ECD categories. As indicated in the figure above, all the pillars scored below 70%. Services in the home-based ECD facilities scored the lowest.



ECD SCORECARD 2nd EDITION
PILLARS





NUTRITION

PILLAR

1



4.1

NUTRITION

During the early stages of a child, poor nutrition leads to profound shortcomings including delayed cognitive developmental and behavioural problems, deficiency in social skills, reduced attention, learning deficiencies and poor performance in education. Improving nutrition in young children should thus be a priority and be seen as an integral part of social and economic development.

In this ECD scorecard, the Nutrition pillar comprises of two indicators and 19 variables. The two indicators under this pillar are Maternal and Child Nutrition as well as Malnutrition and Stunting Reduction.



Table 13: Performance of indicators and variables for the pillar of Nutrition

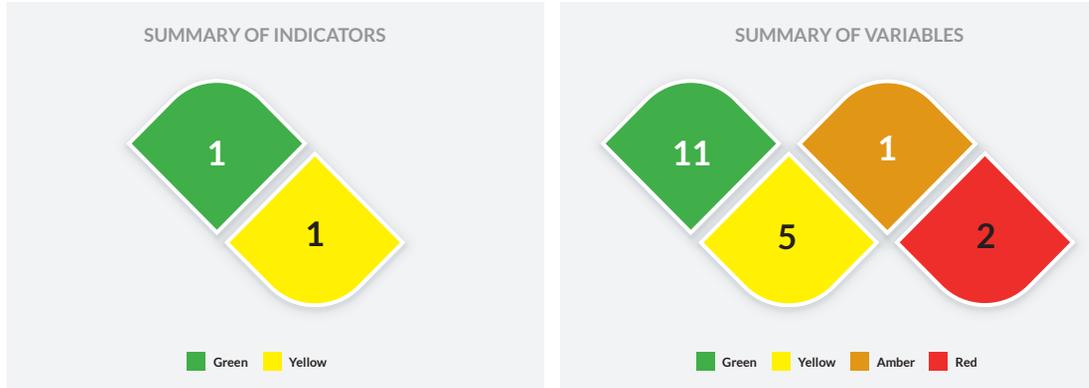
S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: NUTRITION					78.6%	
1	Maternal and child healthy nutrition				73.4%	
1.1	Percentage of early initiation to breastfeeding within 1 hour after birth	96.0%	DHS 2019-2020		96.0%	
1.2	Percentage of infants <6 months who are fed exclusively with breast milk	90.1%	Survey		90.1%	
1.3	Percentage of children aged 6 to 24 months benefiting breastfeeding and appropriate complementary feeding.				93.6%	
1.3.1	Percentage of children benefiting breastfeeding up to 24 months.	88.2%	Survey		88.2%	
1.3.2	Percentage of children 6 months and above benefiting from appropriate complementary feeding.	98.9%	Survey		98.9%	
1.4	Percentage of HHs providing an extra daily meal to pregnant or lactating women	83.2%	Survey		83.2%	
1.5	Percentage of women in reproductive age receiving Minimum Dietary Diversity(MDD-W)	32.0%	CSFVA		32.0%	
1.6	Fortified Blended Food (FBF) -Shisha kibondo program				68.3%	

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
1.6.1	Percentage of women and Children who received FBF-Shisha kibondo				74.4%	
1.6.1.1	Percentage of women who received FBF-Shisha kibondo	64.0%	NCD A 2022		71.1%	
1.6.1.2	Percentage of children who received FBF-Shisha kibondo	70.0%	NCD A 2022		77.8%	
1.6.2	Level of satisfaction with FBF- Shisha kibondo	62.1%	Survey		62.1%	
1.7	Milk support program				61.4%	
1.7.1	% of children U5 years of age with malnutrition who received milk	66.0%	NCD A 2022		66.0%	
1.7.2	Level of satisfaction with milk support program	56.7%	Survey		56.7%	
1.8	Percentage of HHs who possess livestock	69.0%	Survey		69.0%	
1.9	Multiple micronutrient supplements-ONGERA program				45.2%	
1.9.1	Percentage of children aged 6-24 months with multiple micronutrient supplements - ONGERA	20.0%	NCD A 2022		20.0%	
1.9.2	Level of satisfaction with micronutrient supplements - ONGERA	70.4%	Survey		70.4%	
1.10.	Percentage of children 6-59 months provided with vitamin A supplement every six months	93.0%	DHS 2019-2020		93.0%	
1.11	Level of parents satisfaction with CHWs services in nutrition	75.6%	Survey		75.6%	
2	Malnutrition and Stunting reduction				83.7%	
2.1	Prevalence of stunting among children under 2 and 5 years				93.9%	
2.1.1	Prevalence of stunting among children under five years	33.1%	DHS 2019-2020	29.9%	90.3%	
2.1.2	Prevalence of stunting among children under two years	27.3%	DHS 2019-2020	29.9%	100.0%	
2.1.3	Percentage of low birth weight	6.9%	DHS 2019-2020		93.1%	
2.1.4	Percentage of U5 children who are overweight	6.0%	DHS 2019-2020		94%	
2.1.5	Prevalence of underweight among children under five years	8.0%	DHS 2019-2020		92.0%	
2.2	Prevalence of acute malnutrition among children under five years	1.0%	DHS 2019-2020		99.0%	
2.3	Percentage of children feeding on minimum acceptable diet	22.0%	DHS 2019-2020		22.0%	
2.4	Percentage of children under 5 years who graduated from yellow to green using MUAC	77.0%	DHS 2019-2020		77.0%	
2.5	Proportion of child deaths recorded at health facilities due to SAM and associated complications	2.3%	HMIS 2022		97.7%	
2.6	Percentage of children U5 years screened for malnutrition at the health facility	92.0%	DHS 2019-2020		92.0%	
2.7	Percentage of U5 children referred from community to health center for nutrition-related management	0.9%	HMIS 2022		99.1%	
2.8	Percentage of children screened using child length mat	89.0%	NCD A 2022		89.0%	

Source: ECD primary datasets, 2nd edition.

4.1.1 Summary of indicators and variables

Figure 5. Summary of Indicators and variables for the pillar of Nutrition



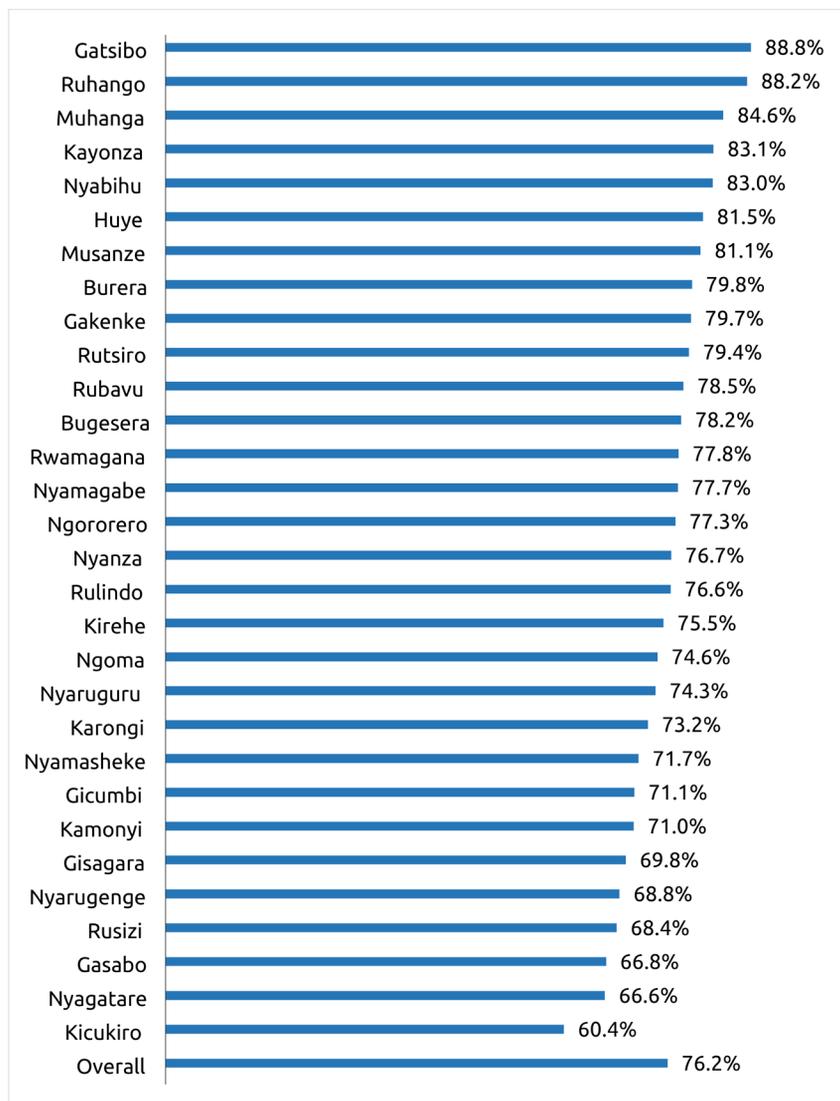
Source: ECD primary and secondary datasets, 2nd edition.

The overall performance of the pillar of Nutrition is 78.6% resulting from the performance of its two indicators: Malnutrition and Stunting reduction (83.7%) and Maternal and Child Nutrition (73.4%). Out of the 19 variables measured under this pillar, 11 are in green, 4 in yellow, 1 in amber and 2 in red. The three least performing variables of the pillar of Nutrition are: Multiple micronutrient supplement-ONGERA program (45.2%), Percentage of women in reproductive age receiving Minimum Dietary Diversity (32.0%), and Percentage of children feeding on minimum acceptable diet (22.0%)



4.1.2 Performance of the pillar of Nutrition based on parents' perception.

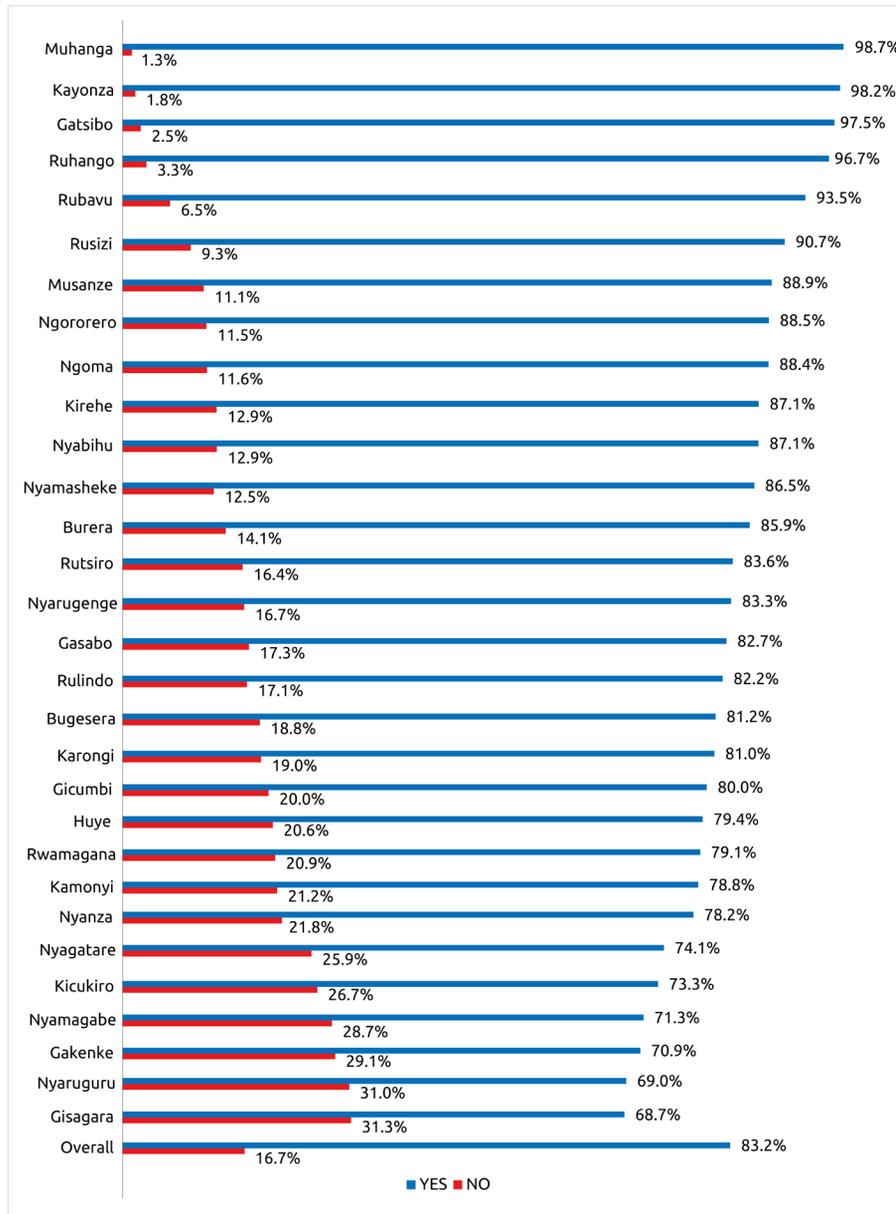
Figure 6. Overall parents' satisfaction with Nutrition per district



Source: Primary data.

The overall satisfaction of ECD beneficiaries with nutrition services in all districts stands at 76.2%. The highest level of satisfaction is in Gatsibo district (88.8%) while the lowest is in Kicukiro (60.4%).

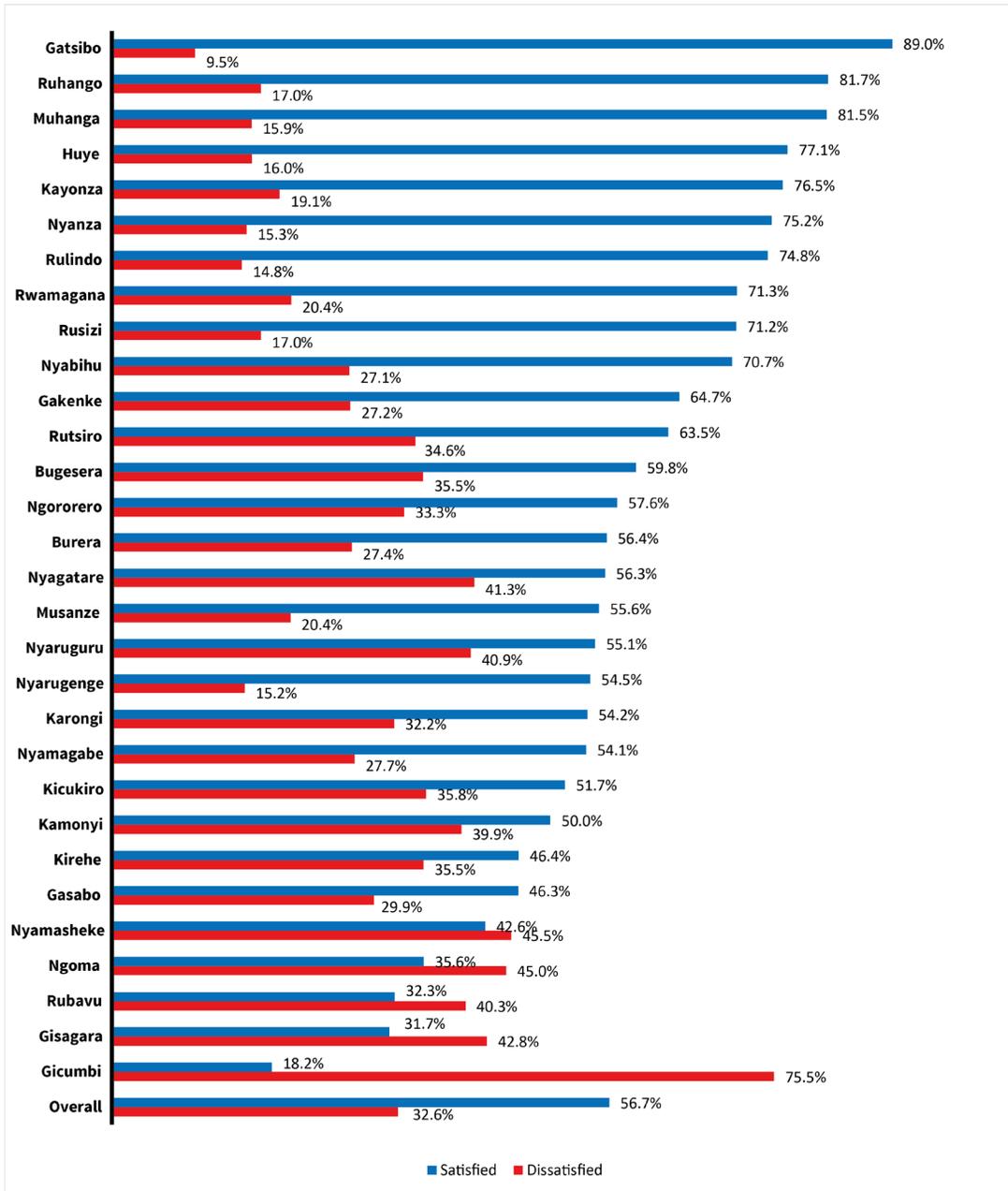
Figure 7. Pregnant or lactating women who received an extra daily meal per district



Source: Primary data.

The overall score for pregnant or lactating women who received an extra daily meal is 83.2%. Muhanga district has the highest score (98.7%) whereas Nyaruguru and Gisagara districts scored below 70.0%. There is a need to enhance awareness of parents in Gisagara and Nyaruguru on the importance of extra meals for pregnant and/or lactating women since it has an effect on the well-being of the child.

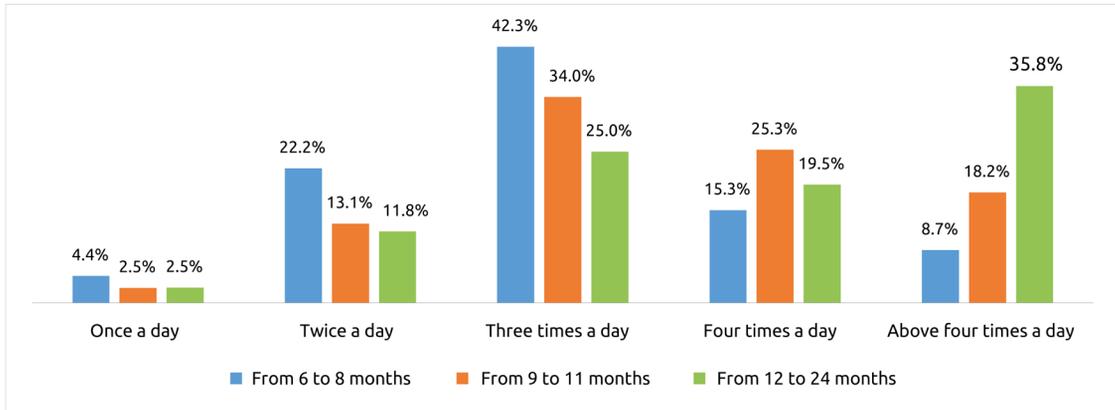
Figure 8. Satisfaction of ECD beneficiaries with Milk support program



Source: Primary data.

The overall satisfaction for the milk support program is 56.7%. Gatsibo district has the highest score (89%) whereas eight districts (Kirehe, Gasabo, Nyamasheke, Ngoma, Gisagara, Rubavu, Gicumbi and Rusizi) scored below 50%. Information from key informant interviews attributed this performance to the limited role of parents in ECD management and their limited contribution to children feeding as well as an inconsistency in milk support delivery by local authorities.

Figure 9. Children benefiting from complementary feeding according to their daily meal schedule



Source: Primary data.

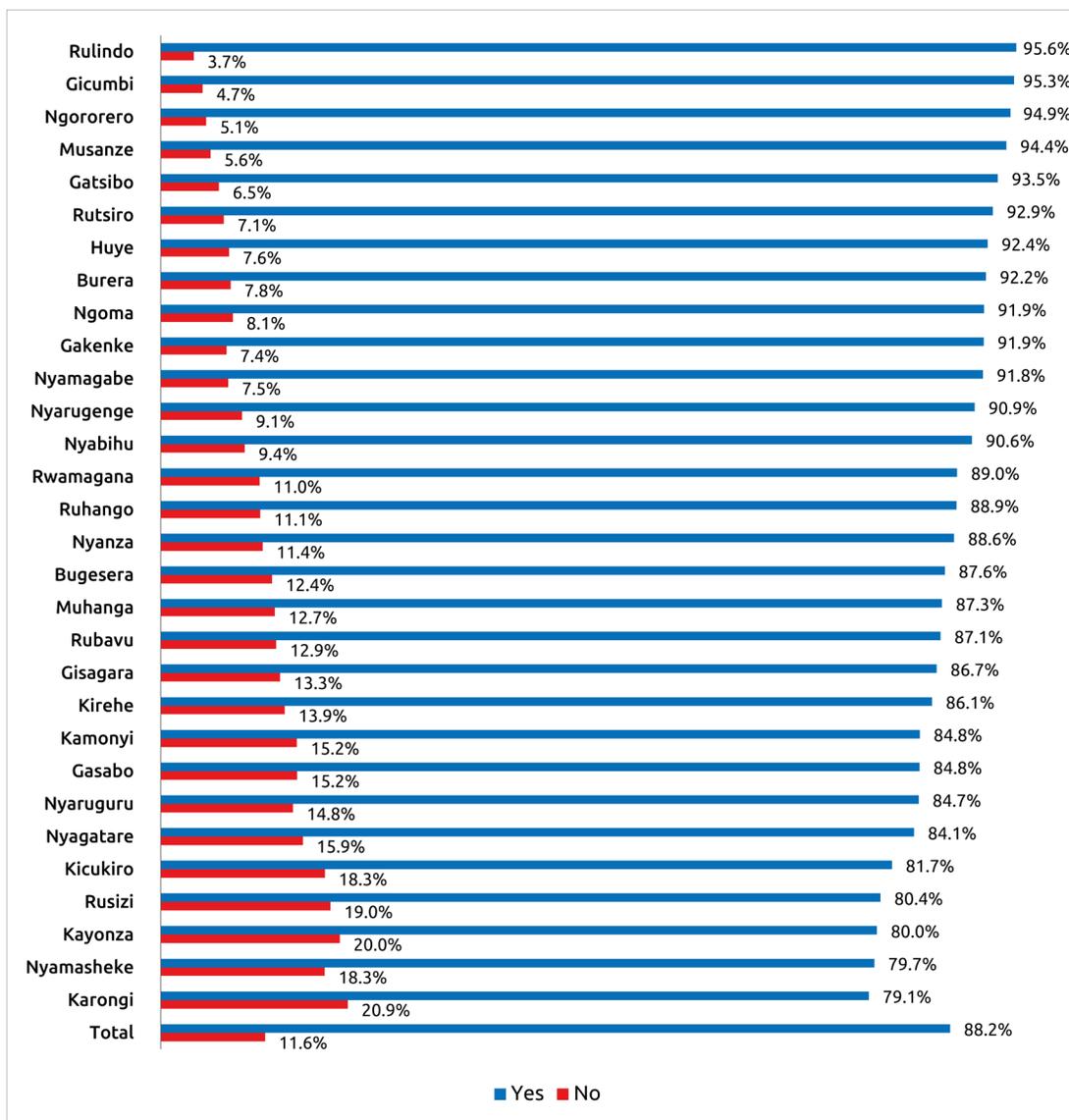
The World Health Organisation (WHO) recommends that infants should start receiving complementary foods at 6 months of age in addition to breast milk. Initially, they should receive complementary foods 2-3 times a day between 6-8 months and increase to 3-4 times daily between 9-11 months and 12-24 months.³

As figure 10 shows, 64.5% of children aged between 6-8 months are fed between 2-3 times daily. On the other hand, 77.5% of children aged between 9-11 months, and 80.3% of children aged between 12-24 months are fed at least 4 times a day. These figures show a closer correlation with stunting rate which stands at 33.1% according to the 2020 Rwanda Demographic Health Survey.



3. Retrieved from: https://www.who.int/health-topics/complementary-feeding#tab=tab_2 Accessed on 27th August, 2021. 4

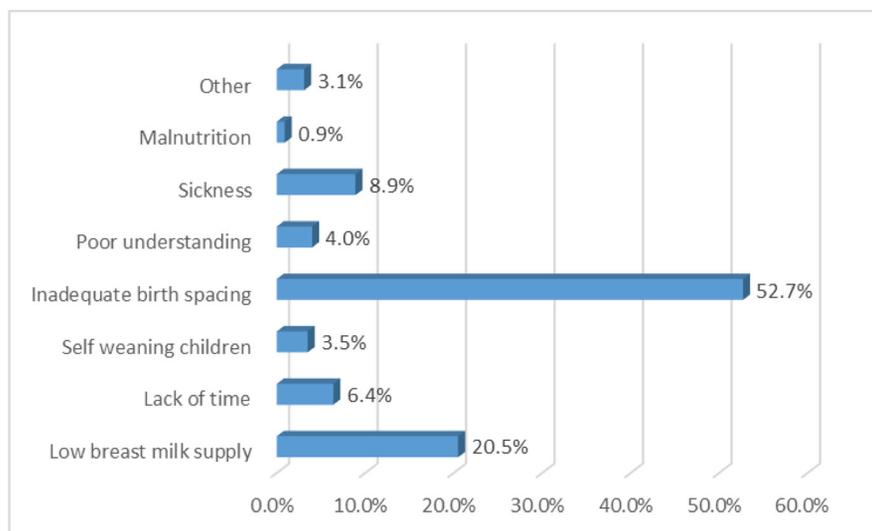
Figure 10. Breastfeeding children up to 24 months



Source: Primary data.

The overall score for breastfeeding children up to 24 months is 88.2%. Rulindo district has the highest score (95.6%) whereas Nyamasheke and Karongi districts scored below 80%. More efforts are still needed in sensitizing parents on the importance of breastfeeding their children until they are 2 years old due to the upside on the general wellbeing of children.

Figure 11. Causes of not breastfeeding children up to 24 months

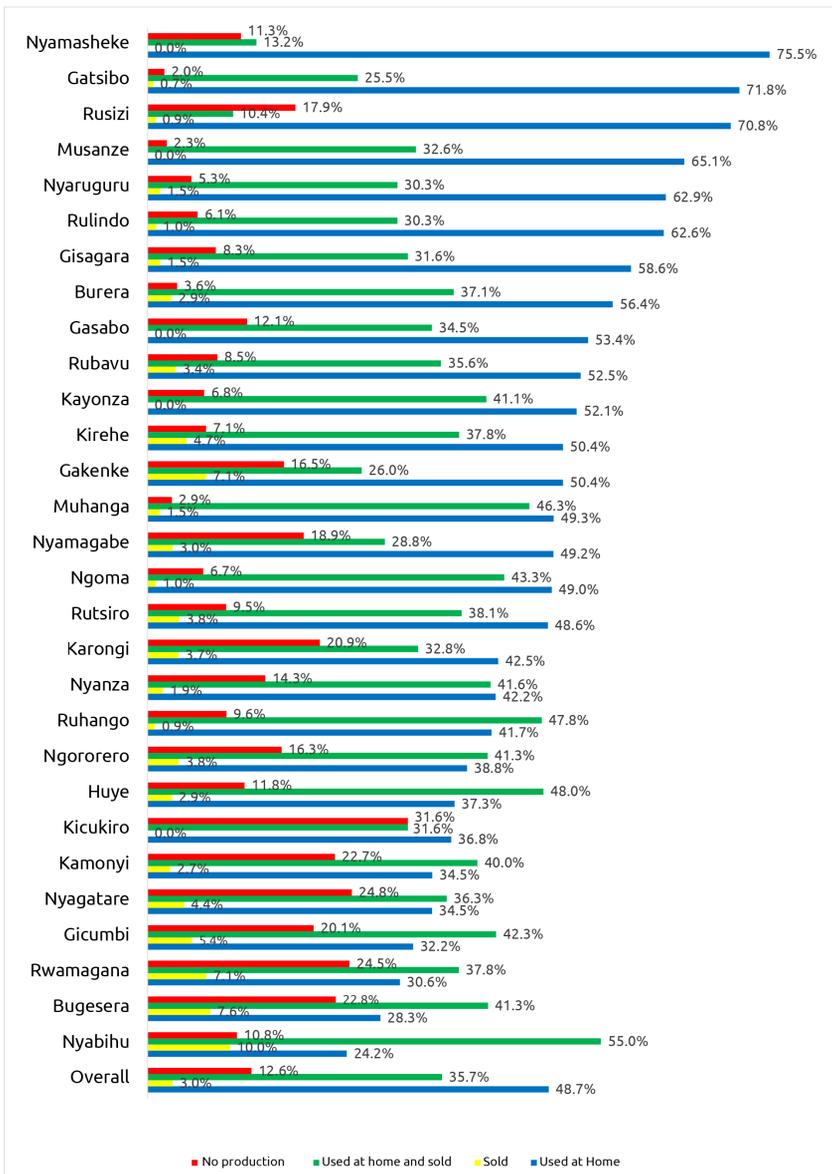


Source: Primary data.

Around 11% of parents breastfeed their children for less than 24 months. The two main reasons include inadequate birth spacing (52.7%) and low breast milk supply (20.5%). These findings show that more effort is still needed in sensitizing parents on the importance of adhering to family planning.



Figure 12. Use of livestock production



Source: Primary data.

Note: Nyarugenge does not appear on the graph because sampled respondents do not practice livestock production.

The percentage of ECD beneficiaries who possess livestock stands at 69.0% and the majority (48.7%) use their produce for home consumption while 3% (predominantly from Nyabihu, Gakenke, Bugesera, and Rwamagana districts) sell it. It is also important to note that except for Rwamagana, all the remaining districts that sell livestock production have high number of children with malnutrition and stunting challenges. This calls for more sensitization of citizens on using livestock production at home in order to curb the malnutrition and stunting rates in these districts.

4.1.3**RECOMMENDATIONS SPECIFIC TO THE PILLAR**

- ▶ Sensitize women in reproductive age on the importance of dietary diversity.
- ▶ Scale up and strengthen Ongeru, Shisha Kibondo and Milk programs to ensure that all eligible children benefit.
- ▶ Sensitize parents to prepare for their children a balanced diet meal from household production.
- ▶ Enhance the role of parents on their contribution to children feeding in ECD.



HEALTH

PILLAR

2



4.2

HEALTH

According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Protecting and improving the health of children is of fundamental importance especially for children under 6 years of age (WHO, 2018).⁴

In this ECD scorecard, the health pillar comprises of four indicators and 23 variables. The four indicators under this pillar are Maternal and Child Mortality, Disease Prevention and Control, Family Planning as well as Antenatal and Postnatal care.



Table 14: Performance of Indicators and Variables for the pillar of Health

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: HEALTH					82.0%	
1	Maternal and child mortality				78.9%	
1.1	Neonatal mortality rate	19	DHS 2019-2020	15	80.0%	
1.2	Under 5 mortality rate	45	DHS 2019-2020	35	77.8%	
2	Disease prevention and control				82.7%	
2.1	Percentage of children aged 0-59 months receiving Oral Rehydration Salt (ORS) against diarrhea	22.2%	HAPR (Health Sector Annual Performance Report) by MoH		22.2%	
2.2	Malaria prevalence for pregnant and lactating women	5.0%	DHS 2019-2020	4.1%	82.00%	

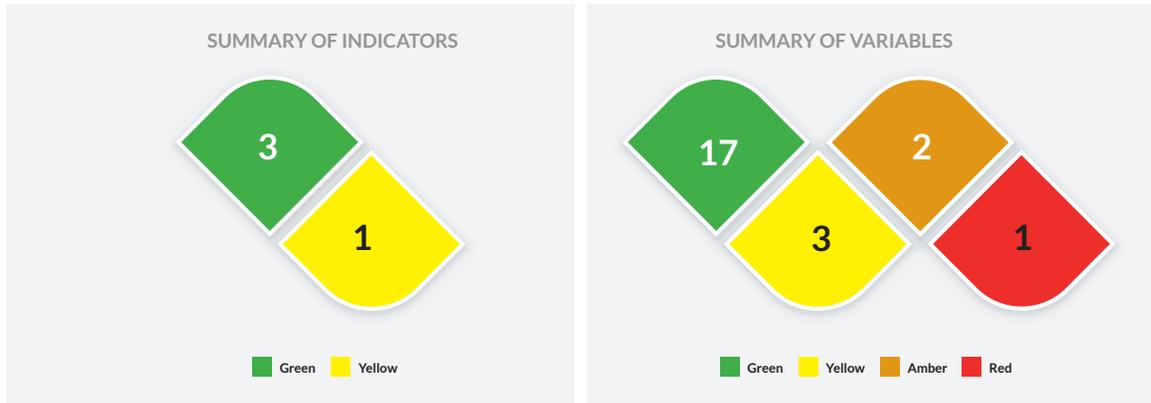
4. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>, accessed on 27 August 2021.

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
2.3	Malaria prevalence for children under age 5	7.2%	DHS 2019-2020	6.1%	84.7%	Green
2.4	Percentage of households with at least one Insecticide-Treated Net (ITN)	66.4%	DHS 2019-2020	84.0%	79.0%	Yellow
2.5	Immunization rate of children < 15 months	95.5%	DHS 2019-2020	100.0%	95.5%	Green
2.6	Level of parents satisfaction with immunization of children < 15 months	97.6%	Survey		97.6%	Green
2.7	Percentage of children under 5 years of age given deworming medication in last 6 months	100.0%	DHS 2019-2020		100.0%	Green
2.8	Percentage of households with health insurance	85.6%	HSSP4MTR-2021	95.0%	90.1%	Green
2.9	Level of awareness on preventive and curative health care	93.1%	Survey		93.1%	Green
3	Family Planning				81.1%	Green
3.1	Percentage of postpartum utilization of modern contraceptive methods after delivery	57.0%	HMIS 2022		57.0%	Orange
3.2	Percentage of women aged 15-45 using modern contraceptive utilization rate	58.4%	DHS 2019-2020	60.0%	97.3%	Green
3.3	Level of parents satisfaction on adherence to family planning	88.9%	Survey		88.9%	Green
4	Ante-natal and post-natal care				85.3%	Green
4.1	Percentage of new ANC registrations within 1 st trimester of pregnancy	51.0%	DHS 2019-2020		51.0%	Orange
4.2	Percentage of pregnant women who attend a health facility for ANC	90.0%	DHS 2019-2020		90.0%	Green
4.3	Percentage of newly-registered pregnant women tested for anaemia	63.0%	HMIS 2022		63.0%	Yellow
4.4	Percentage of new registrations for screened pregnant women who were malnourished (MUAC < 21cm)	93.0%	HMIS 2022		93.0%	Green
4.5	Percentage of pregnant women with 4 ANC standard visits	47.2%	DHS 2019-2020	51.0%	92.5%	Green
4.6	Level of parents' satisfaction with ANC services	92.8%	Survey		92.8%	Green
4.7	Percentage of mothers receiving postnatal visits by CHWs within three days of childbirth	92.0%	DHS 2019-2020		92.0%	Green
4.8	Percentage of newborn babies that received home visits by CHWs on the third day after birth	94.0%	HMIS 2022		94.0%	Green
4.9	Percentage of women who delivered at health facilities	94.0%	HMIS 2022	>95%	98.9%	Green

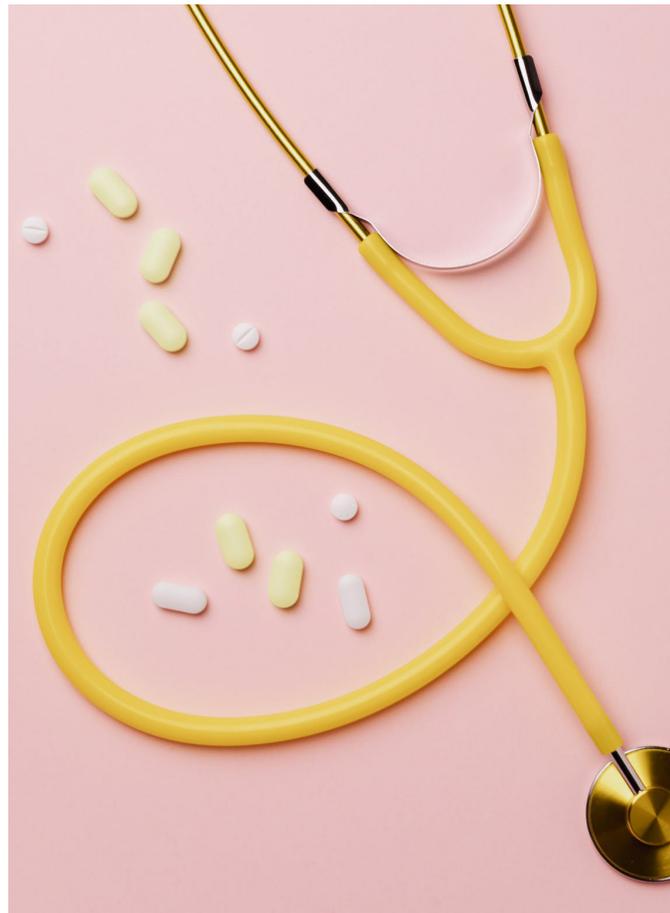
Source: ECD primary and secondary data.

4.2.1. Summary of Indicators and Variables

Figure 13. Summary of Indicators and Variables for the Health Pillar

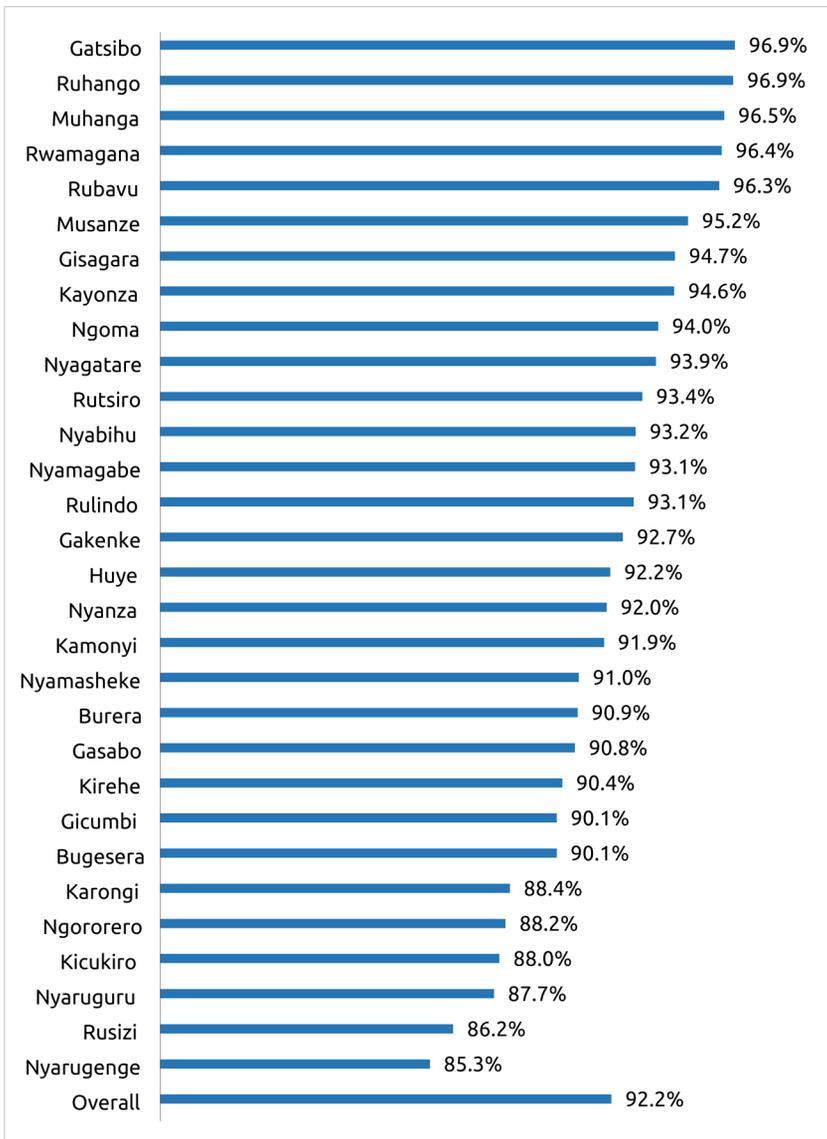


The overall performance of the Health pillar is 82.0%. The indicator of Antenatal and Postnatal care leads other indicators with a score of 85.3% while Maternal and Child Mortality scored the least with 78.9%. Three variables under this pillar scored below 60%. These are: Percentage of postpartum utilization of modern contraceptive methods after delivery (57%), Percentage of new Antenatal care registrations within the 1st trimester of pregnancy (51%), and Percentage of children aged 0 – 59 months receiving Oral Rehydration Salt (ORS) against diarrhoea (22.2%).



4.2.2 Performance of the Health pillar based on parents' perception

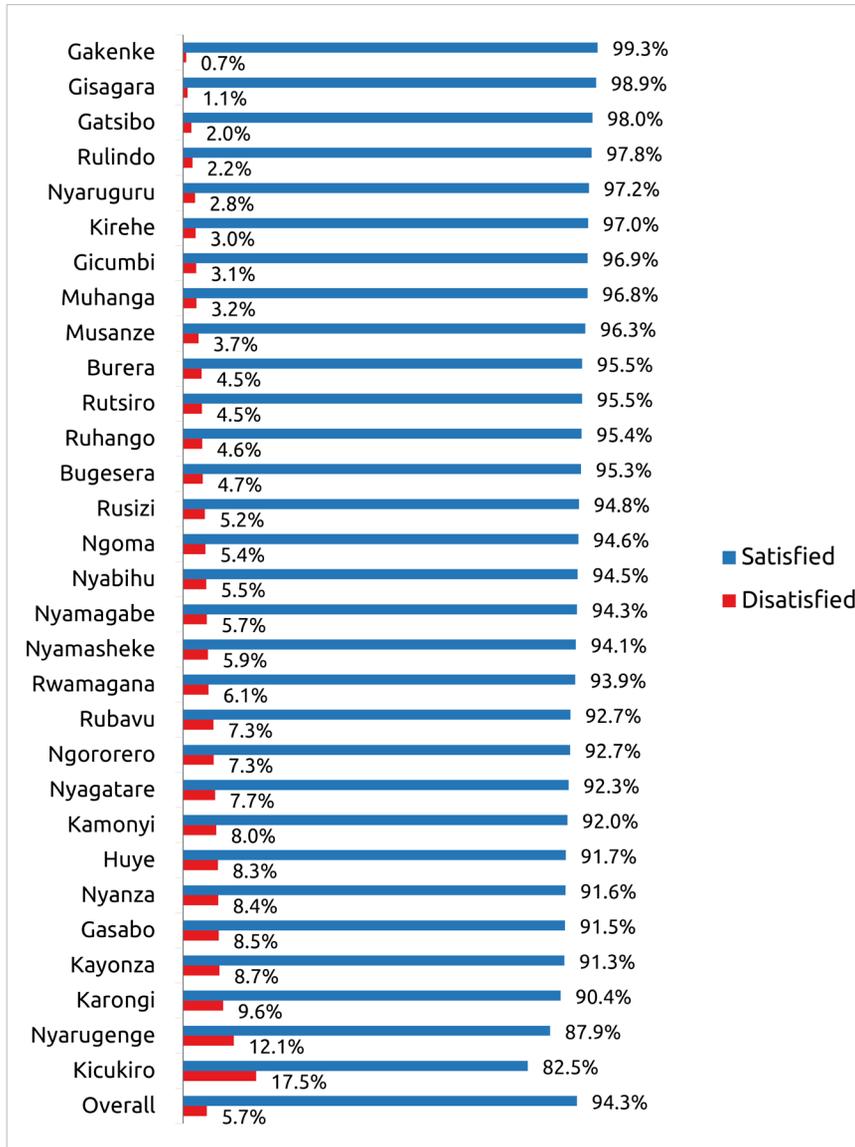
Figure 14. Overall parents' satisfaction with Health services per district



Source: Primary data.

The overall satisfaction of ECD beneficiaries with health services in all districts stands at 92.2% where Gatsibo and Ruhango lead other districts both at (96.9%).

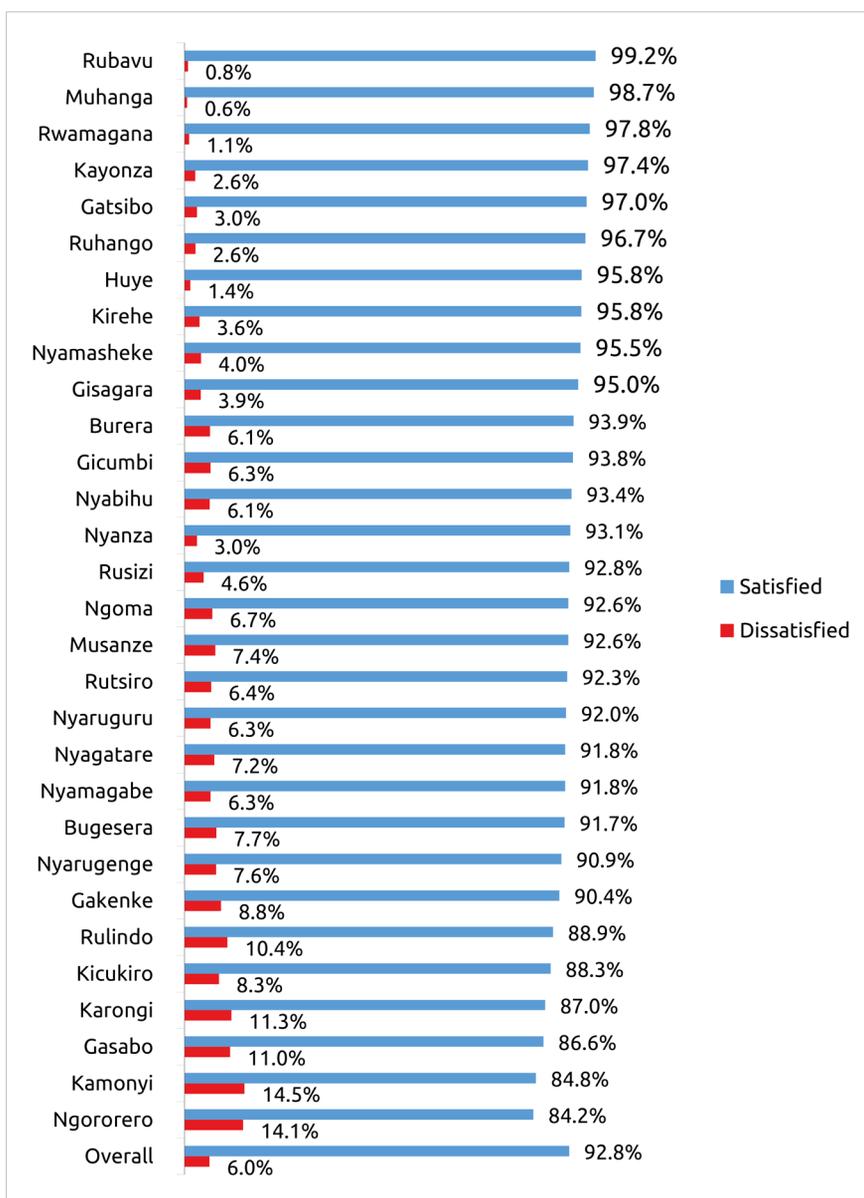
Figure 15. Percentage of households with Health Insurance



Source: Primary data.

Overall, the percentage of respondents who said that they have health insurance is 94.3% where Gakenke has the highest number of respondents with health insurance at 99.3%.

Figure 16. Level of parents' satisfaction with antenatal care services



Source: Primary data.

The overall satisfaction with antenatal care services stands at 92.8% with Rubavu district registering the highest level of satisfaction of 99.2%.

4.2.3**RECOMMENDATIONS SPECIFIC TO THE PILLAR**

- ▶ Enhance mobilization of ECD beneficiaries to increase uptake of family planning.
- ▶ Sensitize ECD beneficiaries on the importance of complying with required standard ANC visits.
- ▶ Mobilize parents to use Oral Rehydration Salt (ORS) against diarrhoea among children aged 0-59 months.
- ▶ Sensitize parents on the importance of postpartum utilization of modern contraceptive methods after delivery.

4.3

WATER, SANITATION AND HYGIENE (WASH)

Access to clean water and sanitation is key for healthy, dignified and productive lives. Water is also the first need when it comes to sanitation and hygiene. Rwanda is progressing steadily to improve access and use of water, deal with liquid and solid waste management, storm water management and has begun a campaign geared towards hygiene behaviour change of individuals, companies and institutions.

Improved WASH promotion aims at reducing parasitic intestinal infections such as worm infestation that impact nutritional status. Children under 5 years in households that have undergone hand washing with soap promotion have more chances of lower incidence of pneumonia than other children who do not have the same exposure (USAID, 2015). Equally, ensuring that all pregnant women have access to safe water, clean toilets and practice good hygiene contributes to reducing maternal anaemia and maternal environmental enteropathy. Also, ensuring that all health facilities have a clean and safe water supply and functional toilets with hand washing facilities contributes to safe deliveries for mother and children.

In this ECD scorecard, the WASH pillar comprises of two indicators and 14 variables. The indicators are (i) Access to Safe and Drinking Water, and (ii) Hygiene and Sanitation. The table below details the scores of indicators and variables under the pillar of WASH.

Table 15: Performance of indicators and variables for the pillar of WASH

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: WASH					59.2%	
1	Access to clean and safe drinking water				55.9%	
1.1	Percentage of households with access to clean water	72.7%	Survey		72.7%	
1.2	Level of satisfaction with access to clean water	49.3%	Survey		49.3%	
1.3	Percentage of households with safe drinking water	66.4%	Survey		66.4%	
1.4	Percentage of ECD with access to clean water				54.8%	
1.4.1	Home-based ECD	24.1%	RGB Assessment		24.1%	
1.4.2	Community-based ECD	60.0%	RGB Assessment		60.0%	
1.4.3	Center-based ECD	80.4%	RGB Assessment		80.4%	
1.5	Percentage of ECD with safe drinking water				36.1%	
1.5.1	Home-based ECD	37.6%	RGB Assessment		37.6%	
1.5.2	Community-based ECD	38.5%	RGB Assessment		38.5%	
1.5.3	Center-based ECD	32.1%	RGB Assessment		32.1%	

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
2	Hygiene & Sanitation				62.6%	
2.1	Percentage of HHs satisfied with body hygiene of children below 6 years	47.5%	Survey		47.5%	
2.2	Percentage of HHs satisfied with body hygiene of parents/guardians	64.8%	Survey		64.8%	
2.3	Percentage of HH satisfied with home environment hygiene	51.1%	Survey		51.1%	
2.4	Percentage of HH satisfied with hygiene at ECD facilities				66.7%	
2.4.1	Home-based ECD	65.4%	Survey		65.4%	
2.4.2	Community-based ECD	62.3%	Survey		62.3%	
2.4.3	Center-based ECD	72.4%	Survey		72.4%	
2.5	Percentage of HHs with improved latrines per minimum standards	45.0%	Survey		45.0%	
2.6	Level of awareness on WASH services	78.0%	Survey		78.0%	
2.7	Percentage of ECD facilities disaggregated by type with cleaned latrines, handwashing facility with soap and water				64.6%	
2.7.1	Home-based ECD	45.5%	RGB Assessment		45.5%	
2.7.2	Community-based ECD	65.4%	RGB Assessment		65.4%	
2.7.3	Center-based ECD	83.0%	RGB Assessment		83.0%	
2.8	Parents perception on children adoption of hygiene practices	67.8%	Survey		67.8%	
2.9	Level of satisfaction with CHWs services in WASH	77.5%	Survey		77.5%	

Source: ECD primary datasets, 2nd edition.

4.3.1 Summary of indicators and variables

Figure 17. Summary of indicators and variables for the pillar of WASH



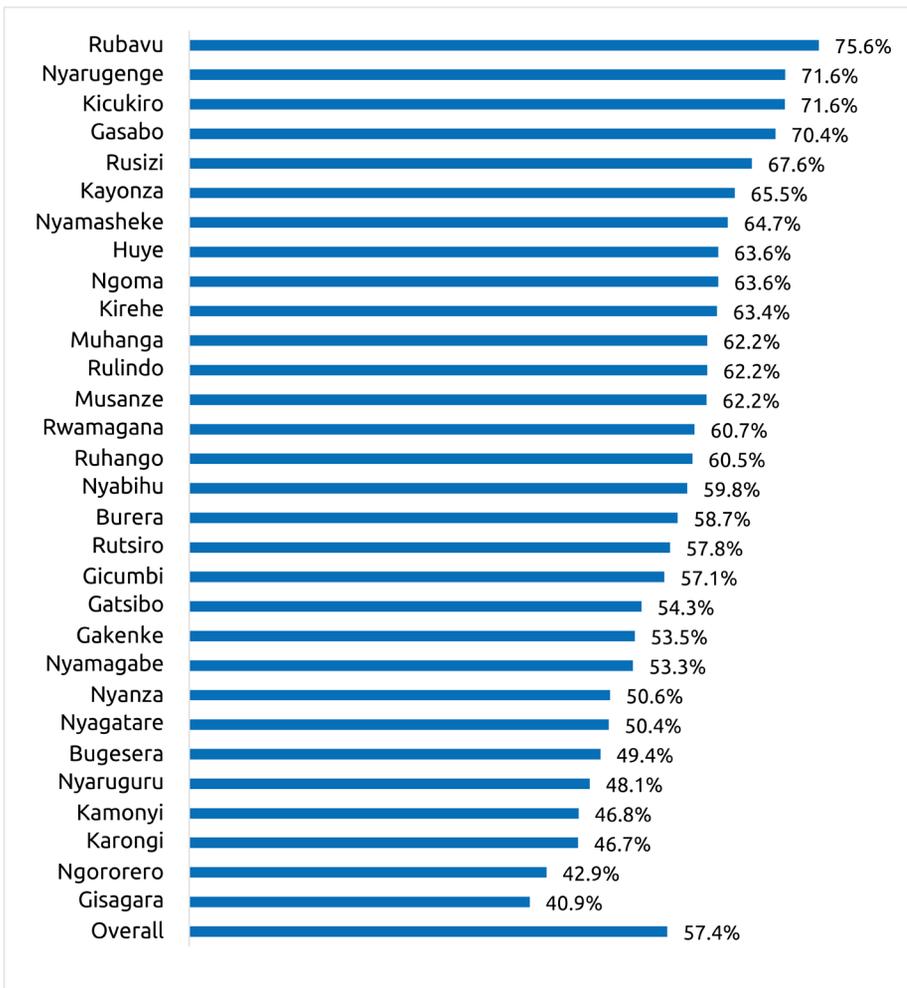
Source: ECD primary and secondary datasets, 2nd edition.

The overall score of this pillar is 59.2% which is the average of its two indicators: Access to safe and drinking water (55.9%), and Hygiene and sanitation (62.6%).

None of the 14 variables under this pillar is in green. The highest performing variable is the level of awareness on WASH services with 78% while the lowest is the percentage of ECD facilities with safe drinking water with a score of 36.1%.

4.3.2. Performance of WASH pillar based on parents' perception

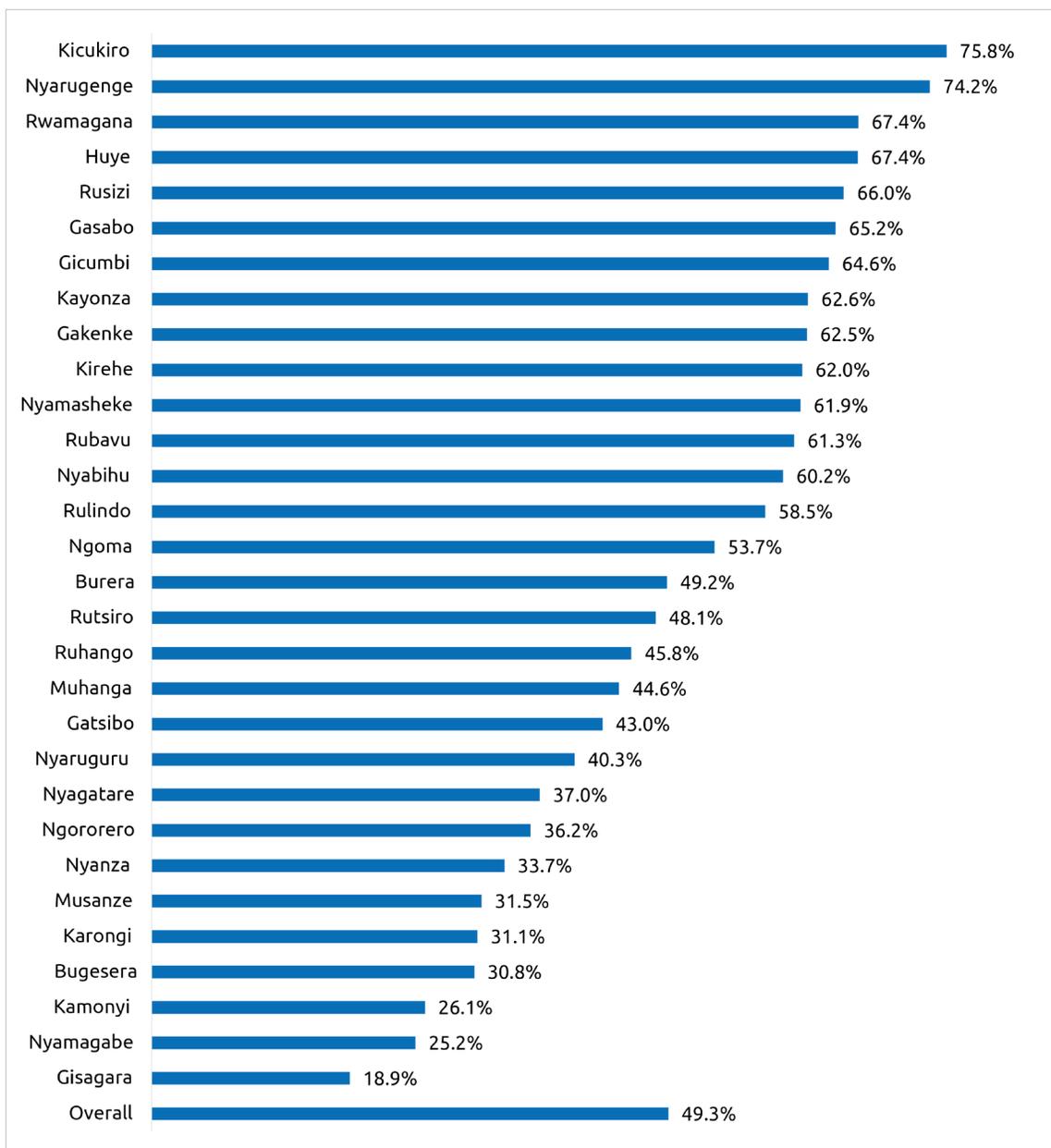
Figure 18. Satisfaction of ECD beneficiaries of WASH pillar per district



Source: Primary data.

The overall satisfaction of ECD beneficiaries with WASH pillar is 57.4% with Rubavu district recording the highest score (75.6%) while Gisagara scored the lowest (40.9%). Information from key informant interviews, ECD beneficiaries and service providers attributed this performance to poor mindset from parents as far as hygiene and sanitation is concerned and a general lack of consistent monitoring and evaluation of WASH practices by local authorities.

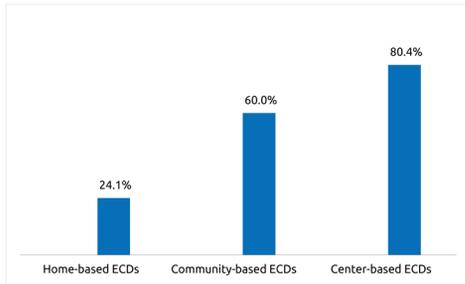
Figure 19. Parents' satisfaction with access to clean water



Source: Primary data.

The above graph shows that only 49.3 % of ECD beneficiaries are satisfied with access to clean water. The graph also highlights that half of the districts scored below 50% with Gisagara scoring the lowest at 18.9%.

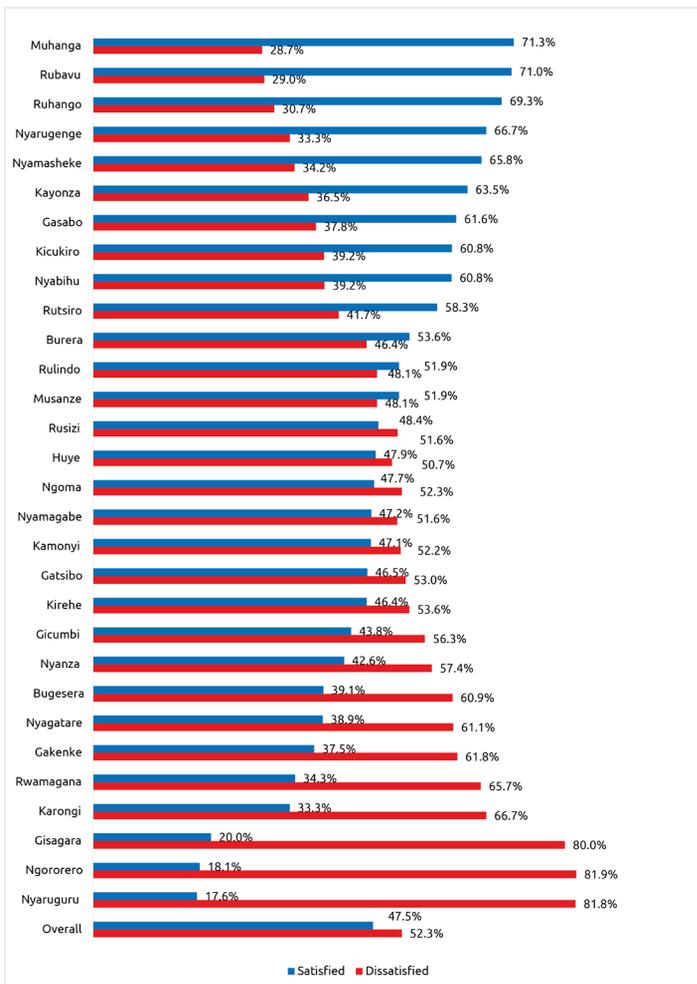
Figure 20. Percentage of ECD with access to clean Water



Source: Primary datasets.

The above figure shows that a high number (75.9%) of home-based ECD do not have access to clean water, which results in a lack of hygiene and sanitation in home-based ECD as observed by the assessment team.

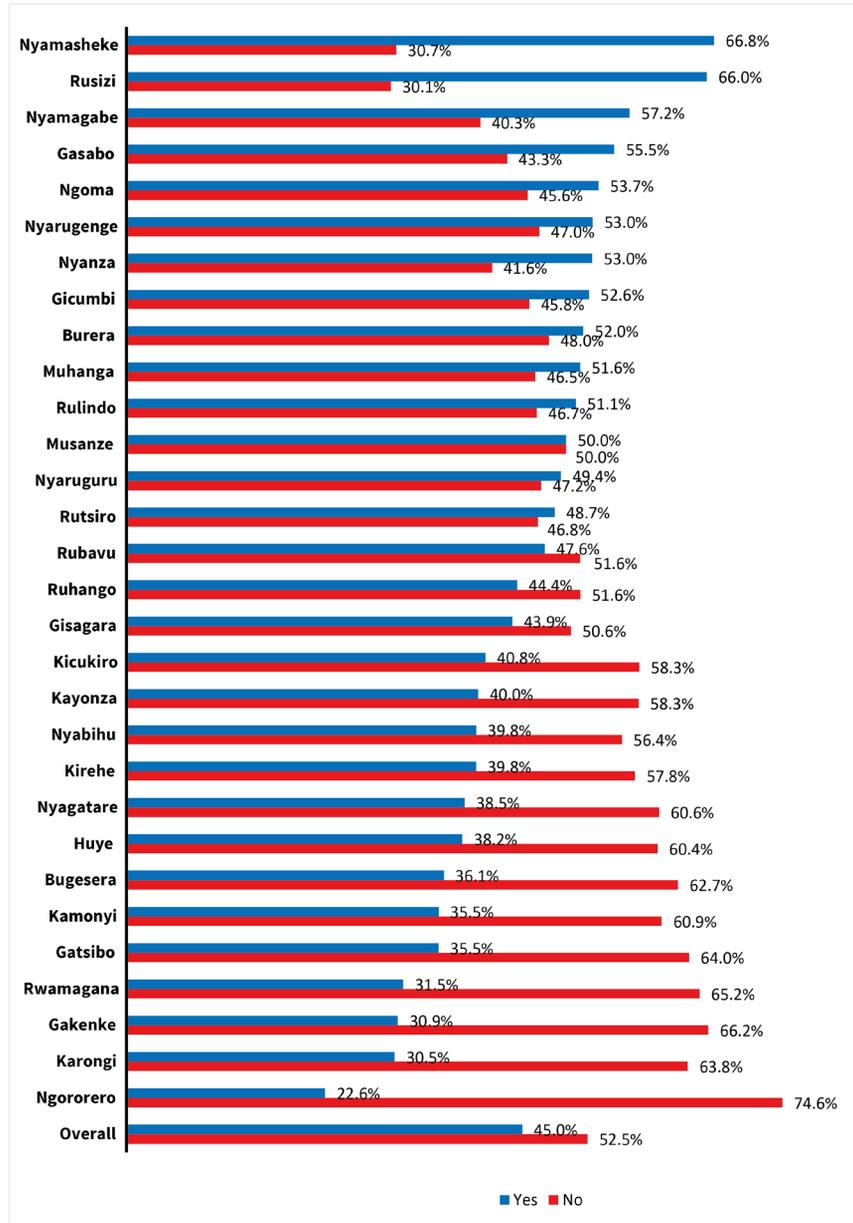
Figure 21. Percentage of Households satisfied with body hygiene of children below 6 years



Source: Primary datasets.

The overall score of satisfaction of body hygiene for children under 6 years is 47.5%. Muhanga district has the highest satisfaction at 71.3% while Nyaruguru has the lowest at 17.6%. The overall score shows that more efforts are needed in sensitizing parents and caregivers on hygiene and sanitation practices at personal and community level.

Figure 22. Percentage of Households with improved latrines per minimum standards



Source: Primary data.

The majority of households do not have latrines that meet minimum standards (52.5%). In addition, it was noted that 2.5% of households do not have latrines at all.

4.3.3**RECOMMENDATIONS SPECIFIC TO THE PILLAR**

- ▶ Sensitize parents and caregivers in improving WASH practices.
- ▶ Increase the number of households with access to clean water.
- ▶ Mobilise households to prepare and drink safe water.
- ▶ Equip ECD settings with required equipment and materials that enable them to get clean water.
- ▶ Ensure that latrines in ECD meet minimum standards.
- ▶ Sensitize parents and caregivers to improve on the body hygiene of children.



4. PARENTING EDUCATION

PILLAR

4



4.4

PARENTING EDUCATION

Parenting education and support programs are prioritized on the conviction that family is the primary institution through which quality optimal care and early stimulation can be provided to children. Parents need guidance on how to support children's physical, emotional, social and cognitive development (NCDA, 2021). Parents have a duty to take care of their children, especially those aged 0 to 6 years old, with an understanding that ECD is also their responsibility.

The Pillar of Parenting Education has two indicators and ten variables. The two indicators are: (i) Parenting and Early Child Stimulation and (ii) Parent Participation in Integrated Early Childhood Development (IECD) services.

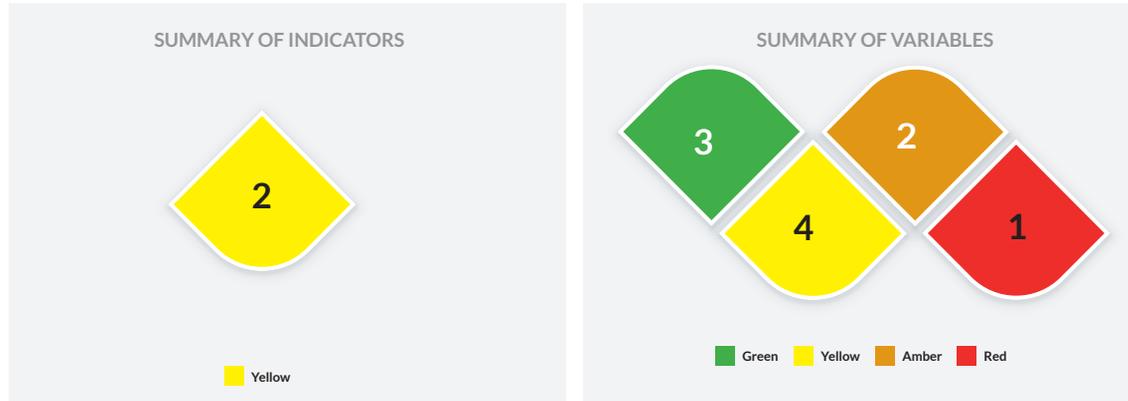


Table 16: Performance of indicators and variables for the Parenting Education pillar

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: PARENTING EDUCATION					66.6%	
1	Parenting and Early Child Stimulation				70.6%	
1.1	Level of parents practicing positive parenting services				89.5%	
1.1.1	Parents practicing early childhood learning	93.1%	survey		93.1%	
1.1.2	Parents practicing child care	98.4%	survey		98.4%	
1.1.3	Parents practicing early child brain stimulation	85.3%	survey		85.3%	
1.1.4	Parents practicing children hygiene	94.5%	survey		94.5%	
1.1.5	Parenting without physical, moral and psychological abuse	57.9%	survey		57.9%	
1.1.6	Parents practicing infant and young children feeding	94.1%	survey		94.1%	
1.1.7	Parents practicing health seeking services	98.2%	survey		98.2%	
1.1.8	Parents participating as caregivers in IECD services	94.2%	survey		94.2%	
1.2	Level of parents' satisfaction with importance on ECD facilities services	97.5%	survey		97.5%	
1.3	Percentage of both parents of children aged 0-6 years practicing positive disciplining	68.5%	Survey		68.5%	
1.3.1	Percentage of men parents practicing positive disciplining	64.5%	Survey		64.5%	
1.3.2	Percentage of women parents practicing positive disciplining	72.5%	Survey		72.5%	
1.4	Percentage of men against women participating in parent sessions on IECD services	13.5%	Survey	50%	27.0%	
2	Parent participation in IECD services				62.7%	
2.1	Contribution to ECD facilities infrastructure and equipment	61.5%	Survey		61.5%	
2.2	Participation in ECD management	69.1%	Survey		69.1%	
2.3	Contribution to ECD child feeding	68.5%	Survey		68.5%	
2.4	Contribution to ECD hygiene practices	49.0%	Survey		49.0%	
2.5	Parent participation in child education and protection				86.3%	
2.5.1	Role in child health care	84.9%	Survey		84.9%	
2.5.2	Positive parenting	85.3%	Survey		85.3%	
2.5.3	Role in child protection and inclusiveness	86.9%	Survey		86.9%	
2.5.4	Role in child school readiness	88.1%	Survey		88.1%	
2.6	Level of appreciation of ECD partners in parent participation	41.7%	CSOs survey		41.7%	

4.4.1 Summary of indicators and variables

Figure 23. Summary of indicators and variables for the pillar of Parenting Education

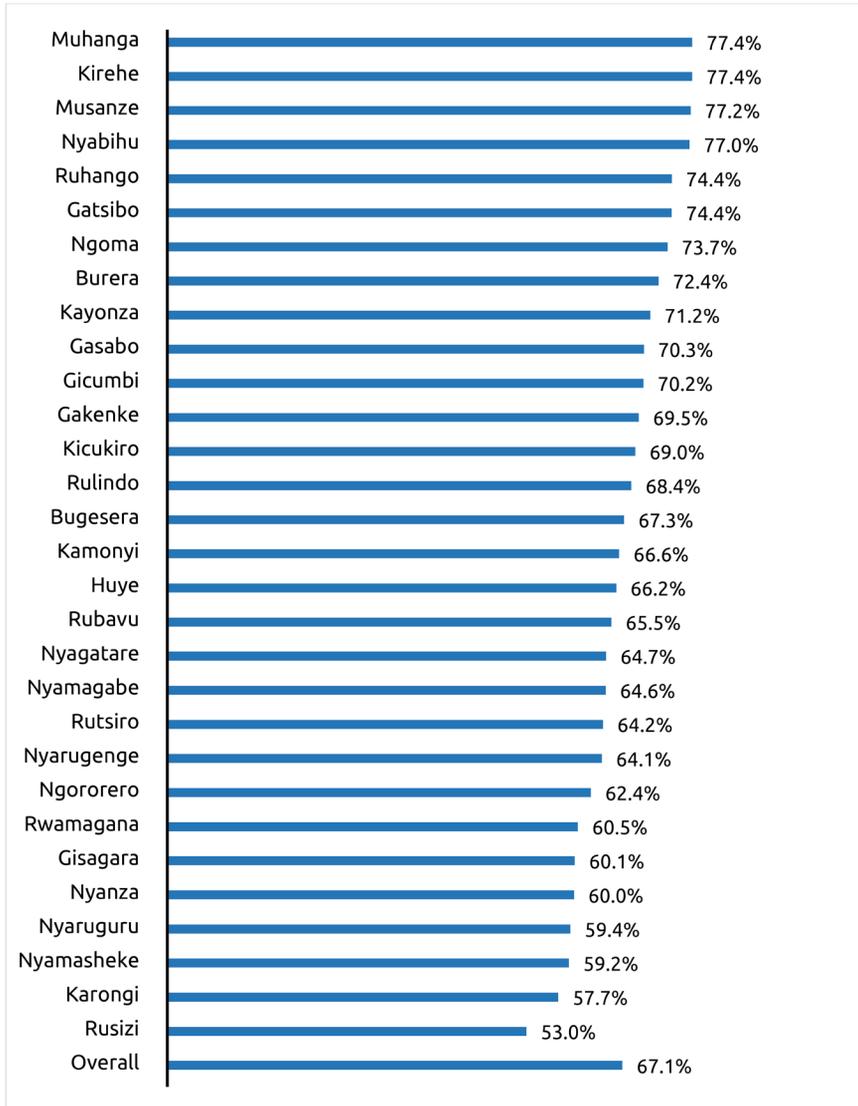


Source: Primary datasets.

The overall score of the Parenting Education pillar is 66.6%. The two indicators of Parenting and Early Child Stimulation and that of Parent Participation in IECD services scored 70.6% and 62.7% respectively. Under this pillar, only three variables performed above 80%. These are, (i) Level of parents practicing positive parenting services (89.5%), (ii) Level of parents' satisfaction with importance on ECD facilities services (97.5%) and (iii) Parents' participation in child education and protection (86.3%). The lowest performing variables are, (i) Contribution to ECD Hygiene practices with (49.0%), (ii) Level of appreciation of ECD partners in parent participation (41.7%) and (iii) Percentage of men against women participating in parents' sessions on IECD services (27.0%).

4.4.2. Performance of the pillar of Parenting Education based on parents' perception

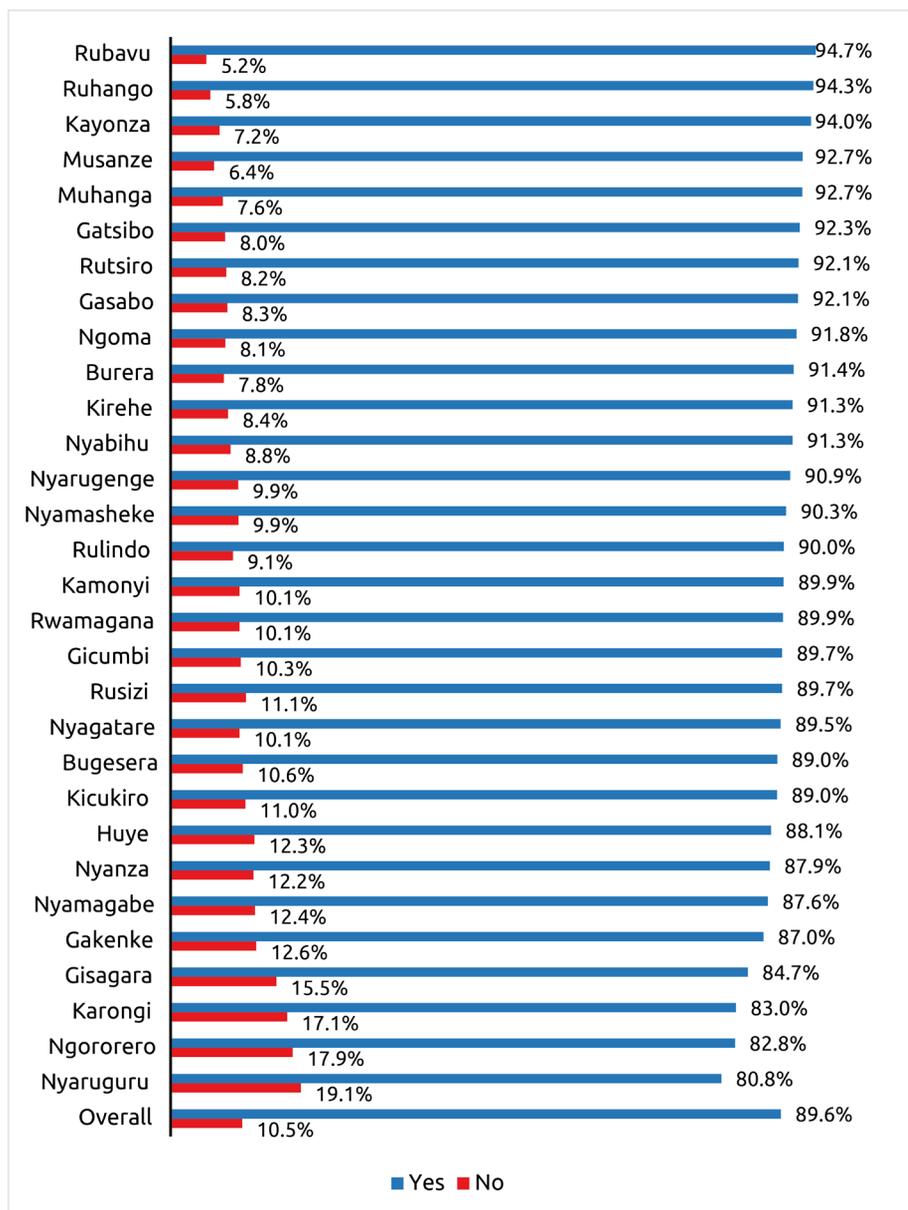
Figure 24. Satisfaction of ECD beneficiaries on the pillar of Parenting Education per district



Source: Primary data.

The overall satisfaction of ECD beneficiaries with parenting education in all districts stands at 67.1%. The highest level of satisfaction is in Muhanga and Kirehe districts (77.4%) while the lowest is in Rusizi (53.0%). Information from key informant interviews attributed this performance to parents' poor understanding of the importance of ECD and general lack of awareness of their role in ECD management.

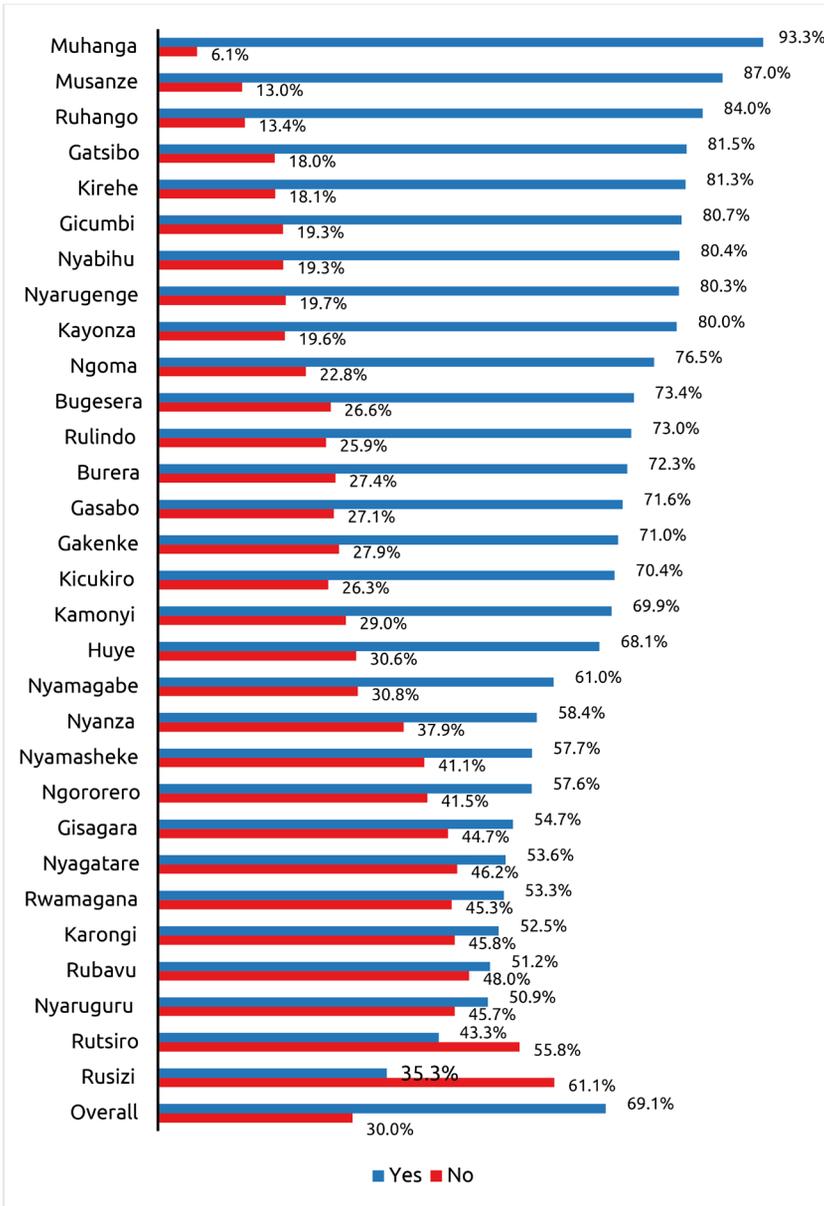
Figure 25. Level of parents practicing positive parenting services



Source: Primary data.

Overall, parents practicing positive parenting services stands at 89.6% with Rubavu district leading with 94.7%.

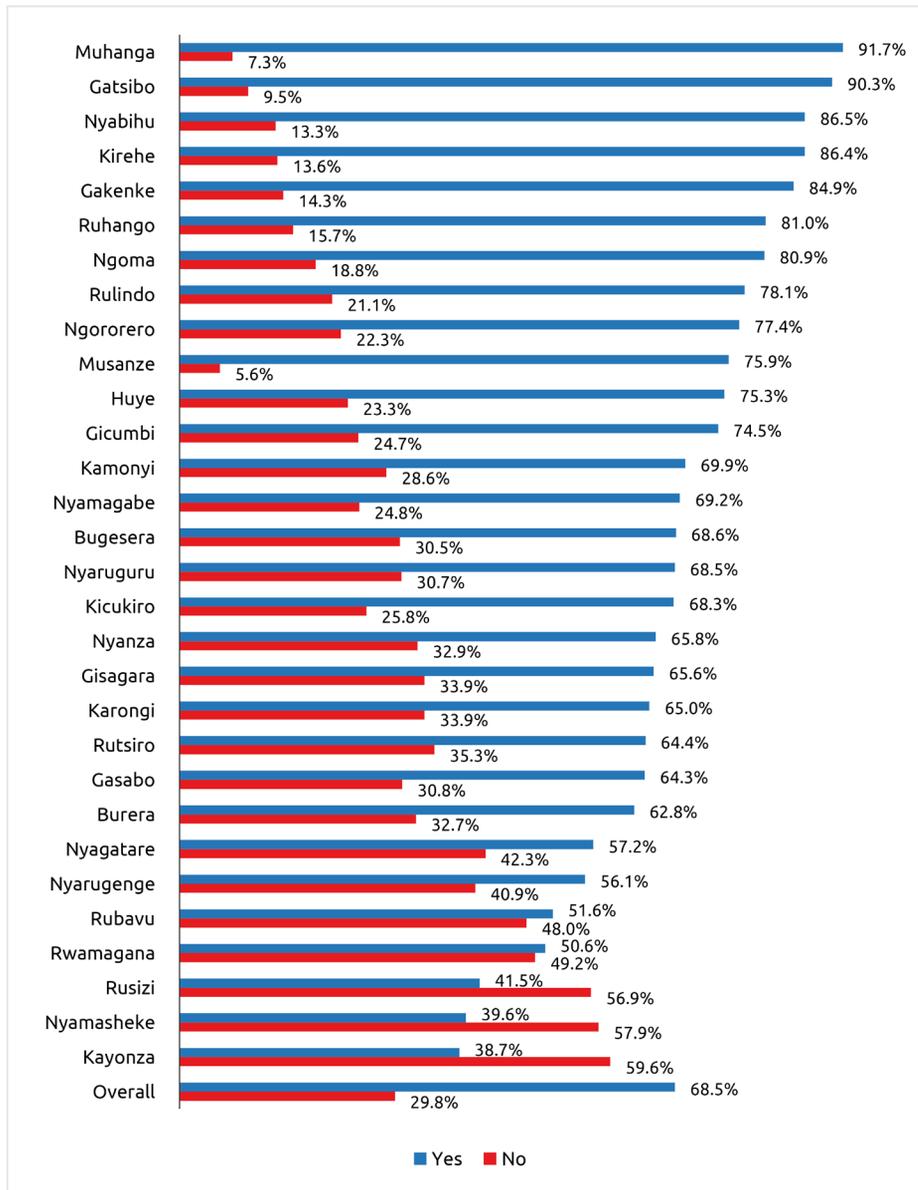
Figure 26. Parents' participation in ECD management



Source: Primary data.

The percentage of parents' participation in ECD management stands at 69.1%. Muhanga district has the highest participation rate with a score of 93.3% while Rusizi has the lowest participation with a score of 35.3%. This limited ownership from parents was further highlighted by key informants as having a negative effect on the operationalisation of ECD.

Figure 27: Parents' contribution to children feeding in ECD



Source: Primary data.

The percentage of parents' contribution to children feeding in ECD stands at 68.5%. Muhanga district has the highest rate at 91.7% while Kayonza has the lowest rate of 38.7%. It should be noted that districts with a big number of children affected by malnutrition and stunting also have the lowest contribution rate of parents in feeding their children in ECD.

4.4.3**RECOMMENDATIONS SPECIFIC TO THE PILLAR**

- ▶ Enhance parents' participation in ECD management and children feeding.
- ▶ Sensitize parents and caregivers to avoid child corporal and emotional punishments.
- ▶ Raise awareness of parents and caregivers on children's rights.
- ▶ Sensitize parents particularly fathers on their participation in ECD programs.



5. SCHOOL READINESS

PILLAR



4.5

SCHOOL READINESS

School readiness refers to a start in life, in a nurturing and safe environment that enables children to survive and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn (UNICEF, 2021). There is a need for a caring, safe and stimulating environment for the holistic development of children, hence, measuring school readiness unveils the gaps that lie therein and help to address them.

In this ECD scorecard, School readiness comprises 4 indicators and 18 variables. The indicators are: child preparedness, caregivers and Community Health Workers (CHW) capacity, ECD facilities with infrastructure and equipment, as well as ECD leadership and governance.



Table 17: Performance of indicators and variables for the Pillar of School Readiness

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: SCHOOL READINESS					59.8%	
1	Child preparedness				59.8%	
1.1	Level of caregivers' satisfaction with attendance of children				82.9%	
1.1.1	Home-based ECD	75.6%	RGB Assessment		75.6%	
1.1.2	Community-based ECD	81.4%	RGB Assessment		81.4%	
1.1.3	Center-based ECD	91.7%	RGB Assessment		91.7%	
1.2	Existence of REB Curriculum				53.6%	
1.2.1	Home-based ECD	20.7%	Survey		20.7%	
1.2.2	Community-based ECD	55.7%	Survey		55.7%	
1.2.3	Center-based ECD	84.3%	Survey		84.3%	
1.3	Use of REB Curriculum				50.5%	
1.3.1	Home-based ECD	19.1%	Survey		19.1%	
1.3.2	Community-based ECD	52.9%	Survey		52.9%	
1.3.3	Center-based ECD	79.6%	Survey		79.6%	
1.4	Supervision by type of ECD				44.5%	
1.4.1	Center-based ECD	41.7%			41.7%	
1.4.2	Community-based ECD	36.3%			36.3%	
1.4.3	Home-based ECD	55.4%			55.4%	
1.5	Reporting by type of ECD				67.6%	
1.5.1	Home-based ECD	65.2%			65.2%	
1.5.2	Community-based ECD	68.7%			68.7%	
1.5.3	Center-based ECD	68.9%			68.9%	
2	Caregivers and CHWs performance				82.8%	
2.1	Level of parents' satisfaction with caregivers services	89.1%	Survey		89.1%	
2.2	Level of parents' satisfaction with CHWs interventions	85.9%	Survey		85.9%	
2.3	Trained caregivers by type				73.3%	
2.3.1	Home-based ECD	67.7%	Survey		67.7%	
2.3.2	Community-based ECD	77.6%	Survey		77.6%	
2.3.3	Center-based ECD	74.6%	Survey		74.6%	

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
3	ECD facilities with infrastructures and equipment				43.8%	
3.1	Level of compliance with minimum standards with basic infrastructure at ECD facilities				43.6%	
3.1.1	Home-based ECD	31.0%	RGB Assessment		31.0%	
3.1.2	Community-based ECD	41.1%	RGB Assessment		41.1%	
3.1.3	Center-based ECD	58.7%	RGB Assessment		58.7%	
3.2	Partners appreciation of the level of compliance with minimum ECD standards	61.4%	CSOs Survey		61.4%	
3.3	ECD setting by age (Baby, Middle, Top)				34.9%	
3.3.1	Community-based ECD	27.3%	RGB Assessment		27.3%	
3.3.2	Center-based ECD	42.5%	RGB Assessment		42.5%	
3.4	Existence of a resting room, equipped with mattresses in center based ECD	35.2%	RGB Assessment		35.2%	
4	ECD leadership and governance				52.8%	
4.1	Percentage of ECD facilities with operational parents committees		Survey	100%	71.2%	
4.1.1	Home-based ECD	55.1%		100%	55.1%	
4.1.2	Community-based ECD	79.1%		100%	79.1%	
4.1.3	Center-based ECD	79.5%		100%	79.5%	
4.2	Level of parents satisfaction with ECD facilities management		Survey		76.6%	
4.2.1	Home-based ECD	74.5%	Survey		74.5%	
4.2.2	Community-based ECD	71.6%	Survey		71.6%	
4.2.3	Center-based ECD	83.8%			83.8%	
4.3	Level of caregivers satisfaction with ECD facilities management		Survey		62.4%	
4.3.1	Home-based ECD	54.3%	Survey		54.3%	
4.3.2	Community-based ECD	57.1%	Survey		57.1%	

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
4.3.3	Center-based ECD	75.9%	Survey		75.9%	
4.4	Existence of MoU				31.6%	
4.4.1	Home-based ECD	23.2%	Survey		23.2%	
4.4.2	Community-based ECD	38.8%	Survey		38.8%	
4.4.3	Center-based ECD	32.8%	Survey		32.8%	
4.5	Existence of consent form				9.1%	
4.5.1	Home-based ECD	7.5%	Survey		7.5%	
4.5.2	Community-based ECD	7.5%	Survey		7.5%	
4.5.3	Center-based ECD	12.3%	Survey		12.3%	
4.6	Partners appreciation of ECD services performance	65.7%	CSOs Survey		65.7%	

4.5.1 Summary of indicators and variables

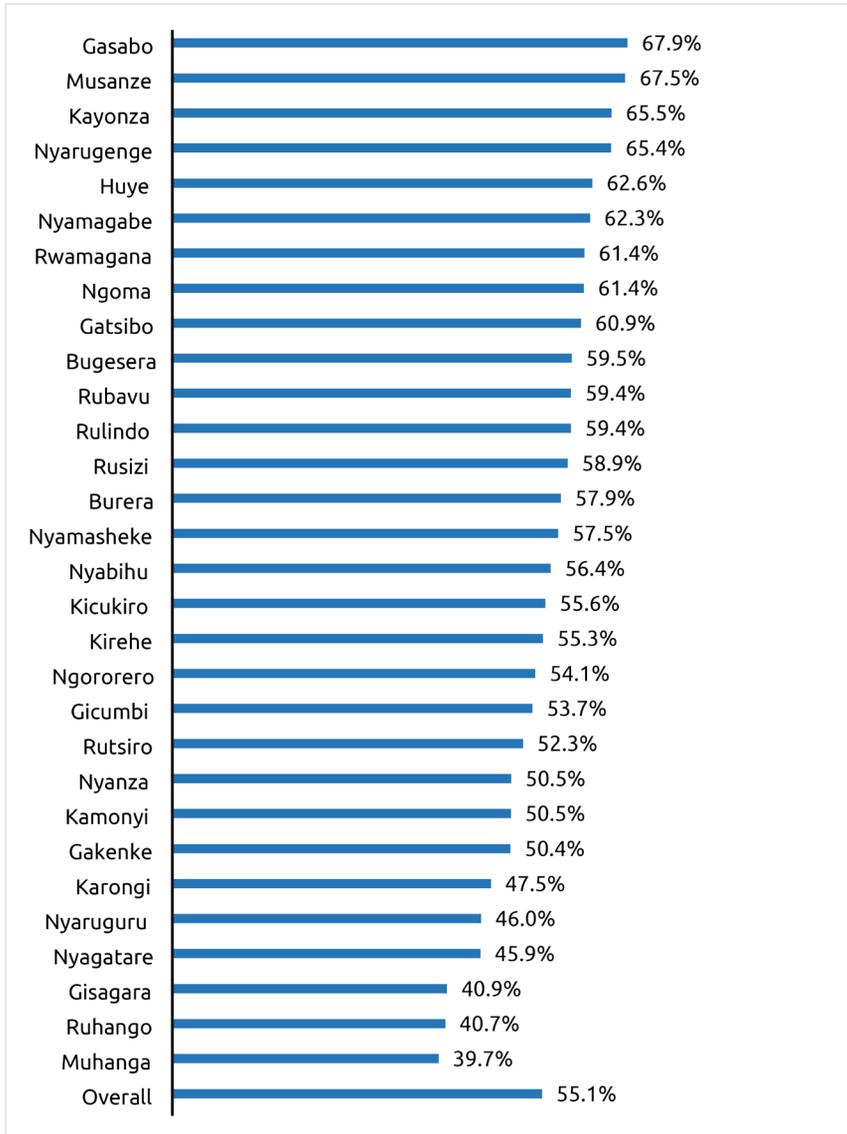
Figure 28. Summary of indicators and variables for the pillar of School Readiness



The overall score of the pillar of school readiness is 59.8%. This is mainly attributed to the low performance of its indicators, three of which scored less than 60%. These are child preparedness (59.8%), ECD facilities with infrastructure and equipment (43.8%), and ECD leadership and governance (52.8%).

4.5.2 Performance of the pillar of School readiness based on parents' perception

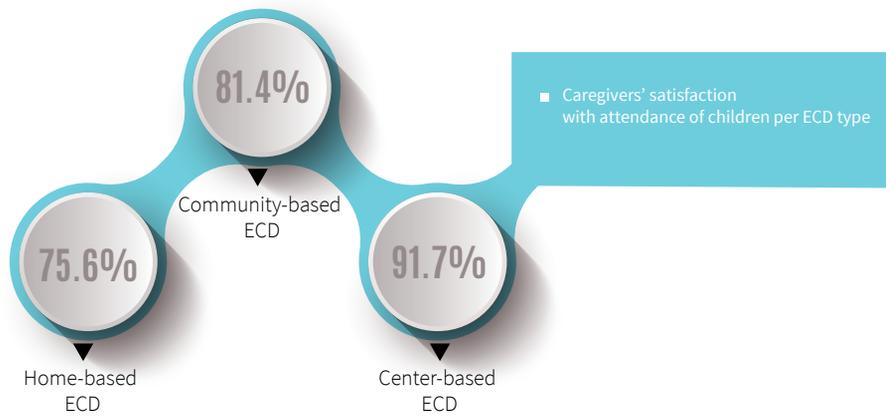
Figure 29. Overall satisfaction of parents on school readiness per district



Source: Primary data.

The overall satisfaction of parents with school readiness services in all districts is 55.1%. Gasabo district scores relatively high at 67.9% compared to others while Muhanga has the lowest levels of satisfaction at 39.7%. Information from key informant interviews attributed this low performance to parents' low understanding of the importance of ECD and their limited involvement in the management of ECD.

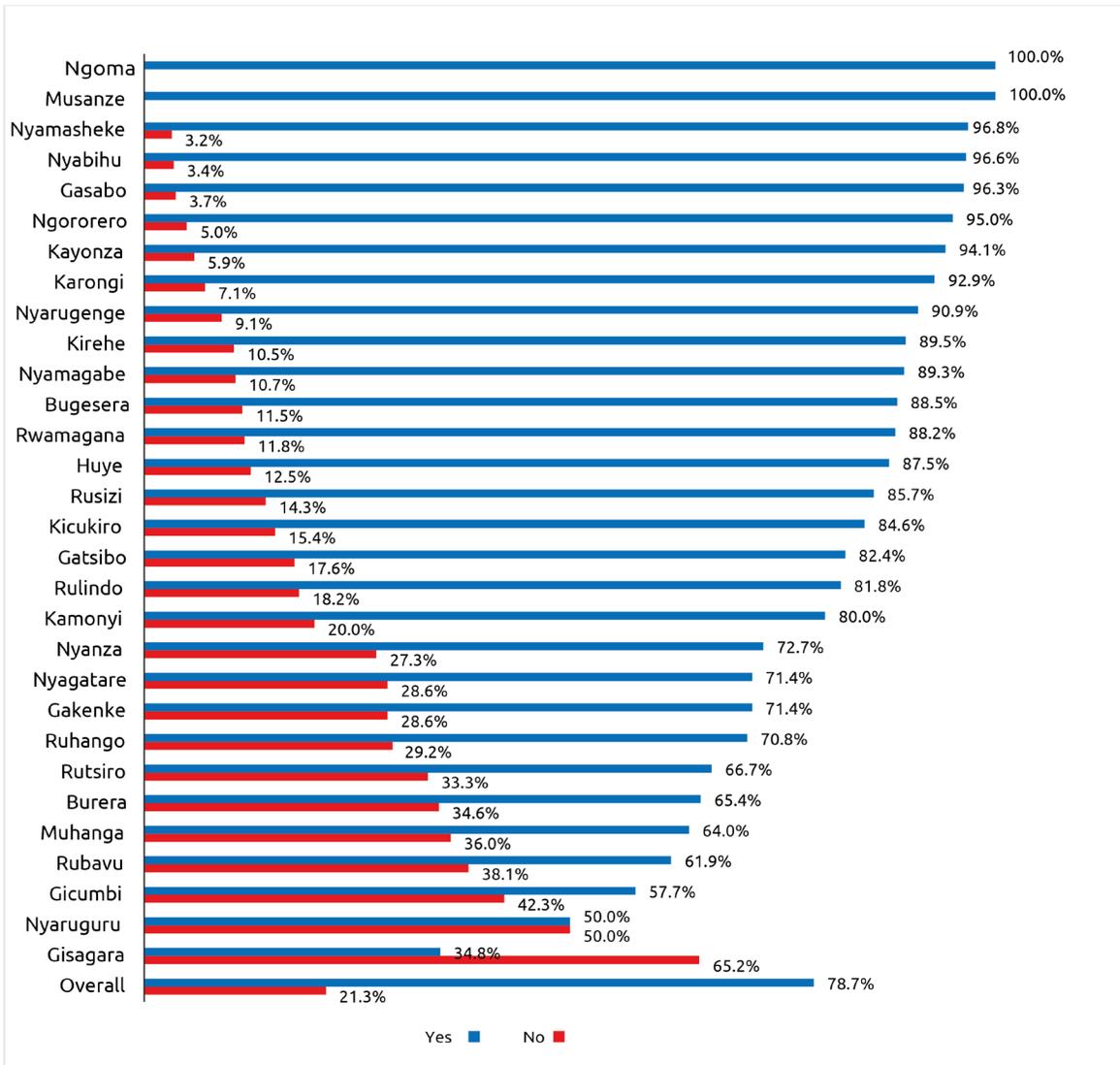
Figure 30. Caregivers' satisfaction with attendance of children per ECD Type



Source: Primary data.

The satisfaction of caregivers with the attendance of children in center-based ECD is the highest with a score of 91.7% while the attendance of children in home-based ECD scored low at 75.6%. The low satisfaction of caregivers on attendance in home-based ECD is a result of lack of facilities and incentives compared to the other ECD categories.

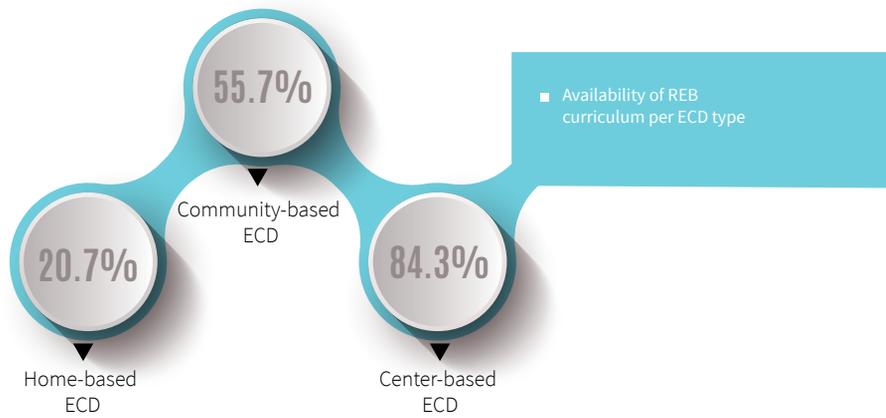
Figure 31. Level of caregivers' satisfaction with attendance of children per district



Source: Primary data.

The satisfaction of caregivers with attendance of children in all districts is 78.7%. Ngoma and Musanze districts have the highest score of 100% while Gisagara district has the lowest attendance score of 34.8%. The findings show that 11 districts scored below 75%, with the southern province having the biggest number of districts (5).

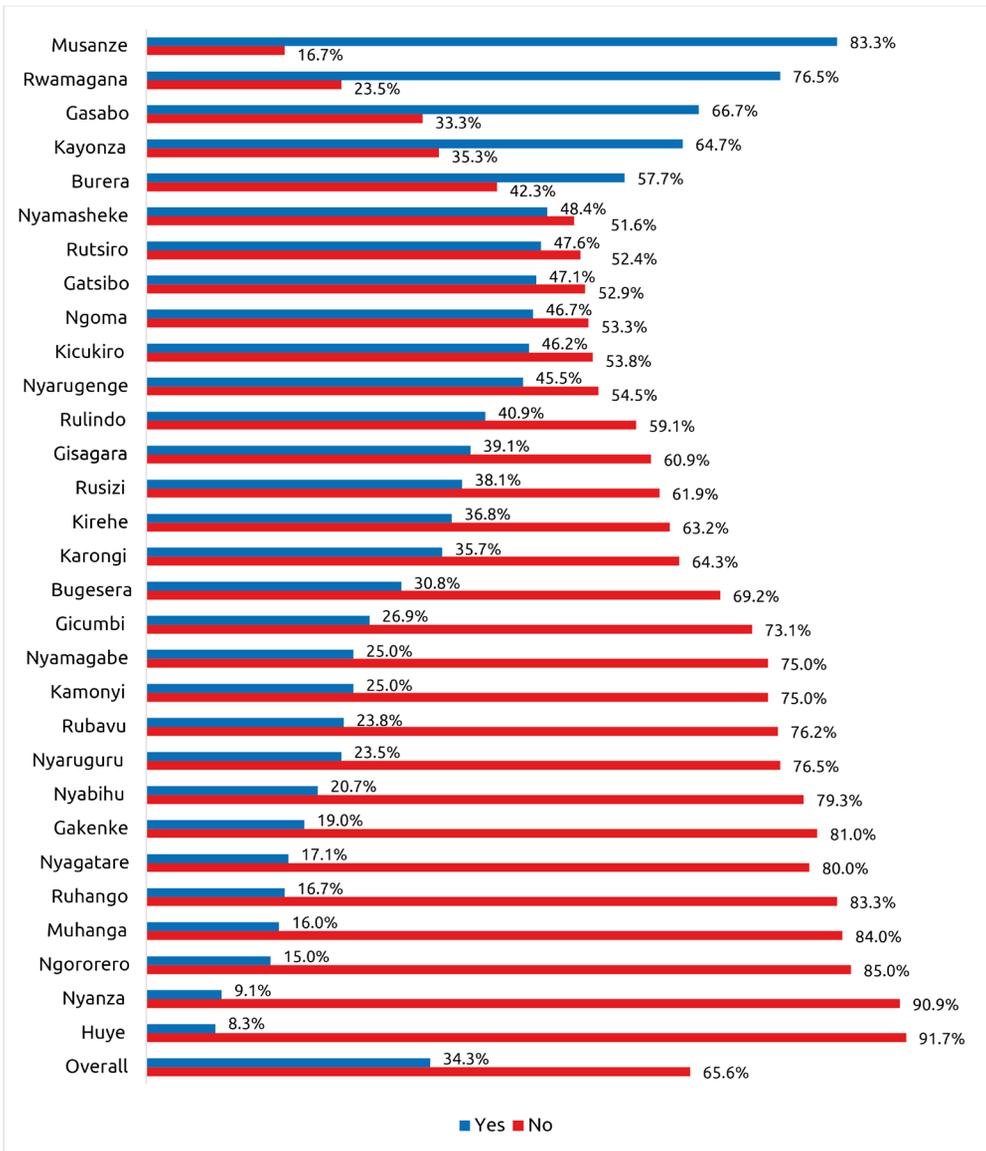
Figure 32. Availability of REB Curriculum per ECD type



Source: RGB Assessment

The findings revealed that there is limited availability of REB curriculum in assessed ECD facilities. Center-based ECD registered a high score with 84.3% while home-Based ECD registered the least with 20.7%.

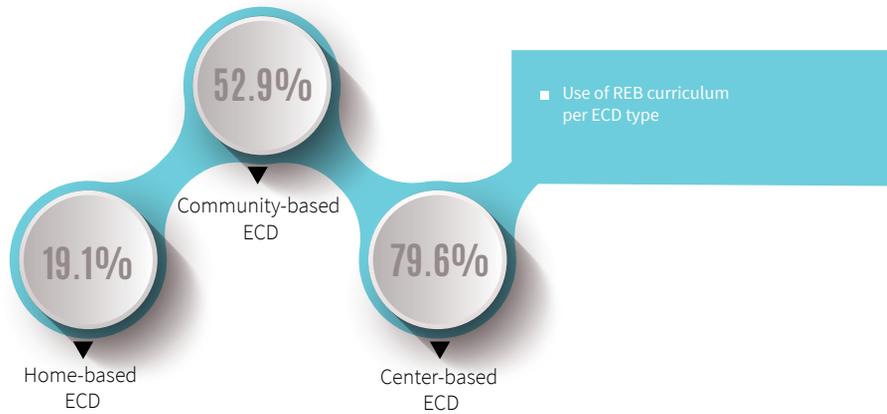
Figure 33. Availability of REB Curriculum per district



Source: RGB Assessment

The availability of a REB curriculum in assessed ECD facilities per district is at 34.3 %. Almost all districts do not have REB curriculum in ECD facilities. There is a need for concerned authorities to avail REB curriculum where they do not exist.

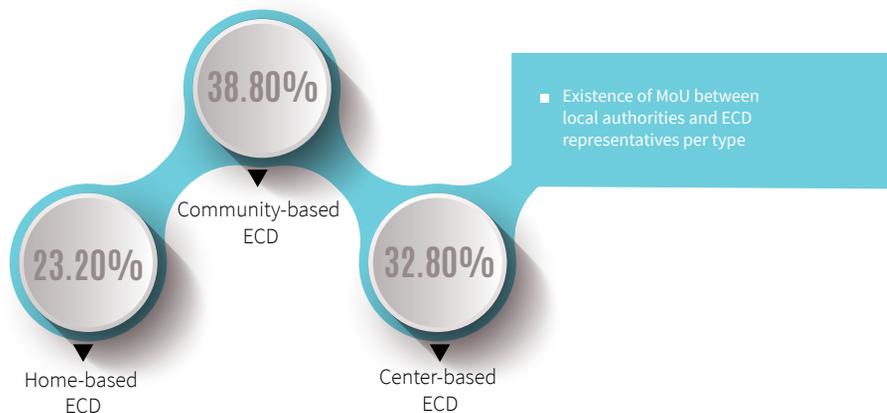
Figure 34. Use of REB Curriculum per ECD type



Source: RGB Assessment

Where REB curriculum exists, the findings revealed that 79.6% of center-based ECD, 52.9% of community-based ECD, and 19.1% of home-based ECD use them. There is need to enhance the use of REB curriculum and harmonize the training of caregivers on the use of the curriculum and closely monitor its operationalisation.

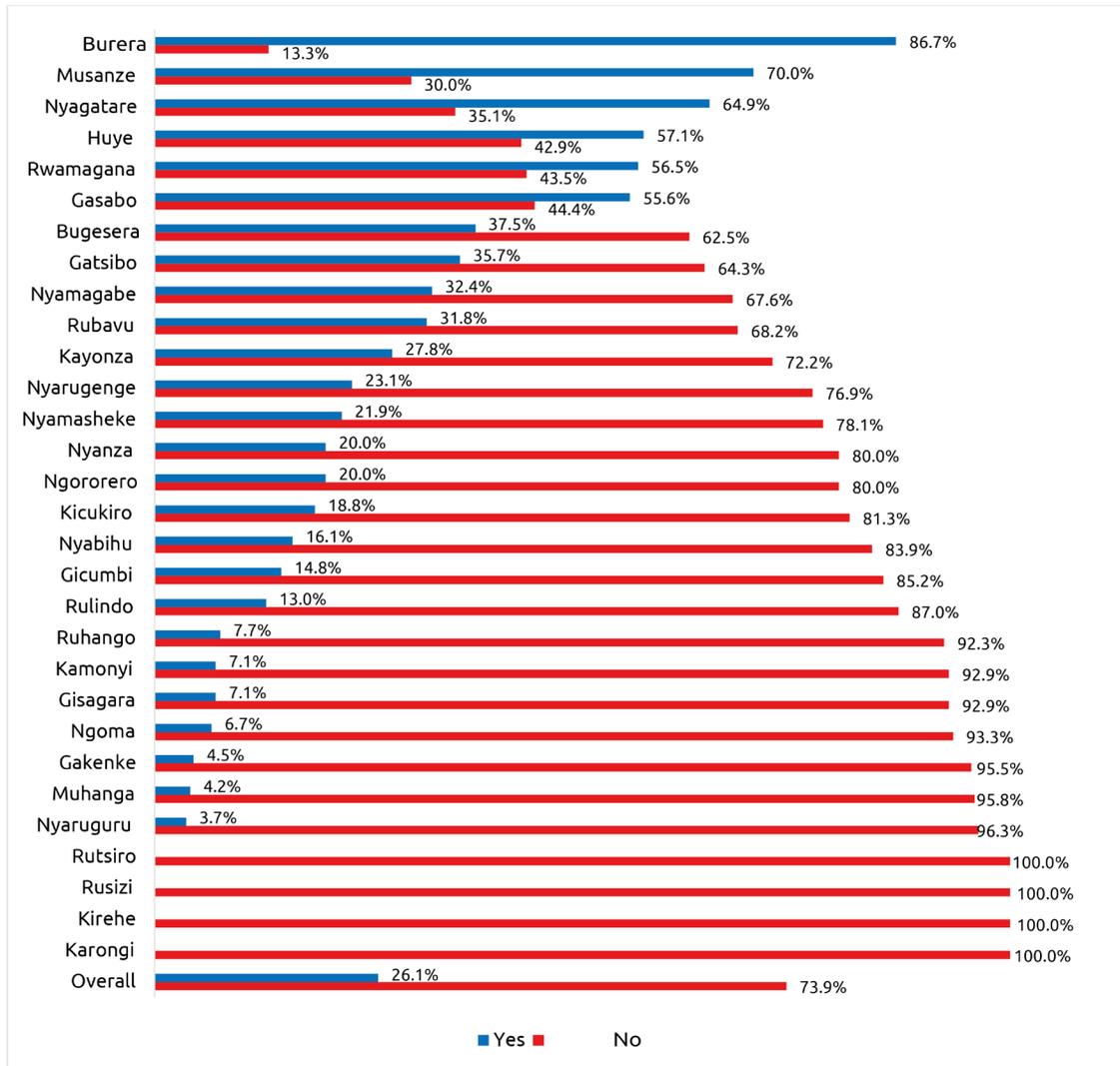
Figure 35. Existence of MoU between local authorities and ECD representatives per type



Source: Primary data.

According to ECD guidelines, there should be a memorandum of understanding signed between local authorities (Cell and Sector) and ECD representatives before operation. However, the assessment findings show that only 32.8% of assessed center-based ECD, 38.8% of community-based ECD and 23.2% of home-based ECD have signed MoU. This means that majority of assessed ECD do not comply with this standard.

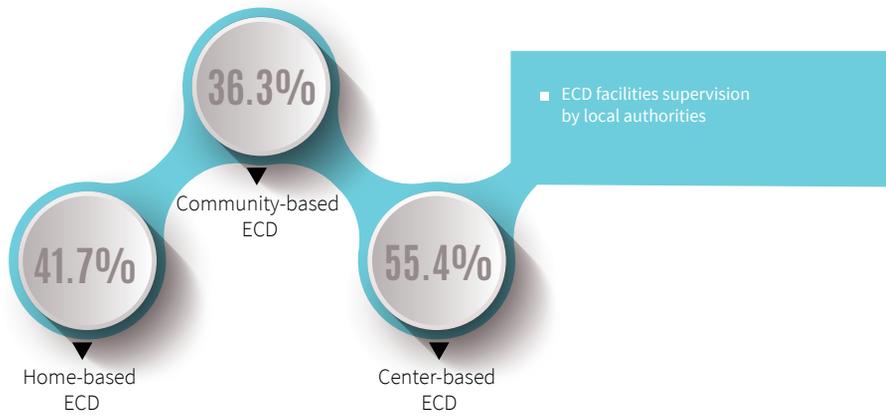
Figure 36. Existence of MoU between local authorities and ECD representatives per district



Source: Primary data.

The findings show that the overall existence of MoU between local authorities and ECD representatives at the district level is 26.1%. This means that majority of assessed ECD (73.9%) do not comply with the guidelines.

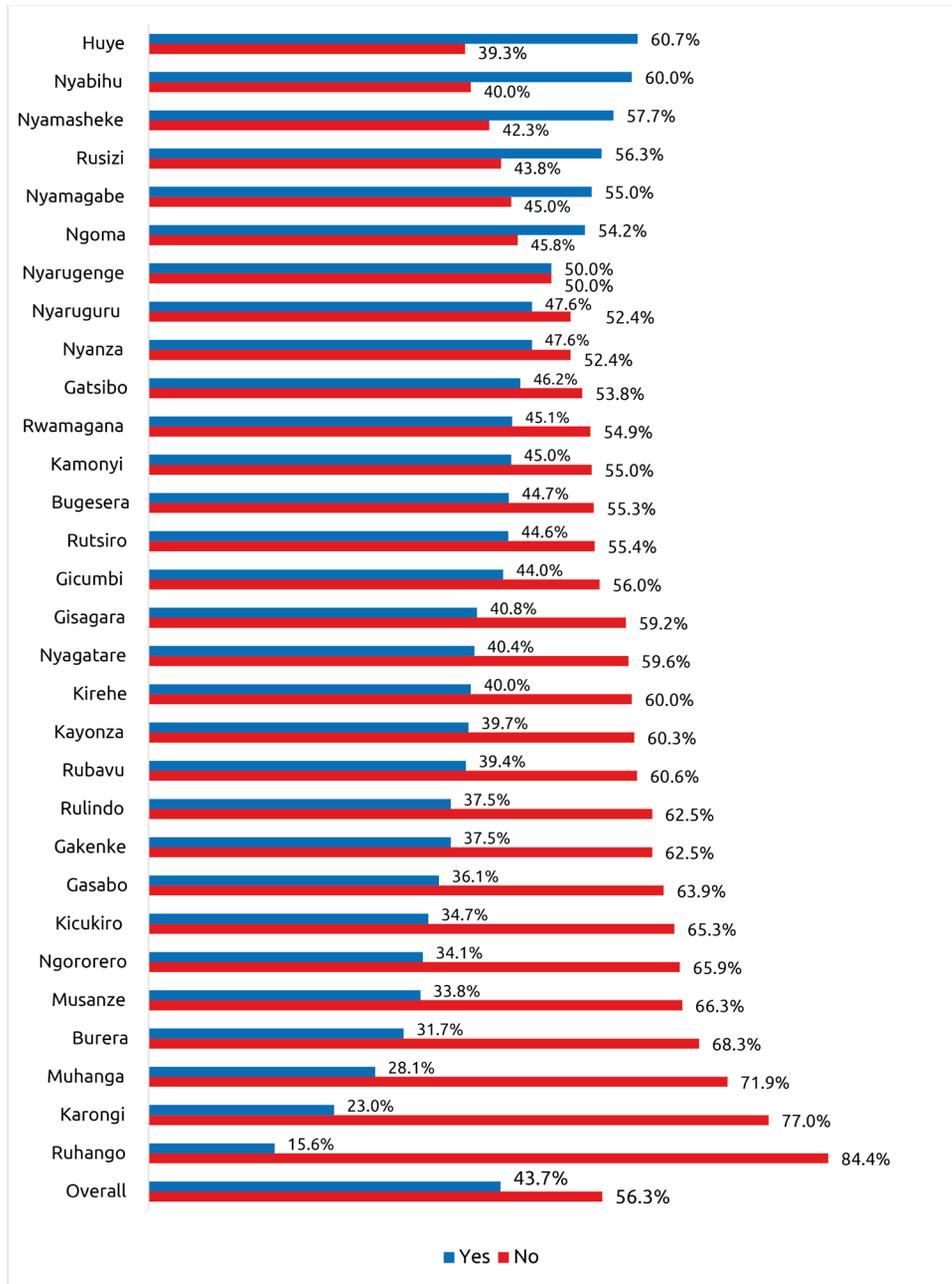
Figure 37. ECD facilities supervision by local authorities



Source: Primary data.

According to ECD guidelines, local authorities (Cell and Sector) ought to conduct regular supervision of ECD activities (at least once a month). However, the findings revealed that there is limited compliance with this guideline as demonstrated in the graph above.

Figure 38. ECD facilities supervision by local authorities per district



Source: Primary data.

At the district level, regular supervision of ECD activities by local authorities (Cell and Sector) is at 43.7%. Therefore, more efforts are needed in complying with the guidelines.

4.5.3

RECOMMENDATIONS SPECIFIC TO THE PILLAR

- ▶ Strengthen the management of ECD facilities.
- ▶ Enhance capacity building for ECD caregivers.
- ▶ Train caregivers on the use of REB curriculum.
- ▶ All eligible children should be enrolled in ECD program.
- ▶ Reinforce regular monitoring and evaluation of ECD.
- ▶ Avail REB curriculum where it does not exist and enforce its usage.
- ▶ Enhance compliance with ECD guidelines.



CHILD PROTECTION & INCLUSIVENESS

PILLAR

6



4.6

CHILD PROTECTION AND INCLUSIVENESS

This pillar measures the extent to which children's rights are respected from conception up to the age of six. It is composed of two indicators and nine variables. The indicators are: (i) Child Protection and (ii) Care of Children with Disabilities and Children with Special needs.

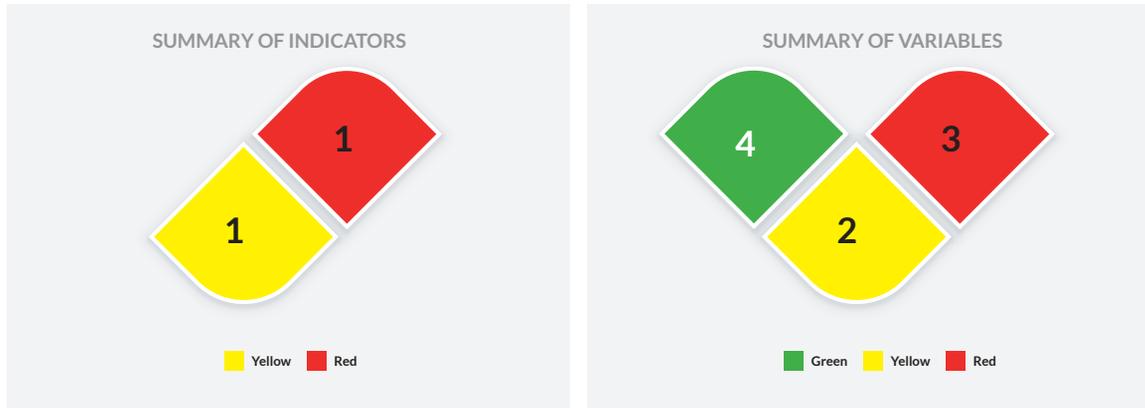


Table 18: Performance of indicators and variables for the pillar of Child Protection and Inclusiveness

S/N	INDICATOR	DATA	SOURCE OF DATA	TARGET	SCORES	RATING
PILLAR: CHILD PROTECTION & INCLUSIVENESS					43.6%	
1	Child protection				71.3%	
1.1	Level of parents' satisfaction with children registration	96.7%	Survey	100.0%	96.7%	
1.2	Birth Registration of children under 5	86.0%	DHS 19-20	100.0%	86.0%	
1.3	Level of parents' satisfaction with IZU interventions on child protection mechanisms	62.4%	Survey		62.4%	
1.4	Level of caregivers' satisfaction with IZU interventions on child protection mechanisms			100.0%	25.3%	
	Home-based ECD	37.5%	Survey	100.0%	37.5%	
	Community-based ECD	17.1%	Survey	100.0%	17.1%	
	Center-based ECD	21.3%	Survey	100.0%	21.3%	
1.5	Level of parent's participation in child protection			100.0%	85.1%	
1.5.1	Level of parents' participation in eliminating sexual violence	88.5%	Survey	100.0%	88.5%	
1.5.2	Level of parents' participation in eliminating physical violence	85.7%	Survey		85.7%	
1.5.3	Level of parents' participation in eliminating moral and psychological violence	80.3%	Survey	100.0%	80.3%	
1.5.4	level of parents' participating in eliminating child labor	81.3%	Survey	100.0%	81.3%	
1.5.5	Level of parents' participation in eliminating neglect and stigma against children with disabilities	89.7%	Survey		89.7%	
1.6	Level of existence of children below age 6 left in the care of other children	61.2%	Survey		61.2%	
1.7	Level of parents' awareness on child rights	82.5%	Survey		82.5%	
2	Care for children with disabilities and children with special needs				15.8%	
2.1	Percentage of ECD facilities accessible to children with disabilities and children with special needs				26.6%	
2.1.1	Home-based ECD	5.9%	RGB Assessment		5.9%	
2.1.2	Community-based ECD	22.0%	RGB Assessment		22.0%	
2.1.3	Center-based ECD	52.0%	RGB Assessment		52.0%	
2.2	Percentage of ECD facilities with Teaching materials appropriate to children with special needs				5.0%	
2.2.1	Home-based ECD	0.4%	RGB Assessment		0.4%	
2.2.2	Community-based ECD	2.7%	RGB Assessment		2.7%	
2.2.3	Center-based ECD	11.8%	RGB Assessment		11.8%	

4.6.1 Summary of indicators and variables

Figure 39. Summary of indicators and variables for the pillar of Child Protection and Inclusiveness

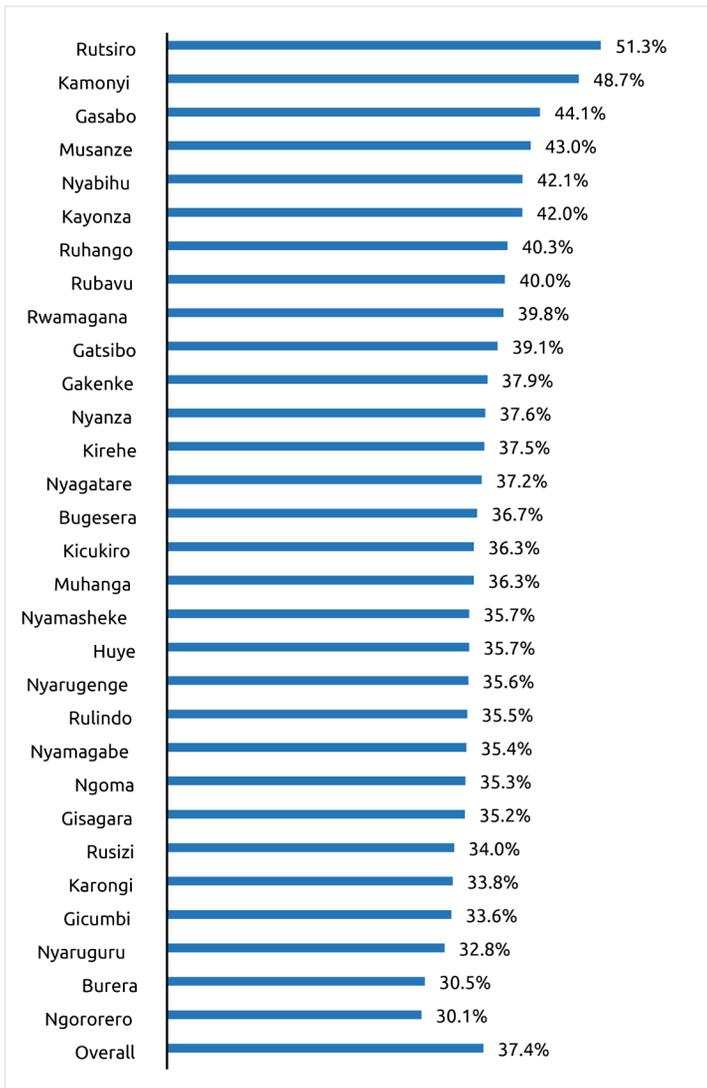


Source: ECD primary and secondary datasets, 1st edition.

The overall score for the pillar of Child Protection and Inclusiveness stands at 43.6% and it is the least performing pillar in this edition of ECD scorecard. This resulted from the low performance of its two indicators which are Child protection (71.3%) and Care to children with disabilities and children with special needs (15.8%).

4.6.2. Parents' satisfaction with Child Protection & Inclusiveness

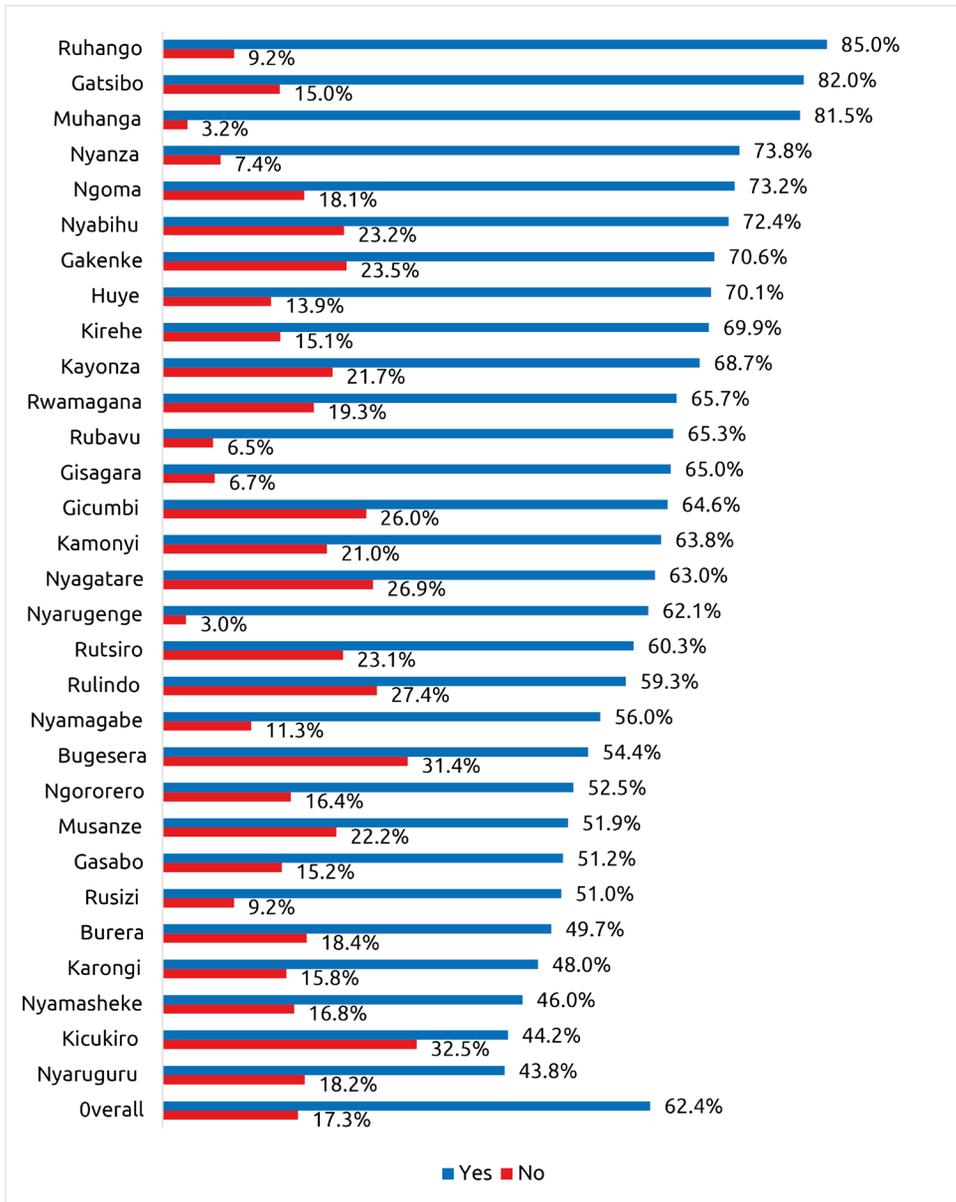
Figure 40. Overall parents' satisfaction with the pillar of Child Protection & Inclusiveness



Source: Primary data.

The overall satisfaction of ECD beneficiaries with child protection and inclusiveness in all districts stands at 37.4%. The district with relatively high satisfaction is Rutsiro (51.3%) while Ngororero has the lowest (30.1%).

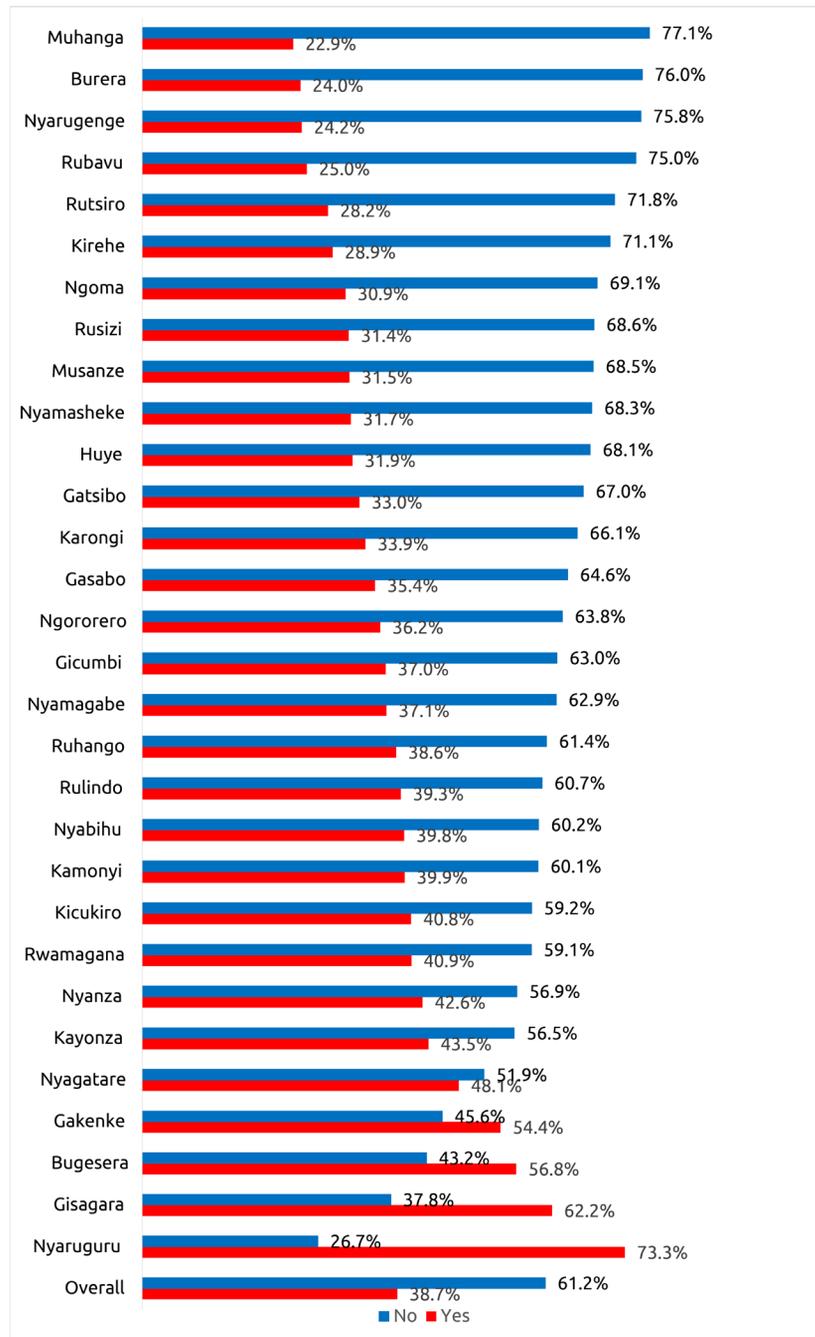
Figure 41. Level of parents' satisfaction with IZU interventions on child protection mechanisms



Source: Primary data.

Services offered by Inshuti z’Umuryango (IZU) in ECD include, among others, teaching parents about children rights and making home visitations to discuss issues children might be facing. The overall parents’ satisfaction with IZU interventions in ECD stands at 62.4% in all districts. Ruhango district has the highest level of satisfaction with a score of 85% while Nyaruguru district has the lowest score of 43.8%.

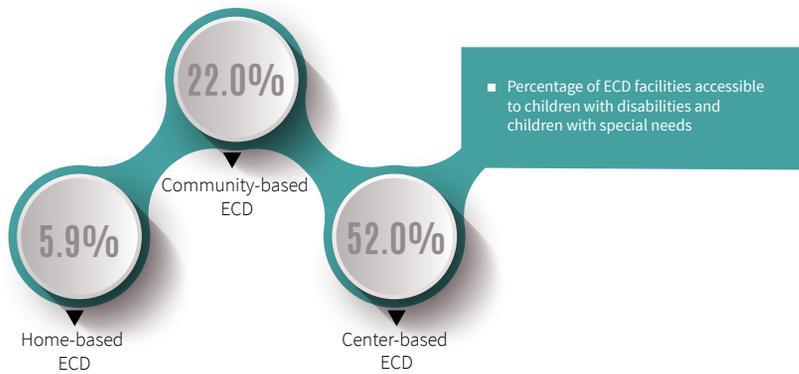
Figure 42. Existence of children U6 left in the care of other children



Source: Primary data.

The findings show that Nyaruguru has the biggest number of children under 6 left in the care of other children (73.3%).

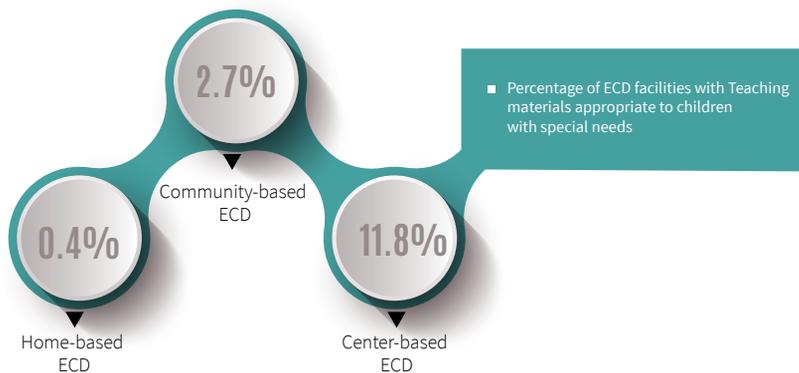
Figure 43. Percentage of ECD facilities accessible to children with disabilities and children with special needs



Source: RGB assessment

The findings revealed that in general, most of ECD facilities are not accessible to children with disabilities and children with special needs. This might influence their level of attendance.

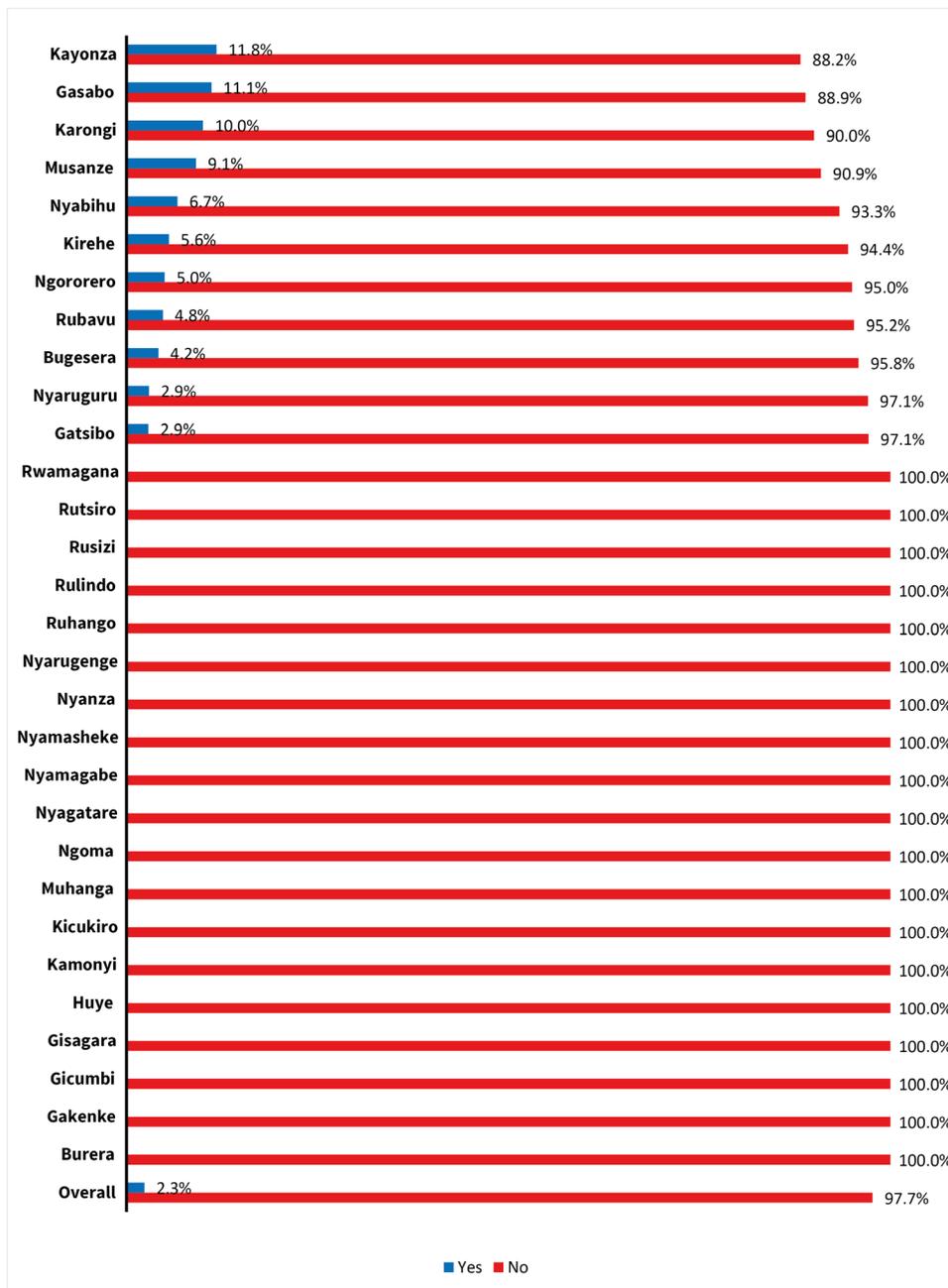
Figure 44. Percentage of ECD facilities with teaching materials appropriate to children with special needs



Source: RGB assessment

In addition to the lack of facilities to ease the access of ECD by children with disabilities and/or children with special needs, the findings revealed that most ECD facilities lack teaching materials for children with disability and children with special needs, which might further hamper their development.

Figure 45. Percentage of ECD facilities with teaching materials appropriate to children with special needs per district



Source: RGB Assessment

The findings show that teaching materials appropriate to children with special needs in ECD facilities are almost non-existent across all districts. There is a need to enhance their availability and train caregivers on caring for children with disability and children with special needs.

4.6.3**RECOMMENDATIONS SPECIFIC TO THE PILLAR**

- ▶ Reinforce IZU interventions in child protection mechanisms.
- ▶ Sensitize parents and other caregivers to cease the practice of leaving children below 6 years in the care of other children.
- ▶ Put in place measures facilitating the access and teaching of children with disabilities and children with special needs.
- ▶ Parents and local leaders to enrol all children with disabilities and children with special needs in ECD program.

5

PERFORMANCE OF DISTRICTS WITH SPRP SUPPORT IN RELATION TO THE REMAINING DISTRICTS

Rwanda Stunting Prevention and Reduction Project (SPRP) aims at reducing stunting rates among children under age 5 in 13 of Rwanda's districts with highest-stunting rates. It was introduced in 2018 to support community-based approaches, improve the delivery of high-impact nutrition and health interventions, incentivize frontline community health workers and health personnel, strengthen accountability mechanisms, and promote a learning by doing approach to draw lessons on what works and how it can be scaled up.⁵

This ECD scorecard was carried out in all 30 districts mainly to come up with a picture of ECD services at national level. In addition, this report compares the performance of the 13 districts under SPRP support with the remaining districts. The findings are exclusively limited to primary data collected from parents/beneficiaries, caregivers and observations. These findings are presented in two parts: (i) the presentation of the overall status of ECD services in all 30 districts, (ii) the status of ECD in districts with SPRP support against the remaining districts.

5. <https://www.minecofin.gov.rw/news-detail/government-of-rwanda-world-bank-sign-55-million-to-reduce-chronic-malnutrition-of-children>

Table 19: Perception on ECD services in all districts

DISTRICT	NUTRITION	HEALTH	WASH	PARENTING EDUCATION	SCHOOL READINESS	CHILD PROTECTION & INCLUSIVENESS
Bugesera	74.1%	91.8%	49.4%	67.3%	59.5%	36.7%
Burera	78.6%	92.8%	58.7%	72.4%	57.9%	30.5%
Gakenke	81.0%	92.5%	53.5%	69.5%	50.4%	37.9%
Gasabo	64.0%	88.0%	70.4%	70.3%	67.9%	44.1%
Gatsibo	88.1%	97.3%	54.3%	74.4%	60.9%	39.1%
Gicumbi	69.5%	93.1%	57.1%	70.2%	53.7%	33.6%
Gisagara	68.7%	93.4%	40.9%	60.1%	40.9%	35.2%
Huye	81.4%	93.5%	63.6%	66.2%	62.6%	35.7%
Kamonyi	70.5%	89.2%	46.8%	66.6%	47.5%	48.7%
Karongi	72.0%	86.7%	46.7%	57.7%	50.5%	33.8%
Kayonza	81.5%	94.8%	65.5%	71.2%	65.5%	42.0%
Kicukiro	57.0%	88.4%	71.6%	69.0%	55.6%	36.3%
Kirehe	75.6%	94.2%	63.4%	77.4%	55.3%	37.5%
Muhanga	85.2%	98.3%	62.2%	77.4%	39.7%	36.3%
Musanze	78.8%	94.2%	62.2%	77.2%	67.5%	43.0%
Ngoma	73.0%	91.8%	63.6%	73.7%	61.4%	35.3%
Ngororero	80.5%	85.3%	42.9%	62.4%	54.1%	30.1%
Nyabihu	81.7%	93.5%	59.8%	77.0%	56.4%	42.1%
Nyagatare	64.3%	93.3%	50.4%	64.7%	45.9%	37.2%
Nyamagabe	79.6%	93.6%	53.3%	64.6%	62.3%	35.4%
Nyamasheke	71.2%	91.6%	64.7%	59.2%	57.5%	35.7%
Nyanza	76.4%	92.2%	50.6%	60.0%	50.5%	37.6%
Nyarugenge	63.4%	86.0%	71.6%	64.1%	65.4%	35.6%
Nyaruguru	74.8%	87.9%	48.1%	59.4%	46.0%	32.8%
Rubavu	75.1%	97.1%	75.6%	65.5%	59.4%	40.0%
Ruhango	86.2%	96.7%	60.5%	74.4%	40.7%	40.3%
Rulindo	76.2%	90.8%	62.2%	68.4%	59.4%	35.5%
Rusizi	67.2%	86.3%	67.6%	53.0%	58.9%	34.0%
Rutsiro	77.7%	93.6%	57.8%	64.2%	52.3%	51.3%
Rwamagana	74.9%	96.4%	60.7%	60.5%	61.4%	39.8%
Total	75.1%	92.2%	57.4%	67.1%	55.1%	37.4%

Source: ECD primary data.

The general perception shows that the pillars of Nutrition and Health are highly appreciated compared to other pillars while Child Protection and Inclusiveness pillar has the least appreciation.

Table 20: Perception on ECD services in 13 districts with SPRP intervention

DISTRICT	NUTRITION	HEALTH	WASH	PARENTING EDUCATION	SCHOOL READINESS	CHILD PROTECTION & INCLUSIVENESS
Bugesera	74.1%	91.9%	49.4%	67.3%	59.5%	36.7%
Gakenke	81.0%	91.6%	53.5%	69.5%	50.4%	37.9%
Huye	81.4%	94.2%	63.6%	66.2%	62.6%	35.7%
Karongi	72.0%	87.4%	46.7%	57.7%	50.5%	33.8%
Kayonza	81.5%	95.7%	65.5%	71.2%	65.5%	42.0%
Ngororero	80.5%	85.2%	42.9%	62.4%	54.1%	30.1%
Nyabihu	81.7%	92.2%	59.8%	77.0%	56.4%	42.1%
Nyamagabe	79.6%	93.9%	53.2%	64.6%	62.3%	35.4%
Nyaruguru	74.8%	87.8%	48.1%	59.4%	46.0%	32.8%
Rubavu	75.1%	97.5%	75.6%	65.5%	59.4%	40.0%
Ruhango	86.2%	96.6%	60.4%	74.4%	40.7%	40.3%
Rusizi	67.2%	86.0%	67.6%	52.3%	58.9%	34.0%
Rutsiro	77.7%	93.4%	57.7%	64.2%	52.3%	51.3%
Total	77.7%	91.2%	56.3%	65.4%	55.2%	37.5%

Source: ECD primary data.

Table 21: Perception on ECD services in 17 districts without SPRP intervention

DISTRICT	NUTRITION	HEALTH	WASH	PARENTING EDUCATION	SCHOOL READINESS	CHILD PROTECTION & INCLUSIVENESS
Burera	78.6%	92.8%	58.7%	72.4%	57.9%	30.5%
Gasabo	64.0%	88.0%	70.4%	70.3%	67.9%	44.1%
Gatsibo	88.1%	97.3%	54.3%	74.4%	60.9%	39.1%
Gicumbi	69.5%	93.1%	57.1%	70.2%	53.7%	33.6%
Gisagara	68.7%	93.4%	40.9%	60.1%	40.9%	35.2%
Kamonyi	70.5%	89.2%	46.8%	66.6%	47.5%	48.7%
Kicukiro	56.7%	88.4%	71.6%	69.0%	55.6%	36.3%
Kirehe	75.3%	94.2%	63.4%	77.4%	55.3%	37.5%
Muhanga	85.6%	98.3%	62.2%	77.4%	39.7%	36.3%
Musanze	77.9%	94.2%	62.2%	77.2%	67.5%	43.0%
Ngoma	73.4%	91.8%	63.6%	73.7%	61.4%	35.3%
Nyagatare	64.6%	93.3%	50.4%	64.7%	45.9%	37.2%
Nyamasheke	72.5%	91.6%	64.7%	59.2%	57.5%	35.7%
Nyanza	75.4%	92.2%	50.6%	60.0%	50.5%	37.6%
Nyarugenge	63.3%	86.0%	71.6%	64.1%	65.4%	35.6%
Rulindo	75.8%	90.8%	62.2%	68.4%	59.4%	35.5%
Rwamagana	75.5%	96.4%	60.7%	60.5%	61.4%	39.8%
Total	72.9%	92.8%	58.3%	67.9%	55.0%	37.4%

Source: ECD primary data.

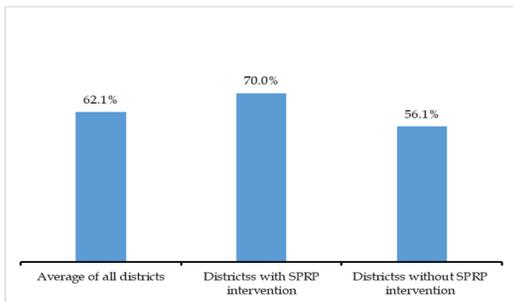
Out of the six pillars covered by the scorecard, the intervention of SPRP in 13 districts focuses on three pillars namely:

Nutrition, Health and WASH. The findings from parents and caregivers' perception show that the Nutrition pillar in the 13 districts recorded a significant performance compared with the remaining districts.

The differences were registered in the following interventions: FBF-shisha kibondo, milk support program, ONGERA supplements, CHWs services in nutrition, percentage of ECD facilities with latrines, percentage of ECD with safe drinking water and Percentage of trained caregivers.

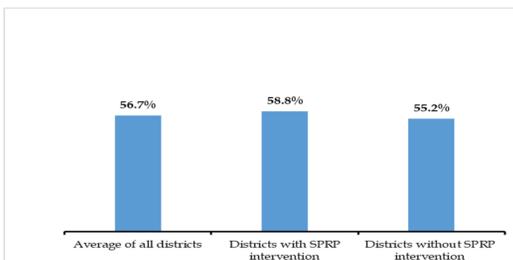
The nutrition pillar scored 77.7% in the districts with SPRP intervention against 72.9% in the remaining districts. The following figures indicate variables where significant difference in performance is observed between districts with SPRP intervention and the remaining districts.

Figure 46: Level of satisfaction with FBF- Shisha kibondo



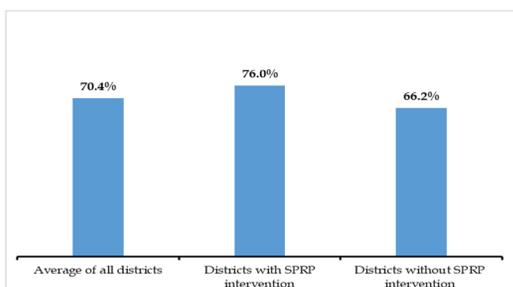
The average score of the 13 districts is 70% compared to 56.1% in the other districts without intervention. One of the possible factors causing this difference is that the 13 districts with SPRP have a permanent employee in charge of ECD program.

Figure 47: Level of satisfaction with milk support program



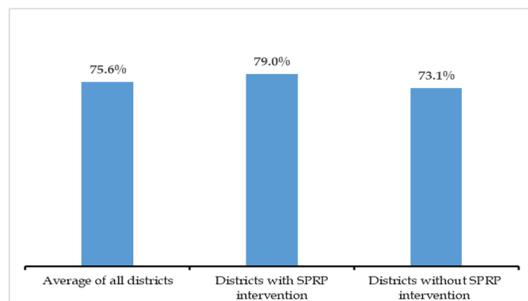
The average score of parents and caregiver's satisfaction with milk support program in 13 districts is 58.8% compared to 55.2% in the other districts without intervention.

Figure 48: Level of satisfaction with micronutrient supplements ONGERA



The level of satisfaction with micronutrient supplements ONGERA is 9.8% higher in districts with SPRP intervention compared to districts without the intervention.

Figure 49.: Level of parent's satisfaction with CHWs services in nutrition



The satisfaction of parents with CHWs services in nutrition is 5.9% higher in districts with SPRP intervention compared to other districts without the intervention.

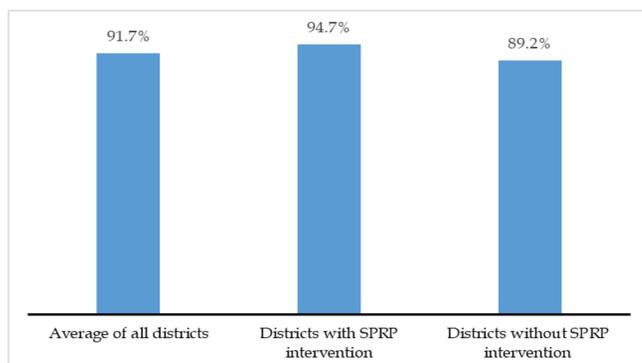
Table 22: Change in stunting rates between 2015 and 2020 DHS per district

District without SPRP intervention				District with SPRP intervention			
DISTRICT	DHS 2015	DHS 2020	CHANGE	DISTRICT	DHS 2015	DHS 2020	CHANGE
Kamonyi	37%	23%	-14%	Nyamagabe	52%	34%	-18%
Kicukiro	17%	11%	-6%	Karongi	49%	32%	-17%
Cisagara	38%	32%	-6%	Kayonza	42%	28%	-14%
Muhanga	42%	36%	-6%	Huye	43%	29%	-14%
Nyagatare	37%	31%	-6%	Bugesera	39%	26%	-13%
Rulindo	34%	30%	-4%	Nyabihu	59%	47%	-12%
Gatsibo	32%	28%	-4%	Gakenke	46%	39%	-7%
Ngoma	41%	37%	-4%	Rubavu	46%	40%	-6%
Rwamagana	25%	22%	-3%	Ngororero	56%	51%	-5%
Nyarugenge	29%	28%	-1%	Rusizi	35%	31%	-4%
Nyanza	33%	32%	-1%	Nyaruguru	42%	39%	-3%
Burera	43%	42%	-1%	Ruhango	41%	39%	-2%
Gasabo	22%	23%	1%	Rutsiro	46%	44%	-2%
Kirehe	29%	31%	2%				
Nyamasheke	34%	38%	4%				
Gicumbi	37%	42%	5%				
Musanze	38%	45%	7%				

According to DHS, the stunting rate significantly reduced in 13 districts with SPRP intervention while in 17 remaining districts without intervention, there is a slight reduction in stunting rate for some and increase in stunting rate in others. The increase in stunting rate is observed in five districts namely: Musanze (7%), Gicumbi (5%), Nyamasheke (4%), Kirehe (2%) and Gasabo (1%). In contrast, all the 13 districts with SPRP intervention recorded positive change in terms of stunting reduction where six of them recorded a reduction in stunting rate of more than 10%. The six districts with significant reduction in stunting rate are Nyamagabe (-18%), Karongi (-17%), Kayonza (-14%), Huye (-14%), Bugesera (-13%) and Nyabihu (-12%) compared to only one (Kamonyi -14%) district among those without SPRP intervention.

The findings from ECD scorecard survey where parents and caregivers show a significant satisfaction with nutrition services in the 13 districts correlate positively with DHS findings. This suggests that nutrition interventions in 13 districts with SPRP intervention may have resulted in the reduction of stunting.

Figure 50: Percentage of ECD facilities with latrines



From the monitoring exercise conducted by RGB researchers, it was observed that districts with SPRP interventions have relatively higher percentage of ECD facilities with latrines compared to ECD facilities in the remaining districts. It is worth noting that by end of March 2022, 5.3% of ECD facilities in districts with SPRP had no latrines against 10.8% in the remaining districts.

Table 23: Percentage of ECD facilities with/without latrines per district

District without SPRP interventions				District with SPRP interventions			
N°	DISTRICT	WITH LATRINES	WITHOUT LATRINES	N°	DISTRICT	WITH LATRINES	WITHOUT LATRINES
1	Burera	65.2%	34.8%	1	Bugesera	95.8%	4.2%
2	Gasabo	96.3%	3.7%	2	Gakenke	95.2%	4.8%
3	Gatsibo	97.1%	2.9%	3	Huye	100.0%	0.0%
4	Gicumbi	84.0%	16.0%	4	Karongi	95.0%	5.0%
5	Gisagara	78.3%	21.7%	5	Kayonza	94.1%	5.9%
6	Kamonyi	92.9%	7.1%	6	Ngororero	95.0%	5.0%
7	Kicukiro	92.3%	7.7%	7	Nyabihu	83.3%	16.7%
8	Kirehe	94.4%	5.6%	8	Nyamagabe	96.4%	3.6%
9	Muhanga	96.0%	4.0%	9	Nyaruguru	85.3%	14.7%
10	Musanze	90.9%	9.1%	10	Rubavu	100.0%	0.0%
11	Ngoma	93.8%	6.3%	11	Ruhango	100.0%	0.0%
12	Nyagatare	74.3%	25.7%	12	Rusizi	100.0%	0.0%
13	Nyamasheke	96.8%	3.2%	13	Rutsiro	100.0%	0.0%
14	Nyanza	97.0%	3.0%		Total	94.7%	5.3%
15	Nyarugenge	100.0%	0.0%				
16	Rulindo	81.8%	18.2%				
17	Rwamagana	94.1%	5.9%				
	Total	89.2%	10.8%				

Figure 51: Percentage of ECD with safe drinking water

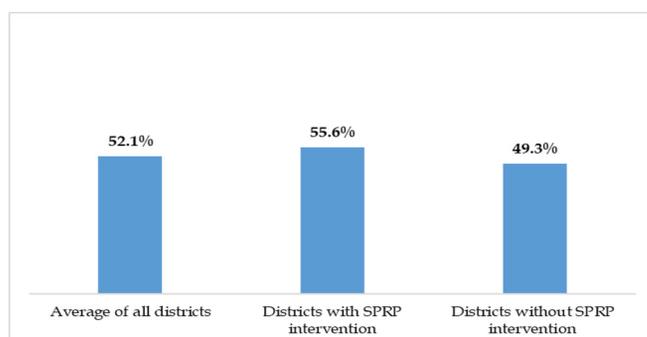


Table 24: Percentage of ECD with safe drinking water per district

Districts without SPRP intervention			Districts with SPRP intervention		
DISTRICT	WITH SAFE DRINKING WATER	WITHOUT SAFE DRINKING WATER	DISTRICT	WITH SAFE DRINKING WATER	WITHOUT SAFE DRINKING WATER
Ngoma	75.0%	25.0%	Rubavu	85.7%	14.3%
Musanze	72.7%	27.3%	Rusizi	81.0%	19.0%
Gasabo	66.7%	33.3%	Huye	75.0%	25.0%
Rwamagana	64.7%	35.3%	Ngororero	60.0%	40.0%
Nyamasheke	64.5%	35.5%	Kayonza	58.8%	41.2%
Kicukiro	61.5%	38.5%	Rutsiro	55.0%	45.0%
Kirehe	55.6%	44.4%	Bugesera	54.2%	45.8%
Kamonyi	50.0%	50.0%	Nyaruguru	52.9%	47.1%
Rulindo	50.0%	50.0%	Gakenke	47.6%	52.4%
Nyagatare	48.6%	51.4%	Nyamagabe	46.4%	53.6%
Gatsibo	45.7%	54.3%	Karongi	45.0%	55.0%
Gicumbi	40.0%	60.0%	Ruhango	41.7%	58.3%
Gisagara	39.1%	60.9%	Nyabihu	33.3%	66.7%
Nyanza	36.4%	63.6%	Total	55.6%	44.4%
Nyarugenge	36.4%	63.6%			
Burera	34.8%	65.2%			
Muhanga	24.0%	76.0%			
Total	49.3%	50.7%			

From the monitoring exercise conducted by RGB researchers, it was observed that districts with SPRP interventions have relatively higher percentage of ECD facilities with safe drinking water compared to ECD in the remaining districts. However, there is still a high percentage of ECD facilities without safe drinking water in both types of districts (districts with and without SPRP intervention).

Figure 52: Trained Caregivers



Table 25: Training of caregivers per district

Districts without SPRP intervention

DISTRICT	%
Rulindo	91.3%
Gicumbi	85.2%
Nyarugenge	84.6%
Gatsibo	76.2%
Ngoma	73.3%
Musanze	70.0%
Nyanza	70.0%
Rwamagana	65.2%
Gasabo	63.0%
Gisagara	57.1%
Kamonyi	57.1%
Kirehe	44.4%
Nyamasheke	43.8%
Nyagatare	37.8%
Kicukiro	37.5%
Burera	36.7%
Muhanga	8.3%
Total	57.9%

Districts with SPRP intervention

DISTRICT	%
Gakenke	100.0%
Huye	100.0%
Ngororero	100.0%
Bugesera	95.8%
Rubavu	95.5%
Rusizi	94.7%
Rutsiro	93.8%
Nyamagabe	89.2%
Nyaruguru	77.8%
Karongi	71.4%
Nyabihu	67.7%
Kayanza	66.7%
Ruhango	34.6%
Total	84.0%

The caregivers who confirmed to have been trained in 13 districts with SPRP intervention were 84% against 57.9% in the remaining 17 districts without intervention. Particularly, all caregivers in the districts of Gakenke, Huye and Ngororero were trained (100%).

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CONCLUSION AND POLICY RECOMMENDATIONS

The ECD scorecard second edition highlights the general overview of ECD program in Rwanda. It sets a comprehensive baseline that will guide future planning and interventions in the area of early childhood development. This scorecard reiterates the commitment of the Government of Rwanda towards early childhood development and will serve as a tool to monitor the progress made in achieving national objectives in this area.

The findings of this scorecard point out that Health and Nutrition are the best performing pillars with a score of 82% and 78.6% respectively while Child Protection and Inclusiveness is the least performing pillar with the score of 43.6%.

In comparing districts under SPRP interventions and the remaining districts, the findings show a significant impact in health and nutrition areas in districts with the intervention especially in reducing stunting and malnutrition among U5 children.

Generally, the study reveals that the ECD program has had significant benefits such as: early children stimulation and social development, parents' appreciation of ECD facilities where they leave their children while doing their daily activities, supplementary feeding for children U5; improvement of parents' education in preparing diversified diet and number of meals per day for children under two years old.

However, there are challenges that still constrain the implementation and sustainability of the ECD services such as: a lack of reliable data which limited the deep analysis in some areas; lack of ownership of the ECD program by stakeholders, poor coordination of ECD program at district level, a lack of harmonization in the implementation of ECD program at district level; lack of compliance with ECD standards, a lack of parents' responsibility in ECD support and management.

Therefore, strategic recommendations are proposed to address these challenges and sustain registered gains in early childhood development.

Table 26: Policy recommendations

N°	POLICY RECOMMENDATION	RESPONSIBLE
1	Keep an updated database on proper functioning of IECD program.	NCDA (Coordinator), MINISANTE, MINALOC, MINEDUC, LODA and Districts
2	Conduct regular monitoring and evaluation of IECD to enhance their performance and compliance to standards.	NCDA (Coordinator), MINISANTE, MINALOC, and Districts
3	Incorporate IECD interventions in Joint Imihigo.	MINECOFIN (Coordinator), MIGEPROF, MINALOC, MINEDUC, MINISANTE, NCDA, LODA, Development Partners and Districts.
4	Develop ECD infrastructure and avail IECD equipment in particular for homebased ECD.	NCDA (Coordinator), MIGEPROF, MINALOC, MINEDUC, NCPD, Districts, Development Partners and FBOs
5	All operating ECD should fulfil required minimum standards before being accredited.	NCDA(Coordinator), MINALOC, MIGEPROF, Districts Development Partners and FBOs.
6	Establish a permanent staff at district level in charge of coordinating IECD program.	NCDA (Coordinator), MINALOC and Districts.
7	Community Health Workers to focus on health related activities other than hosting, managing ECD facilities as well as acting as caregivers.	NCDA (Coordinator), MINISANTE, MINALOC and Districts.
8	Sustain the good performance of SPRP interventions in terms of reducing malnutrition and stunting through ECD program.	NCDA (Coordinator), MINALOC, Districts Development Partners and FBOs
9	Mobilise citizens, local authorities, and other stakeholders in building at least one exemplary ECD at village level with required standards.	NCDA(Coordinator), MINALOC, Districts Development Partners and FBOs.

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