

Rwanda

Part 1: Situation update in the country

Rwanda has experienced strong economic growth since 2011, at an average of 7.13 per cent per year, according to the International Monetary Fund Staff Country Report in November 2018. That growth has been accompanied by significant improvements in access to basic services, resulting in better living standards and indicators of human development. General multidimensional poverty, measured based on health, education, water, sanitation and housing, was reduced from 33 per cent in 2014 to 29 per cent in 2016-17. According to available comparative data, the multidimensional poverty of children ages 5-14 and 15-17 years was reduced from 29.2 to 25.3 per cent and from 44 to 40.1 per cent, respectively, within the same timeframe. Monetary poverty stagnated and was reduced only from 39.1 per cent to 38.2 per cent since 2013-14, after a sharp decrease from 44 per cent in 2010-11 to 39 per cent in 2013-14.

To address persistent poverty and continue promoting inclusive socio-economic development, the Government finalized a set of bold policies in 2018 to promote the realization of the Sustainable Development Goals (SDGs). The new National Strategy for Transformation and its sector strategies for 2017-2024 focus on human capital development and aim to capitalize on to Rwanda's demographic dividend. The strategies emphasize the eradication of extreme poverty along with child-sensitive measures, including stunting reduction, early childhood development, quality of health and education services, and employment. The Government also rapidly expanded the coverage of social protection programmes established in 2008. By 2018, approximately 50 per cent of eligible households, or 10.3 of all households in Rwanda were covered by at least some kind of social protection intervention.

A Multi-sector Joint Action Plan was launched by the Government to accelerate the eradication of extreme poverty in Rwanda's 17 poorest districts through integrated child-sensitive measures. The improved socio-economic situation of Rwanda and competing donor priorities led to a decrease in Official Development Assistance (ODA). The share of such assistance in the national budget declined from 23.7 per cent in 2014 to 16.2 per cent in 2018. To compensate, the Government increased borrowing and the ratio of public debt to gross domestic product increased from 28.5 per cent in 2015 to 49 per cent in 2018.

The Government invested an average 27.1 per cent of its budget in priority sectors for children and allocated 27.4 per cent of its resources to the social transformation pillar of its National Transformation Strategy. The cumulative budget allocations to key sectors for children were declining in real terms. Although the decline in ODA was largely offset by domestic revenues, budget gaps related to this transition were only gradually being filled. Rwanda could not meet its funding targets for health and education in 2018. The decline in ODA affected the social sectors. External assistance to health declined from 66 per cent in 2012 to 21.7 per cent in 2018. Similarly, ODA in the education budget fell from 20 per cent in 2013 to 2.2 per cent in 2018.

In addition to addressing the long-term development objectives, the Government and its partners also needed to respond to sudden shocks and protracted humanitarian needs. In

2018, those included heavy rains and floods that affected basic infrastructure and livelihoods; the outbreak of Ebola in the Democratic Republic of Congo; and the continuous support for 150,448 refugees in camps.

To survive and develop, a child needs to live free from hunger (SDG 2), be in good health (SDG 3), and enjoy the same rights independently of its gender (SDG 5). In 2018 Rwanda progressed against SDGs 2 and 3 with advances in nutrition and health. The country's progress in gender equity occurred more among adults than children.

In 2018 Rwanda improved access to essential maternal and newborn health services and reduced maternal and newborn mortality. A high coverage of immunization services and the introduction of new vaccines to the immunization programme contributed to a substantial reduction in child mortality in 2018. However, mortality for children under five years remained high, with 50 deaths per 1,000 live births, 40 per cent of which occurred in the first 28 days. Care for common childhood illnesses was also low, as only 54 per cent of children under five with symptoms of acute respiratory illness, 49 per cent with fever, and 44 per cent with diarrhoea received care from a health facility or provider

More work remains to be done to limit the spread of HIV. The rate of mother-to-child transmission was reduced to below 2 per cent in the last three years and the prevalence of HIV among people aged 15–49 remained stable, at approximately 3 per cent for the last decade. Although 75 per cent of all people living with HIV received antiretroviral drugs, coverage among children 0–14 years was only 55 per cent. Improving access to and utilization of HIV services among adolescents also remained challenging, with low HIV testing among boys (at 29 per cent), and low use of condoms, especially for girls (at 52 per cent).

The nutrition situation slightly improved in the last three years as stunting among children under five was reduced from 37 per cent in 2015 to 35 per cent in 2018, but with a higher prevalence among boys than girls (38 per cent vs. 32 per cent). Stunting increased with age, affecting 27 per cent of boys and 22 per cent of girls aged 6 to 8 months, and rising to 42 per cent in boys and 34 per cent in girls aged 18 to 23 months. In the latter age group, stunting was correlated with the lack of a minimum acceptable diet. Although the minimum dietary diversity for children age 6 to 23 months improved, from 30 per cent in 2015 to 40 per cent in 2018, minimum meal frequency only improved from 32 to 34 per cent, resulting in only a minor increase in minimal acceptable diet, from 15 per cent in 2015 to 17 per cent in 2018. The timely introduction of complementary feeding also remained a problem, with only half of children 6 to 8 months receiving complementary foods. Wasting remained at 2 per cent, but underweight increased from 8 per cent in 2015 to 13 per cent in 2018. The outcomes of treatment for severe acute malnutrition remained good, with 84 per cent recovery, less than 5 per cent death rate, less than 10 per cent referral rate, and only 3 per cent default.

A multi-sectoral approach to early childhood development, including nutrition, health, protection, WASH and education, is critical for Rwanda, where only 49 per cent of children had a primary caregiver involved in activities to promote their learning and school-readiness at home. In 2018, the Government consolidated all nutrition interventions for children 0 to 6 years old under the National Early Childhood Development Programme, an approach to reduce stunting that calls for the provision of integrated services for the optimal development of children. The programme will lead the early childhood development policy elaboration and utilize early childhood development as a platform to reduce stunting. The integration led to a shift in coordination and implementation responsibilities from earlier independent services. That

caused delays in rolling out some nutrition activities, but implementation is expected to pick up in 2019, once new institutional arrangements are piloted. In 2018, 20 per cent of children 3 to 6 years old were utilizing early childhood development services, an increase of 7 per cent since 2015. Following the scale-up of such programmes from 14 districts in 2017 to 20 districts in 2018, 168,715 families and 27,036 children 0 to 6 years old were utilizing early childhood development services through UNICEF-supported interventions, including 6,433 children in a refugee camp.

Rwanda has achieved significant success in education and reached universal primary education with a net enrolment rate of 98 per cent, progressing toward SDG4 and SDG5 and the realization of articles 28 and 29 of the Convention on the Rights of the Child (the rights to education and child development). Those gains at the primary level need to be matched with improvements in quality throughout the system.

The 2018 'Learning Achievement in Rwandan Schools' survey indicated gaps in learning outcomes, with significant issues in numeracy and literacy for most students, especially girls. There were lower learning outcomes for girls and negative social norms that impacted both boys and girls in accessing education.

Although access to pre-primary education has been steadily increasing over the past few years, it remained low, with only 24.1 per cent gross enrolment rate, and with marked inequities in reaching the poorest.

Equitable access to basic education for vulnerable children remained an issue. Only 70 per cent of children with disabilities were enrolled in primary schools. Significant dropout and repetition resulted in a substantial percentage of out-of-school children, especially at the upper primary and secondary levels. The Study on Dropout and Repetition indicated that gender and location remained equity issues.

Governance in the education sector also needs improvement. A number of outdated policies need to be revised to align with the evolving context, and data systems need to be consolidated. The 12 systems managing education information were not aligned and failed to adequately inform policy-level decisions.

The Government of Rwanda made considerable progress toward establishing an enabling environment and services to protect children and women. This included ratifying the Convention on the Rights of the Child and its optional protocols, revising the Penal Code and the Child Protection Law, and developing a number of policies to protect children, such as the Integrated Child Rights Policy and its implementation strategy, the Disability Inclusion Policy and strategy and the Child Care Reform Strategy.

In 2018, those reforms led to the placement of 95 per cent of the children who were in institutional care into family-based care. Rwanda established a child protection system of 30 professional social workers and psychologists at the district level and 29,674 child protection community workers at the village level. This cadre solely focuses on child protection. There were also 90 justice professionals and 44 One-Stop Centres in all districts providing multi-disciplinary services (legal, medical, psychosocial, law enforcement) to victims of gender-based violence and child abuse. Given the protracted refugee situation in Rwanda and limited influx of new refugees, the focus in 2018 was on ensuring that all refugees can be better integrated into national child protection systems. This was being done jointly with the Government of Rwanda

and the UN High Commissioner for Refugees.

Those efforts are contributing to SDG 16, SDG 5 and Convention on the Rights of the Child articles 19 (protection from violence), 34 (protection from sexual exploitation) and 38 (protection of refugees). The recent focus on child protection at national scale will take time to translate into improvement toward SDG 8 in terms of decent work and child labour.

Evolving issues within child protection included the high prevalence of violence perpetuated by social norms. In 2018, the first national prevalence survey report on violence against children and youth in Rwanda established how girls, boys, young women and men are exposed to different forms of violence. The survey indicated that 24 per cent of girls younger than 18 had been affected by sexual violence and 59.5 per cent of boys had been affected by physical violence. A qualitative report further documented high levels of violence, discrimination and marginalization against children with disabilities at the community level.

Rwanda made steady progress toward achieving universal access to water, sanitation and hygiene (WASH), with 70 per cent access to basic water services in urban areas and 54 per cent access in rural areas, and 66 per cent access to sanitation services countrywide. The country had reasonable levels of access to WASH services in comparison to other sub-Saharan countries. Progress has stagnated over the past five years and the practice of handwashing with soap and water remained very low, at 4 per cent. The remaining gaps in services contributed to high rates of stunting and diarrheal disease among young children. Improvements were slowed by challenges in financial resources, monitoring, and the sustainability of managing services. Continued efforts will be needed to progress toward SDG 6 (clean water and sanitation) and SDG 11 (sustainable cities and communities) and to fulfil the basic children's rights to health enshrined in Convention on the Rights of the Child article 24.

To address this issue, in 2018 the Government articulated clear and ambitious SDG-aligned targets in its Water and Sanitation Sector Strategic Plan. Those targets aim for universal access to basic WASH services by 2024 and safely managed services by 2030. Progress was made on basic sanitation in 2018, and some districts were progressing toward universal basic sanitation. With UNICEF support, in 8 of Rwanda's 30 districts, 62,270 more households were using basic sanitation services, representing a change of more than 10 per cent in less than a year. By strengthening district-led approaches and focusing on simple technical improvements, large numbers of households were rapidly moving up the sanitation ladder from unimproved facilities to improved facilities. The number of households sharing a toilet also decreased. In 2018 the Government developed a comprehensive WASH management information system (MIS) to be rolled out in 2019, which should significantly improve the sector's ability to better track progress and target resources more effectively to equitably increase and maintain basic water services.

Critical gaps remained on WASH in institutions, especially in schools and health care facilities. Preparing for and responding to emergencies remained priorities, particularly for natural disasters, public health outbreaks, and refugee needs.

Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Documents

In July 2018, UNICEF Rwanda started its new 2018-2023 Country Programme, building upon

past achievements to support the Government of Rwanda in improving policies, programming, and decision-making mechanisms at the national level, while supporting the coordination and delivery of services at the decentralized level and providing analytical capacity to understand the importance of investing in children, to monitor results and improve decision making, and to find approaches to finance services that can reach the most vulnerable children and leave no one behind.

The programme supports the United Nations Development Assistance Plan 2018-2023, itself aligned with the Government of Rwanda's National Transformation Strategy (NST1), and contributes to the realization of child-sensitive SDGs. It is risk-informed in preparing for shocks such as environmental disaster or disease outbreak, and in answering the needs of refugees. The 2018 priority results were organized along UNICEF's strategic goal areas and aligned with the Eastern and Southern Africa regional priorities.

Goal area 1: Every child survives and thrives

UNICEF contributed to improving access to critical maternal, newborn and child health services, but health-seeking behaviour lagged for some interventions. UNICEF support helped build national and district capacity on policy, coordination, implementation and monitoring of nutrition-specific interventions in all 30 districts, and of nutrition-sensitive interventions in 14 target districts. This support contributed to improvements in dietary diversity and the reduction in stunting for children under five.

Improved maternal and child health

The quality and availability of care for maternal, newborn and child health and HIV services improved in 2018. UNICEF supported development and dissemination of guidelines for postnatal care, and built capacity of and mentored health workers. This contributed to a dramatic increase in coverage for the postnatal care of newborns, from 19 per cent in 2017 to 82 per cent in 2018. The availability of basic emergency obstetric and newborn care facilities 24 hours a day, seven days a week, in each of Rwanda's administrative sectors resulted in 98 per cent of live births attended by a skilled health personnel. UNICEF and partners supported the Government to equip the comprehensive emergency obstetric and newborn care facilities in every district and to improve the quality of their services. UNICEF also directly supported 297 health facilities with essential newborn care equipment.

Rwanda continued to maintain high immunization coverage in 2018, with 98 per cent of children under-one receiving DPT-containing vaccine. In partnership with the Global Alliance, UNICEF supported the Government and contributed to this high level of coverage by ensuring the availability of cold chain systems, the procurement of vaccines and the training of health workers. UNICEF also continued to mobilize resources to vaccinate Burundian refugee children and women who were pregnant.

To reduce AIDS-related mortality, UNICEF and partners, with funding from the Global Fund and the President's Emergency Fund for AIDS Relief (PEPFAR), supported an increase in the coverage of children aged 0 to 14 years who received antiretroviral therapy from 55 per cent in 2016 to 76 per cent in 2018. Despite an increase in coverage to 71 per cent for adolescents aged 10 to 19, that group still had the lowest coverage of all age groups. Strong policies, a robust health system, effective leadership by the Government and support from partners contributed to maintaining high coverage for women who were pregnant and living with HIV. Ninety-two per cent of them received antiretroviral therapy. To reduce new HIV infections,

UNICEF supported the Government to develop tools that will enhance the capacity of service providers to monitor and improve the quality of prevention of mother to child transmission services. Capacity was built at the national level, and implementation was ongoing in priority urban districts.

Policies and guidelines on maternal, newborn and child health and HIV were aligned with global recommendations. Efforts to improve the generation and use of evidence for informed decision making were ongoing. UNICEF and partners helped update policies to better inform public health decisions and strengthen the ability of Rwanda's health systems to use evidence to improve the availability of quality services for all. Gender issues were integrated in all support to the health authorities. UNICEF provided inputs in the gender analysis used in the preparation of the Health Sector Strategic Plan, and contributed to developing the Reproductive, Maternal, Newborn and Child Health Policy, the Maternal, Newborn and Child Health Strategic Plan, and the HIV Strategic Plan. UNICEF supported the implementation of evidence-informed initiatives to deliver essential services at scale, to strengthen health systems, and to make quality services available to low-performing areas. This included helping the Government develop an electronic patient management system for maternal, newborn and child health services to improve the quality of care in all health facilities.

There was little improvement in terms of certain health-seeking behaviours. Rwanda had high levels of health-seeking behaviours for certain interventions such as immunization and deliveries by skilled birth attendants, but levels remained low for children under five with acute respiratory illness and fever (54 per cent for acute respiratory illness, 49 per cent for fever), and for adolescents testing for HIV (62 per cent for girls and 29 per cent for boys aged 15 to 19). Efforts to integrate communication messages into various platforms, including the media and interpersonal communication channels, did not result in substantial change in health-seeking behaviours. The study UNICEF conducted with the Government on barriers to access maternal, newborn and child health and HIV services will inform and guide appropriate interventions in this area.

Preventing stunting and other forms of malnutrition

The capacity for nutrition governance was strengthened on policy, planning and coordination at the central and decentralized levels. UNICEF supported the development of national capacity for the coordination of nutrition activities and for the generation of sex-disaggregated and gender-informed evidence through the One UN Nutrition Programme implemented with the World Food Programme, Food and Agriculture Organization and World Health Organization. UNICEF helped initiate the development of a new National Nutrition Policy that will provide evidence-based guidance to direct the implementation of nutrition interventions and will be developed through a consultative process with the Government in 2019. UNICEF also supported national and district-level planning for nutrition, ensuring better coordination between stakeholders. UNICEF remained an active member in coordination for a at the national level, including the Food, Nutrition and Wash Technical Working Group, the Early Childhood Development Sub-Sector Technical Working Group, the UN Scaling Up Nutrition Network, and the Nutrition Donor Network. This supported the Government's shift in nutrition coordination and implementation responsibilities to the National Early Childhood Development Programme.

The national system was strengthened to deliver improved and quality nutrition-specific interventions at scale. UNICEF supported monthly growth monitoring and promotion sessions that reached more than 1.1 million children below five (79 per cent of that population). The sessions included cooking demonstrations during which caregivers were trained to prepare a

balanced diet. UNICEF's support included ensuring a well-equipped and supported nutrition service workforce through the distribution of 8,267 electronic mother-child weighing scales to 2,440 community health workers and the printing and distribution of registers to 4,130 health centres and to 12,629 community health workers to facilitate growth monitoring. By helping elaborate a new tool to assess the capacity of community health workers, UNICEF further strengthened the quality of supervision by government structures to ensure the quality of service provision. To improve the nutritional status of children aged 6 to 59 months, vitamin A capsules and deworming tablets were provided to 96 per cent of that age group nationwide, reaching close to 1.5 million children in all 30 districts.

UNICEF maintained its support for the home fortification programme using micronutrient powders to reduce anaemia and other micronutrient deficiencies in children aged 6 to 23 months in all 30 districts, reaching a total of 316,562 children. UNICEF also supported the training of 1,388 service providers nationwide in the new protocol to manage severe acute malnutrition to ensure that children received treatment based on the latest evidence. UNICEF procured and distributed ready-to-use therapeutic food as well as therapeutic milk to cover the needs of all children with severe acute malnutrition. From January to July 2018, some 6,148 children with severe acute malnutrition were treated, with a death rate of 5 per cent and referral rate of 8 per cent. Nutrition services for refugee populations, including the management of complicated cases of severe acute malnutrition and the distribution of micronutrient powders, Vitamin A and deworming tablets, were integrated in government systems.

Support to implement nutrition-sensitive interventions benefited households with children under five as well as women who were pregnant or lactating. UNICEF supported the Government to develop household resilience and access to nutritious food in 14 priority districts. Through the district plan to eliminate malnutrition, UNICEF helped establish 5,776 kitchen gardens; distribute fruit trees to 4,306 households with children under five or with women who were pregnant or lactating; distribute 630 small livestock to vulnerable households; and set up community-based saving and lending groups in 98 villages.

To improve nutrition practices and behaviours, UNICEF provided inputs for the National Integrated Social Behaviour Change Communication Strategy to be implemented in 2019. UNICEF supported districts to broadcast talk shows and radio spots to raise awareness on good nutrition practices and increase demand for and use of nutrition services. UNICEF also provided technical support to *Itetero*, a show on the national educational children's radio and television, and to the radio drama *Urunana*. Messages on good nutrition practices reached more than 4 million people across Rwanda and the Great Lakes. Local theatre groups and *Urunana* Soap Opera actors performed 22 sessions in nine districts, which reached more than 42,050 people.

Access to and use of quality early childhood development services

UNICEF contributed to three complementary sets of results to ensure that young children and their families utilized quality early childhood development services. UNICEF continued to provide technical and financial support to improve the early childhood development policy environment and coordination mechanisms. The implementation of the 2016 Revised National Early Childhood Development Policy contributed to improved coordination of all sectors key to holistic child development.

UNICEF continued to support the Government to increase the availability of quality early childhood development and family services to younger children and their families. UNICEF

supported the National Early Childhood Development Programme to develop cost-effective designs for early childhood development spaces that can be replicated by the Government and development partners. The standards incorporate specifications for the effective delivery of nutrition, WASH and inclusive early childhood development services. The standards were approved by Rwanda Housing and rolled out across the country, increasing the number of early childhood development spaces by 13 per cent in one year, to 4,501, and reaching an additional 27,036 children 0 to 6 years old in 2018. UNICEF and Save the Children also trained all 25 programme staff members and early childhood development focal points from Rwanda's 30 districts in designing, coordinating and implementing an integrated early childhood development programme. UNICEF supported the training of master trainers for early childhood development who then trained other educators to in turn train 50,000 caregivers countrywide. UNICEF also continued to support the establishment and management of model early childhood development centres as centres of excellence showcasing how to package and implement integrated services through community and local authority partnerships. Eighteen model early childhood development centres were established in 16 districts, of which 15 were handed over to government management. UNICEF continued to support the Ministry for Gender and Family Promotion, the National Early Childhood Development Programme and other line ministries to scale up early childhood development service delivery from 16 districts in 2017 to 20 districts in 2018.

Through partnerships with the National Early Childhood Development Programme, the national early childhood development standards framework and the training curriculum were revised to be more responsive to the needs and services of children with disabilities. National disability screening tools for young children were developed for use in 2019. As part of emergency response, UNICEF continued to provide early childhood development response to children at the Mahama Refugee camp hosting people from Burundi.

UNICEF continued to support the Government in raising families' understanding of child care and awareness of early childhood development services, and to improve the home environment for optimal child growth and development. Across the 20 UNICEF-supported districts, 9,735 families participated in the early childhood development programme, an increase of 47 per cent from 2017. Of those families, 2,813 were reached through home visits targeting pregnant and lactating mothers. Overall, there was improved interaction and provision of good child care and responsive services at family level. Social norms evolved, engaging male caregivers in child care, stimulation and learning (57 per cent in 2018, compared to 49 per cent in 2015).

The results achieved under this Goal Area contributed to UN Development Assistance Framework strategic result area 2, Social Transformation, by supporting the realization of Outcome 3. Nutrition results contributed to Priority Area 2.

Goal area 2: Every child learns

To ensure access to quality education for all, UNICEF supported the Ministry of Education to strengthen the effectiveness and equity of the education system while building the capacity of education stakeholders. UNICEF contributed to UNDevelopment Assistance Framework outcome 3 and supported National Strategy for Transformation Priority Area 4, and supported the Government in four areas, as summarized below.

UNICEF coordinated work to improve governance in the education sector while strengthening

the inspection system with real-time monitoring capacity. UNICEF played a critical role in education sector coordination as co-chair of the Education Sector Working Group with the United Kingdom Department for International Development, the Development Partners Working Group, the Basic Education Sector Working Group, and the Curriculum, Materials and Assessment and Early Childhood Education Technical Working Group. To address the need for a comprehensive digitalised management information system contributing to quality and relevant education, UNICEF supported education partners to align and integrate multiple data systems into a single system. This built upon UNICEF's ongoing support to strengthen data usage for policy decisions, with the development of a teacher management information system. UNICEF also continued to support the implementation of a real-time monitoring system within the Ministry of Education to provide continuous updates of key indicators and drive the Ministry's improvement agenda, with an emphasis on capacity development of the inspectorate system.

With UNICEF support, more than 20,000 refugee children, children with disabilities, and children of pre-primary age accessed quality education in a more inclusive environment. UNICEF addressed access issues for the most marginalized children, including refugee children, children affected by humanitarian situations, and children with disabilities. As a result of UNICEF's support, 87 per cent of refugee children were integrated into the national system and were supported with education materials. UNICEF also worked with partners to address demand-side bottlenecks in accessing quality education for children with disabilities through the development of a communication toolkit and the modelling of inclusive education in 30 schools (one per district) resulting in more than 10,500 children with disabilities being integrated into the national education system. Access to pre-primary education increased from 13 per cent in 2013 to 24 per cent in 2017. To continue improving access, UNICEF and the Ministry of Education established a partnership with religious leaders to set up pre-primary schools in religious institutions. UNICEF supported the design and construction of facilities as well as the training of pre-primary teachers.

To improve the quality and relevance of education, UNICEF continued to support the implementation of the competency-based curriculum and to address the quality of education with programmes to improve pedagogy and the learning environment. UNICEF continued to support school-based mentoring to ensure a sustained approach to the Government scale-up. UNICEF helped Rwanda's Education Board finalize two training manuals to support continuous professional development by school-based mentors, and supported the Government to develop the skills of school-based mentors in training and facilitation. This support resulted in building the capacity of more than 4,000 teachers to deliver quality education. UNICEF also engaged with the Rwanda Education Board and other education stakeholders to revise the Teacher Training College curriculum. As a result, a framework was developed and syllabi were revised, to include a course on Special Education Needs and Inclusive Education.

To strengthen the quality of pre-primary education, UNICEF supported the development of early childhood education standards, which will guide the development and implementation of pre-primary schools. With UNICEF support, and in partnership with the Rwanda Education Board and non-governmental organizations, quality pre-primary education was modelled in 80 pre-primary schools to build teacher capacity and ensure appropriate teaching and learning materials, with a focus on early reading and emergent literacy to support school readiness.

Addressing gender-related learning bottlenecks and promoting gender-equitable opportunities in education

Gender inequities persisted in the education system in terms of participation and results. To address negative social norms, UNICEF supported the creation and circulation of 75 messages through radio, print media and community engagement aligned with the National Communications Strategy on Gender and Education. Building upon the gender-responsive teacher training package developed in 2017, UNICEF continued to help develop the capacities of teachers to understand and respond to the gender-specific issues that hinder the participation of boys and girls in the classroom. To address gender disparities in learning achievement and to build the skills of adolescents, UNICEF supported the modelling of remedial support to strengthen learning in 50 schools, reaching more than 2,500 students. The remedial curriculum is designed to empower girls by improving their basic literacy and numeracy learning outcomes and life skills.

Goal area 3: Every child is protected from violence and exploitation

In 2018, UNICEF supported the Government of Rwanda in building a child protection system that ensures protection at the national level and provides decentralized and integrated prevention and response to children affected by violence, abuse, exploitation and neglect. This contributed to UN Development Assistance Framework's social transformation Outcome 4 and Strategic Result Area 3 of Transformational Governance, under its Outcome 5. It supported National Standard of Transformation pillar of Transformational Governance Under its Priority area 4, strengthen justice, law and order.

To achieve those goals, UNICEF provided technical and financial support to the Government, which then took the programmes to scale. The results are the products of joint efforts between UNICEF, the Government of Rwanda and partners such as Save the Children and Umurage Communications for Development.

Government capacity to legislate, plan, coordinate, budget and enforce child protection was strengthened. In 2018, UNICEF helped finalize and launch the first survey report on Violence Against Children and Youth in Rwanda, which provided data on different forms of violence and supported development of better programmes to address them. The companion qualitative report on violence against children with disabilities showed high levels of discrimination against children with disabilities. The evidence contributed to the development of a strategic plan for the Integrated Child Rights Policy 2017-2022. The Disability Inclusion Policy, its implementation strategy, and Standards of Care for Children with Disabilities in Institutions were also finalized in 2018. They represent an acknowledgement and commitment from the Government to tackle issues related to the exclusion of persons with disabilities. The Government finalized and submitted the UN Convention on the Rights of the Child report and the African Committee of Experts on the Rights and Welfare of the Child report in 2018, in a participatory process that involved civil society and the UN.

UNICEF's support to the birth registration system resulted in its modernization, linking birth registration to hospitals and sector levels, so that children are automatically registered at birth. As a result, birth registrations increased from 67 per cent in 2017 to 80.2 per cent in 2018.

UNICEF supported 364 children under 3 years old incarcerated with their mothers, who had been largely overlooked and excluded from services. UNICEF convened meetings between the National Early Childhood Development Programme, the NCC, the Rwanda Correctional Services and the Ministry of Justice to highlight the need for early childhood development and child care services. As a result, the Government conducted an assessment and mobilized the

support of nongovernmental organizations to provide such services in prisons.

To respond to violence against children, UNICEF supported the expansion of child protection service delivery by strengthening the capacities of the child protection workforce of professional social workers and psychologists, child protection community workers, local leaders, and other workers who have responsibility for child protection, such as justice professionals and the police. In 2018, UNICEF contributed to strengthening Rwanda's child protection system at the decentralized level by training 30 psychologists and social workers to support the reintegration of children from institutions back into family-based care. UNICEF supported the capacity development and coordination of 29,674 child protection community workers known as Inshuti Z'Umuryango (or IZU) as well as in-service training for 11,254 of them. UNICEF also supported training of local leaders in all 30 districts on child protection; and supported the NCC to develop a digitalized reporting system for the IZU. This support resulted in 3,151 of 3,323 children from institutions being placed into families and 107 children and young adults being placed into family-based care, foster care adoption or community-based and independent living. A total of 205,339 children in need of protection were reached by the social workforce in their communities and supported or referred to key services.

UNICEF support to Burundian refugees in 2018 was limited due to reduced influx of new refugees to Rwanda. UNICEF provided ongoing support to five child and youth friendly spaces in Mahama Camp and focused on integration of refugees into the national child protection system in collaboration with the Government of Rwanda and the UN High Commissioner for Refugees.

Understanding of key child protection issues improved at the child, family and community levels, and prevention of violence, reporting and access to services increased. In 2018, UNICEF supported the National Commission for Human Rights and Umurage to produce a radio serial drama, radio talk shows and community outreach focusing on protection issues such as child abuse, child labour, neglect and teen pregnancies. By the end of November 2018, 4,507,932 listeners had been reached on eight community radio stations through a serial drama on child protection. As a result, Umurage listeners are more likely to be aware of child protection services than non-listeners (90 per cent compared to 73 per cent). A total of 8,000 people were reached through community platforms, including Parents Evenings and community work.

UNICEF also supported the Government during the two-month family campaign to establish gender-based violence clinics in two districts to provide integrated support (medical, psychosocial, legal, and law enforcement) to teen mothers, including those who became pregnant due to violence. A total of 412 girls were reached through these clinics, which serve as models for district-level integrated service delivery. UNICEF developed messages on ending violence against and exploitation of children that were spread through the Tour du Rwanda cycling competition, reaching 10 districts. The increased availability of services and of communications for development (C4D) interventions raised awareness levels. Reporting on violence to One Stop Centres increased from 3,250 cases in 2017 to 10,030 in 2018.

Goal area 4: Every child lives in a safe and clean environment

UNICEF aimed to ensure that all households had increased access to safe, basic and sustainable WASH services. In 2018, UNICEF Rwanda built capacity on policy, coordination, implementation and monitoring of WASH interventions at national and district levels. This

contributed to UN Development Assistance Framework outcome 3, and to National Strategy on Transformation Priority Area 5, 'Moving Toward a Modern Rwandan Household: Universal access to basic infrastructure such as electricity, water, sanitation and broadband.'

Strengthening Government WASH systems

In 2018, UNICEF supported the Government to strengthen the laws related to water and sanitation as well as its WASH monitoring system. In partnership with the non-governmental organization WASH United, UNICEF provided technical input to the draft water and sanitation laws to update the roles and responsibilities of different water and sanitation sector entities from policy development to service delivery and service regulations. In 2018, the Government led efforts to develop a WASH Management Information System (MIS) that integrates gender concerns, and will enable the sector to gather and analyse data on services provided and on assets managed. UNICEF financially contributed to the development of the system and served on the task team that guided its design. UNICEF provided a management information system specialist for one year to help MININFRA finalize the system in 2018, and to implement it in 2019.

UNICEF engaged as an active member of the Water and Sanitation Sector Working Group, contributing to the Backward-Looking Joint Sector Review for Water and Sanitation, and co-chairing the Environmental Health Technical Working Group that oversees national efforts to promote hygiene and sanitation.

UNICEF made evidence available to improve water quality and promote sustained basic water supply services. It supported the Government to conduct a Rapid Assessment on Drinking Water Quality in support of the Rwanda Utility Regulatory Authority. The resulting baseline on water quality in rural areas will serve as the basis to strengthen the regulation of water services provision and to establish an SDG baseline for water quality in rural areas.

Following heavy rainfalls that damaged existing infrastructure, UNICEF helped 2,541 people access basic drinking water services through a newly constructed water supply system, and 25,012 people to do so through the rehabilitation of services.

To increase the use of basic sanitation and the practise of handwashing with soap, UNICEF transitioned from direct service delivery by partners to Government-led efforts to achieve sanitation results at scale. UNICEF partnered with the non-governmental organization SFH to support authorities in eight districts in strengthening the promotion and monitoring of basic sanitation services. This resulted in 62,270 households constructing new toilets or upgrading existing ones, reaching an estimated 267,761 people. This represented a 10 per cent increase in less than a year in those eight districts.

At the national level, UNICEF partnered with the Ministry of Health, providing financial support for its Environmental Health Unit to double its capacity by hiring two new staff members. UNICEF also supported the Ministry to develop a latrine construction guidance brochure and disseminate it to all of Rwanda's 14,837 villages. This provided all households with a simple technical resource to improve latrine quality. Approximately 655,000 people in eight districts (25 per cent of the districts' population) were reached with key hygiene messages, promoted by government authorities through established community mobilization mechanisms such as monthly community work sessions.

UNICEF collaborated with the Homegrown School Feeding Program run by the Ministry of

Education, the World Food Programme and World Vision to provide on-site safe drinking water and handwashing facilities for 6,212 children in four primary schools and one secondary school. This allowed a new handwashing facility model to be tested that will be monitored and adapted in 2019 to inform the development of a group handwashing station design. UNICEF also worked with the Ministry of Education to build eight pre-primary centres with WASH facilities.

Goal area 5: Every child has an equitable chance in life

In line with Strategic Goal 5, and Country Programme Document Outcome 7, UNICEF Rwanda helped the poorest children in Rwanda benefit from a strengthened and adequately resourced integrated social protection system. Results were achieved in support of UNDevelopment Assistance Framework Outcomes 4 and 6. This contributed to National Strategy for Transformation priority areas: 'Promoting resilience and enhancing graduation from poverty and extreme poverty' and 'Increase citizens' participation and engagement in development.'

To promote the capacities to manage and deliver integrated services for the poorest children, in 2018, UNICEF worked in partnership with the Government, the World Bank and the United Kingdom Department for International Development, to promote a more holistic and integrated approach ('cash plus') addressing reduction of monetary and multidimensional poverty. This included UNICEF's continued support to model integrated nutrition, early childhood development, WASH and social protection interventions and technical inputs to the Government in development of the Joint Multi-sector Action Plan (2018-2021) to eradicate extreme poverty in 17 districts. The Action Plan built on household profiling of extremely poor households (Ubudehe 1) supported by UNICEF. The plan combines cash transfers with complementary social services to promote holistic graduation from poverty and to streamline resources in geographic areas with highest monetary and multidimensional poverty. The Nutrition-sensitive Direct Support grant was launched in July 2018 to provide additional cash transfers to 56,000 households with children under two years under a World Bank-funded project designed through a collaborative effort with the Government and development partners, including UNICEF. As a result, the coverage of social protection increased by 6 per cent, from 227,477 households in 2017 to 242,849 in 2018, reaching an estimated 265,085 children.

UNICEF also provided technical support for the Government to develop a Business Model for Case Management and Referral in Support of Extremely Poor and Vulnerable Households. The model aims to strengthen social protection case management and referral among basic social services and corresponding community workforces. The model also proposes approaches to strengthen coordination, joint action planning, monitoring and evaluation to maximize service delivery. The drafting of the model coincided with the Government initiative to streamline existing community workforces. UNICEF agreed to test the approach defined in the Business Model in support of learning and scale-up.

The Government's capacity to use research and budget analysis in planning efficient integrated programmes for multi-dimensionally deprived children was increased. In 2018, UNICEF continued to support the National Institute of Statistics in production of data and publishing of measures of child monetary poverty for children under 16 years and multidimensional poverty for children age 5 to 17 years. Technical inputs were provided to the Institute to update the DHS 6 survey, to better align with the SDG child-focused targets.

To promote increased investment in children, UNICEF developed five budget briefs analysing

investments in education, health, social protection and the WASH sector and a national brief comparing investment in social and economic sectors. A fiscal space analysis of key child-related sectors (health, education, social protection and WASH) also was published. Both documents were disseminated at a high-level event and via other channels. Important steps were made in collaboration with the Ministry of Finance to strengthen budget transparency. Building on the regional consultations workshop and a country-specific action plan, the Ministry took steps to strengthen the quality of publicly available data, promoting citizen's budgets and supporting efforts to promote citizen's participation in budget planning processes.

Linking humanitarian to development programming

In 2018, UNICEF rolled out its Emergency Preparedness Platform (EPP) to better analyse and respond to risks. Heavy rains affected WASH installations and rural livelihoods and food security. As the Ebola Virus Disease broke out in the Democratic Republic of the Congo in August 2018, UNICEF increased preparedness and prevention efforts with the Government of Rwanda. A Risk Communication and Community Engagement Committee was formed and disseminated messages on Ebola Virus Disease prevention through radio and TV (reaching more than 10 million people). The Committee also distributed IEC materials in 13 high-risk districts (reaching more than 4 million people), and training national, district and community leaders to recognise and prevent the disease. UNICEF supported the Ministry of Health to streamline WASH programmes into Ebola Virus Disease preparedness efforts. Efforts focused on ensuring that standard operating procedures, supplies and capacities were in place in 10 high-risk districts near the borders with the Democratic Republic of the Congo and Uganda.

In linking its humanitarian and development activities, UNICEF Rwanda helped the Government coordinate the immediate provision of basic services so all children received the support they needed to reduce their vulnerability to shocks (integrating health, nutrition, early childhood development, WASH and social protection), with longer term support. UNICEF Rwanda also worked closely with the UN High Commissioner for Refugees, which led the CRRF initiative in Rwanda to advocate for more inclusion and integration of refugees children in social services, including on enlarging the scope of social protection initiatives so they not only protect, but also contribute to promote the development of the most vulnerable families with children (with cash-plus initiatives that train recipients on integrated early childhood development, or that are linked to income generating schemes). To support those efforts, a memorandum of understanding was finalized with the UN High Commissioner for Refugees highlighting areas of collaboration.

Strengthening partnerships and joint approaches

In 2018, UNICEF increased efforts to develop new strategic partnerships and mobilize resources to support implementation of the programmes to achieve more results for children.

For the first time in Rwanda, UNICEF established an industry-level partnership with a government body, the National Agricultural Export Development Board, which deals with the tea, coffee and horticulture sectors in Rwanda. Under this partnership, early childhood development interventions reached families working for all 16 tea companies and 20 tea farmer cooperatives in Rwanda. This led to stronger mainstreaming of the Children's Rights and Business Principles in tea companies and cooperatives. The approach was adopted by policy makers and was being implemented at decentralised levels to reach more companies and cooperatives.

UNICEF also completed a mapping of the private sector in Rwanda and established links with 20 private sector companies and corporations across strategic industries (coffee, hospitality, mining, insurance) to explore partnerships in fundraising, children's rights and business principles, shared value/programmatic work, and advocacy. This mapping exercise led UNICEF Rwanda to develop its first Private Sector Engagement Strategy that will guide its work with the private sector through the remainder of the country programme and beyond. Through private sector engagement, approximately US\$100,000 was leveraged from tea companies to build and manage early childhood care centres, covering the provision of meals, WASH facilities and caregiving. UNICEF also partnered with the Mastercard Foundation, which will fund the work and provide expertise in integrating the data management systems and the Teacher MIS.

A partnership with The New Times Publications Limited and IGIHE Limited increased visibility of children's issues in the media. UNICEF and The New Times established children's writing clubs in five schools in Rwanda (one in each province) to train child reporters and encourage young people to raise their voices on important issues. The articles were published in The New Times. The partnership will continue in 2019 as the writing clubs are strengthened.

Effective documentation and advocacy through media and child participation increased awareness of the target population and donors, and increased donor engagement on child rights promotion and programme priorities. In 2018 there was an increase in website traffic, with an approximately 9 per cent increase in new visitors. The number of Twitter followers increased to 16,000, and the new Instagram account boasted more than 2,600 followers.

UNICEF Rwanda released eight powerful human-interest stories, two of which were published on the UNICEF global website. Ten videos were produced, including one shared with UNICEF Malawi for government advocacy in education for Malawian children. UNICEF Rwanda also took a lead in developing the first-ever 'Parenting Month' with Headquarters, and hosted a professional photographer from the U.S. to take video and photo documentation of successful early childhood development initiatives in Rwanda. Those materials will be used for advocacy and visibility during the 2019 Parenting Month.

Supporting results at scale through the promotion of positive social norms

While sectors continued to improve the national and decentralized systems to provide quality social services to all children, a cross cutting effort around communication for development (C4D) played a major role in disseminating information on good practices, promoting positive social norms supporting the realization of children's rights and increasing demand for child-centred services.

Innovative communication efforts resulted in strategic engagement with the African Union of Broadcasters and the development of the first ever made-in-Rwanda children's television programme and of five listening clubs for the Itetero radio show. UNICEF obtained 120 minutes of free TV airtime and 60 minutes of free radio airtime for children's programmes each week from Rwanda Broadcast Agency. Capacity building with communication and early childhood development stakeholders resulted in the creation of 20 new animations (72 total minutes). The Itetero program aired more than 160 episodes on Radio Rwanda and 33 episodes were aired on TV. The campaign generated 7,280 messages of feedback from audiences through SoundCloud, YouTube and Facebook.

In partnership with the Rwanda Broadcast Agency, Ministry of Health and the National Early Childhood Development Programme, UNICEF organised the 'World Cup in My Village' road show, screening World Cup matches in 14 districts with high rates of stunting. Before, during and after the matches, messages were disseminated to change behaviours and promote good early child care, learning, stimulation, protection and stunting reduction. Four new theatre groups were formed and received supervision from UNICEF. Local theatre groups and Urunana soap opera actors performed 22 sessions, which brought together more than 42,050 people in nine districts.

Part 3: Lessons learned and constraints

UNICEF's new country programme launched in July 2018. It benefited from a 2017 analysis of the situation of children and women and followed by extensive consultations within UNICEF, the Government, and both UN and non-UN development partners. The programme follows UNICEF's global strategic plan and is closely aligned with priorities laid out in the National Strategy for Transformation and with the UN Development Assistance Framework. The approach includes promoting stronger integrated programming across sectors to address all dimensions of children's rights; strengthening the use of data to inform policy decisions at the central level; building capacity for programme delivery at a localized level; and sensitizing citizens and children about their rights and the importance of accessing the services offered..

During 2018, UNICEF facilitated four South-South delegation missions from Nigeria, Rwanda, and South Sudan to increase and facilitate knowledge exchange in the area of government-led rural sanitation programming, health insurance, community system health strengthening and human papilloma virus vaccination programme.

As part of the national strategic planning process, the Government of Rwanda made some significant changes to its internal structure and governance, which affected the achievement of some results, while also opening new areas for collaboration in providing technical assistance and capacity building. The consolidation of all nutrition and early childhood development interventions for children 0 to 6 years old and some WASH and health initiatives under the National Early Childhood Development Programme led to a shift in responsibilities for coordination and implementation among government agencies previously in charge of separate components of nutrition and early childhood development. The process of adjustment for those separate entities to work as one slowed the implementation of some nutrition activities. It also delayed activities planned to strengthen the national systems for kitchen gardens and community-based saving and lending. In the area of child protection, the limited number of professional social workers and psychologists in the government organogram led to a high burden of child protection cases and limited prevention and response ability.

While the integrated National Early Childhood Development Programme is likely to improve its coordination in 2019, similar needs are bound to surface in other social services as central capacity is delegated to local systems. As an immediate response to help the institutional transition toward a decentralized, integrated approach to service delivery, UNICEF helped the National Early Childhood Development Programme vitalize the micronutrient powder programme by supporting an orientation for all heads of health centres and helping strengthen the national supply chain for nutrition commodities. UNICEF also developed a project to model kitchen gardens and community-based savings and lending groups for poor households to be scaled up by the Government with limited external support. The integrated approach to

addressing children's rights and welfare is directly aligned with UNICEF's objective. In the long term, UNICEF will continue to support the Government in setting up integrated programmes, providing model activities and capacity building for decentralized coordination, planning and monitoring, and continuing to support central-level policy development, system building, monitoring, and use of evidence for decision-making. There is a need for more advocacy and support to ensure that child protection is better understood and that child protection services are valued.

Capacity needs for quality and integrated service delivery at decentralized levels

Despite its successes, the national early childhood development programme continued to face challenges, including low access to integrated services, especially for rural communities; insufficient funding to cover the needs, despite government allocation to districts and investment from different development partners; and a low quality of services because of inadequate infrastructure and reliance on largely untrained volunteer caregivers.

In nutrition, the quality of human resources and of the services they provide, as well as the capacity to meet needs to scale are a constraint, as only 55 per cent of children identified with SAM are admitted for treatment in health facilities.

Major challenges in the quality of education were evident through low learning outcomes. Quality was impacted by double-shifting, poor teacher capacity, high pupil to teacher ratios and lack of teaching and learning materials.

Major challenges remained in ensuring the capacity to prevent and respond to all child protection concerns. The size and capacity of the workforce was limited. Few social workers and psychologists were qualified to deal with statutory child protection cases and reporting was low. Child protection community workers (IZUs) need more capacity development and training. The coordination of child protection at the sector and cell levels was weak, which limited integrated case management.

UNICEF learned several lessons regarding how to improve the integrated delivery of quality early childhood development services. Effective community mobilisation and involvement of district authorities from initial stages of the project are critical for local ownership and sustainability. Home-based early childhood development centres provide opportunities for additional children to access services, especially in remote areas. Income generating activities empower families to support their children's early learning and education. Provision of integrated early childhood development services is important for holistic child development, thus services that link good nutrition, child and maternal health to hygiene, sanitation and support to early learning must be promoted. Periodic joint planning and reviews with community stakeholders are keys to successful project implementation.

Lessons learned in education included that interventions at the pre-service teacher training level are more systematic and sustainable than at in-service level. Child protection services are all fairly new, and there is a need to ensure that capacity is being continuously built with the social workforce, including on issues such as disability, and that services are better coordinated on the ground through improved protocols and integrated case management.

The partnership with tea companies and cooperatives was an opportunity to reach needy children and their parents with services. Going forward such partnerships remain an area of great potential for scaling up early childhood development services. UNICEF will continue to

advocate for increased funding, the development of public-private partnerships and the establishment of safe and stimulating early childhood development spaces. UNICEF also will continue to advocate for the scaling up of parenting education programmes and capacity strengthening of the National Early Childhood Development Programme staff and caregivers.

UNICEF will continue to strengthen community-based nutrition interventions and will improve early identification, referral and counselling systems from community health workers to health facilities and back to improve the nutrition status of children identified with acute malnutrition. In 2019, the quality of treatment will be strengthened through supportive supervisions, refresher training and a mentorship programme planned in collaboration with the national Paediatric Association. UNICEF will continue to advocate for the Government to gradually take over the procurement of commodities related to severe acute malnutrition management.

UNICEF will continue to work with the Rwanda Education Board to strengthen pre-service training and develop a revised framework, incorporating inclusive education and ensuring gender as cross-cutting theme.

UNICEF will continue to advocate for an increase in the professional workforce, with more psychologists and social workers to focus on child protection. UNICEF will continue to build capacity of professional social workers and psychologists, as well as 29,674 community child protection workers and local leaders, through in-service training.

Negative social norms and lack of awareness

Negative social norms affected people's awareness of issues related to the rights of children, and their ability or willingness to request or use social services. Engrained social norms contributed to enabling violence against children and to preventing the reporting of new cases. The violence against children and youth study demonstrated the importance of gender and social norms in driving violence and limiting help-seeking behaviour. One-third of the girls interviewed for the survey believed that physical violence against women was acceptable under certain circumstances. Most boys and approximately half of the girls who experienced violence did not report it. Some of them did not know who to report incidents to, but many believed that violence was not a problem or was their fault. Raising awareness around disability in communities remained a challenge. There was low disclosure of children with disabilities; caregivers did not know how to care appropriately for those children; and service providers lacked the skills to serve them.

Targeting adolescents with HIV prevention and treatment services remained a challenge. UNICEF supported a study that will provide data at national and provincial levels to improve understanding of barriers to accessing maternal, newborn and child health and HIV services. The findings will be available in the second quarter of 2019 and will inform UNICEF's and the Government's priorities for the coming years toward increasing access to services.

Negative social norms impeded girls realising their right to education. This was especially evident in the disparity in learning outcomes as well as in the number of girls accessing higher education and TVET.

There is still a need to better understand the reasons for behaviours that negatively impact the rights of children. Rwanda still faced challenges in improving health-seeking behaviour for acute respiratory infections and fever among children under five, and for adolescents testing for

HIV. UNICEF supported the Government in studying the barriers to accessing services among those populations. The findings will help identify and scale-up interventions that can improve health-seeking behaviours and address some of the barriers that hinder access to the health system.

There is also a need for better knowledge on the determinants of some protection issues faced by children, such as the drivers of teen pregnancy, and on the legal implications for girls and fathers who are under the age of consent (18 years old). New child protection challenges that may be associated with rapid urbanization and internet connectivity should be assessed, such as increased child labour and exploitation or online protection issues. More evidence is needed on the specific challenges in those areas so that new strategies can be formulated.

Awareness on the rights of children as well as on the services available also needs to continue to be strengthened. Rwanda has made remarkable progress in child protection, but the sector remains nascent, with new institutions developed since 2014, including the National Commission for Children and a new workforce such as the Inshuti Z'Umuryango and the One Stop Centres. There needs to be more awareness at all levels to ensure that child rights are understood and that child protection services are valued in the same way as any other service. UNICEF will develop a communication for development (C4D) strategy that will address the social norms driving violence and other child protection issues.

In its external communication, UNICEF recognised the power of storytelling and documentation for advocacy. In 2019, UNICEF will improve video production and better engage digital audiences through social media. UNICEF faced challenges in 2018 in engaging digital audiences through Facebook. A dedicated social media officer was recruited and strategic digital engagement is expected to increase.

Financing constraints affecting delivery of equitable social services

The decrease of official development assistance to Rwanda and the stagnation of the budget allocations to social sectors created uncertainties regarding how some national priorities to promote equity in access and leaving no child behind can be met. In 2018 that was the case for the education sector, gender programmes and in humanitarian response to refugees. Only two per cent of the poorest children accessed early childhood development services, compared to 40 per cent of the richest children. Child protection continued to be underfunded in relation to needs.

Resource constraints should drive better planning and targeting of resources to those most in need. Systematic collection of credible, comprehensive data will significantly improve planning and targeting of resources. The management information systems UNICEF is helping the Government to develop and the social inclusion surveys and studies UNICEF is supporting should help produce evidence to make best use of resources, better target the people most in need and help unlock new sources of funding.

The private sector is central to supplying certain goods and services. In WASH, the private sector is critical to the Government's delegated management system of water supplies. More capacity is needed to more effectively sustain water services. The private sector is demonstrating early results in meeting the demand for affordable sanitation products.

As the Government of Rwanda shifts toward financing development through domestic revenue,

borrowing and increased engagement with the private sector, UNICEF will continue to advocate for a sustained and increased focus on children in both public and private sector expenditures. UNICEF will have to adopt a 'middle-income country lens' to ensure that its resource mobilisation strategy and advocacy activities align with and respond to emergent needs, opportunities and trends. Strengthening of the current partnership with Ministry of Finance and Economic Planning will be one of the key strategies to advocate for increased investment in social sectors and their increased impact on socio-economic status of children. The private sector should be involved in providing quality services where possible (e.g., for WASH) .

Resilience to shocks

The food security situation, which has not improved significantly since 2015, contributed to the persistent high stunting level. Poverty levels have remained stagnant and there was no marked poverty reduction in the last three years, but shocks have become more frequent, including an increase in food insecurity, vulnerability to environmental destruction, and a rise in childhood illnesses, which correlates with a spike in malaria cases in 2015-17. The subsequent use of negative coping strategies points to the low resilience of households to shocks and their continued vulnerability with regard to both monetary and multidimensional poverty. UNICEF needs to continue integrating nutrition, early childhood development and social protection to improve resilience of households against shocks, including by modelling sustainable, scalable, gender- and nutrition-sensitive interventions with kitchen gardens and community-based savings and lending groups suitable for the most vulnerable population.

END/