Executive Summary

Rwanda has been regarded as one of Africa’s success stories, particularly in promoting good governance and delivering essential services such as health and education, and being on track to meet most of the Millennium Development Goals. The Government sees an important role for the UN in Rwanda, and Delivering as One continued into its second generation.

UNICEF’s Country Programme is based on the ethos “you can’t divide a child”: an integrated approach along the continuum of a child’s life, aligned with UNICEF’s global strategic priorities, as well as forward-looking cross-sectional areas such as young child development, inclusion of children with disabilities, and support for adolescents. Programme design and monitoring were guided by systematic bottleneck analyses, in line with UNICEF’s strengthened equity focus.

Capacity development has been at the heart of UNICEF’s development strategy, strengthening integrated, results-based planning at decentralised levels; training a critical mass of the workforce to provide new services for children (e.g. training over 50 per cent of social protection staff and at least one pre-primary school teacher per school), and strengthening national and subnational data collection systems.

Evidence generation, policy dialogue and advocacy were used to advance children’s rights: findings of a Knowledge, Attitudes and Practices (KAP) assessment on Early Nurturing of Children and a baseline study on ‘Early Childhood Development and Family’ (ECD&F) are being used to revise current policies and design innovative interventions holistically supporting vulnerable children and families. Innovations such as linking ECD and Social Protection through public works were pursued, as was the introduction of a community-based child protection cadre.

Main achievements included:

• Tremendous progress in improving child survival continued (the under-five mortality rate has declined by two-thirds since 1990) as a result of strong Government commitment to child survival; task-shifting in the health system (introduction of 45,000 of community health workers (CHWs); and scaling-up high-impact interventions (e.g. immunisation). UNICEF provided technical and financial support for policy and strategy development; strengthening of a real-time monitoring system (‘Rapid SMS’ is now functional in all 30 districts); nationwide scale-up of multi-sectoral nutrition interventions (the social change campaign “1000 days in the land of 1000 hills” alone reached over 2 million people); and capacity development at decentralised levels.

• Rwanda is on track to achieve universal access to primary education, shifting the focus and UNICEF support from access to quality and improved learning outcomes. Through teacher training and mentoring programmes, 70,624 children directly benefitted from improved quality of education. To improve learning outcomes, UNICEF prioritised early learning (new pre-schools were built and equipped; almost two-thirds (1,260) of pre-primary school teachers trained) and curriculum reform (towards a competency-based curriculum).
• Support to Early Childhood Development and Family has emerged as a priority area for
development. The ECD Policy and Strategic Plan are being revised to accelerate scale-up of
ECD services and to ensure a holistic and integrated approach to the development of young
children. To translate this into action UNICEF developed a concept that brings together multiple
interventions, with the family at the centre: to date, “Early Childhood and Family” model centres
were established in 10 districts, serving over 1,100 young children and 1,500 parents,
demonstrating that ECD approaches to be replicated nationwide.

• In Child Protection, significant policies and legal provisions were prepared with UNICEF
support, and a Child Protection Working Group was established to ensure its effective
implementation. Early results are impressive: 800 children were reintegrated into families and
an innovative response to violence, abuse and neglect (‘Isange One-Stop Centres’), provided
free multi-sectoral assistance to over 4,000 victims of gender-based violence (GBV) and child
abuse.

Challenges during 2014 related to capacity constraints at decentralised levels, and differences
between data produced and used at the local level and data reflected in global publications.

Progress in advancing children’s rights was made possible through excellent collaboration with
Government, civil society organisations (Imbuto Foundation and faith-based organisations), and
the media, as well as through working closely with development partners and donors, including
the Kingdom of Netherlands, USAID, DFID, Sweden and Sonta, IKEA Foundation, H+M
Foundation, as well as National Committees, including Norway and the US Fund.

Humanitarian Assistance

Humanitarian action in Rwanda was grounded in provision of basic services to affected
populations (refugees, returnees, expellees) primarily using existing social systems.
Rwanda hosts over 72,000 refugees (40,000 children) from the Democratic Republic of Congo
(DRC) in five refugee camps. During 2014 the flow of refugees to Rwanda significantly
decreased. Nevertheless, because of an influx that started in April 2012, Rwanda needed to

In 2014, UNICEF provided humanitarian assistance in WASH, education, early childhood
development, health and child protection:

• In partnership with UN Refugee Agency (UNHCR) and World Vision, emergency
WASH services were provided in three camps, benefiting over 27,000 people. Over
5,000 Rwandan expellees from Tanzania were also provided critical WASH supplies
(including mobile toilets, showers, soap, water storage tanks, slabs for latrine
construction and disinfectant etc.)
• To support young child development, home and centre-based ECD services were
provided to 4,000 refugee children in two camps. A case study revealed that children
who attended the ECD programme had improved cognitive, social and emotional
development and nutritional status, and hygiene practices improved among caregivers.
The home-based component of the programme further increased parent involvement in
the care and stimulation of their children.
• UNICEF supported refugee children to access education: eight pre-primary classrooms
were constructed and facilities were equipped with ECD kits, teaching materials, desks,
water tanks, and text-books, benefitting over 1,400 children. This was achieved in
partnership with the Ministry of Disaster Management and Refugees (MIDIMAR); CARE International (provision of ECD services), and the Adventist relief organisation, ADRA (construction). Assistance was also provided to MIDIMAR to support the integration into schools of former Rwandan refugees, who have now returned home. A total of 4,673 school children, including 225 returnee children, benefited.

- UNICEF helped to renovate and equip a maternity block in one district hospital that serves as a catchment hospital for the refugee population in Kigeme.
- To ensure protection of children from violence, abuse and neglect UNICEF trained 28 social workers on case management of child protection in refugee situations. The support to refugee child protection committees played a significant role in monitoring the most at-risk children in all five camps.

UNICEF and UNHCR conducted a Joint Evaluation for Emergency Preparedness for the Influx of refugees, revealing that the coordinated efforts within the UN Family were effective and, in spite of its scale in the onset, a humanitarian crisis in the refugee camps was avoided.

Emergency preparedness was strengthened, with support from DFID:
- UNICEF facilitated a workshop where a Contingency Plan for Mass Population Influx of refugees or expellees was developed for the most likely scenario (influx of 50,000). The workshop also resulted in a revision of sector-specific emergency plans.
- An emergency preparedness and response simulation exercise was conducted in October 2014 for 80 participants from the Government, MIDIMAR, line ministries, army, police, NGOs, and UN staff, facilitated by UNICEF/WFP regional offices; it revealed existing strengths and weaknesses in the coordination, communication and emergency preparedness in general.
- An in-house Humanitarian Performance Database (HPD) was developed and 80 partner agency staff were trained on performance monitoring. The initiative built a common understanding of responsibilities and obligations for reporting on performance indicators. Training on monitoring and evaluation (M&E) for emergency operations was conducted for the core emergency staff in MIDIMAR and the UN. In addition, a comprehensive supply chain monitoring system is being built.
- A Child Protection emergency specialist was employed to establish cross-border cooperation on child protection in the Great Lakes area. Capacity on preparedness for child protection in emergencies was increased by: a capacity assessment, international workshop on improving protection of children crossing borders, contextualising Minimum Standards for Child Protection in humanitarian settings and training of partners’ staff on child protection in emergencies.

In response to the threat of an Ebola outbreak, the MoH reactivated a multidisciplinary National Emergency Operation Committee, developed a preparedness plan and put several measures in place: introduced Ebola screening at the airport and all land-crossing borders; set up an isolation centre; provided training to health staff and strengthened surveillance system. A UN Ebola Task Force was established and developed the Ebola preparedness and response plan aligned with the Government of Rwanda’s (GoR) plan. UNICEF, in coordination with MOH, developed and printed Ebola-related communication materials.

UNICEF Rwanda works closely with the Government in designing conflict-sensitive education that addresses the root causes of potential conflict and builds capacities for more cohesive, peaceful societies. A new education curriculum is currently under review, which will integrate peace education content as a cross-cutting course into subjects at all levels.
**Equity Case Study**

Rwanda is on track to achieving almost all the MDGs, with a strong equity focus, targeting those most in need. UNICEF Rwanda invests significant resources in understanding the remaining inequities in access to services child outcomes (for example, through data disaggregation or qualitative studies); and in promoting equity (for example, through addressing key barriers and bottlenecks affecting decisions by the most disadvantaged families to regarding their children’s participation in ECD and family services). The case study below illustrates UNICEF Rwanda’s approach to understanding and promoting equity:

Inclusion of Historically Marginalised Population Groups

In Rwanda, among the most vulnerable are the historically marginalised people, who have been traditionally seen as living in extreme poverty, in poor health conditions and with low levels of education.

In 2013, UNICEF responded to this situation by partnering with Gicumbi district, in close collaboration with the Ministries of Health and Social Welfare and key partner NGOs, in an innovative programme to improve living conditions and foster social inclusion of the historically marginalised groups. Specifically, the partnership aimed to: improve maternal and child health by providing access to appropriate health promotion and treatment services, nutrition education and support; increase access to quality education; and reduce overall poverty among the historically marginalised community. Empowering community members to demand, access and utilise available services, while fostering active and responsible citizenship, was at the heart of the programme.

UNICEF directly supports district authorities by employing a social worker, providing key household and hygiene supplies, and establishing an ECD and Family centre in the area. Children from the historically marginalised community are integrated into early learning programmes, and their parents join hands with other community members to nurture the development of their young children.

One year into the programme, results can be seen in terms of behaviour change of key family health practices, improved maternal and child health and nutrition, and inclusion of children in early learning and basic education programmes. However, many challenges still remain to empower the historically marginalised group and to sensitise the wider community in the district to foster social inclusion.

A promising approach is to identify young agents of change who can act as role models and work with their community to change mind-sets and adopt new behaviours. Angelique Bagiramenshi is one of these promising young leaders: At age 31, a mother of four children, she used to be illiterate and had no knowledge about appropriate child hygiene, health and nutrition practices. She has since learned to clean her child at least twice a day, and to prepare separate food for the baby. She also feels empowered by enrolling in family planning and agricultural training. Angelique is firmly committed to contributing to the positive change in her community: “I am telling my peers that they must pray and work hard, wear clean clothes and find work, to improve our children’s lives for the better. We are no longer begging and depending on other people. Now I am proud to be part of my community.”
In November 2014, at an annual review workshop with development partners and representatives of the marginalised community, another young woman spoke up strongly with suggestions on how to strengthen the community ownership and sustainability. She suggests to move from ‘supply’ to ‘learning’:

“We are ready to develop and move forward, but we do not need more supply of goods… what we need is vocational training for youth and programmes that will teach us to make money”. UNICEF’s role is to facilitate dialogue to bridge remaining gaps and facilitate a common understanding between different realities. Rwanda is moving ahead fast in all aspects of its development, including through interventions to fully include historically marginalised groups into society. Finding the means to successfully reconcile centuries-old traditions, on the one hand, and rapid socio-economic development on the other, will be key to the success of the programme.

The initiative is a learning process for all stakeholders involved: local authorities are learning to tailor ready-made interventions to the needs of the most marginalised, the marginalised group learns how best to benefit from the support offered, and UNICEF learns how to support both communities to ensure the best start in life for all children, while at the same time respecting traditional values.

Summary Notes and Acronyms

BOS - Business Operations Strategy
CARE - Cooperative for Assistance and Relief Everywhere
CBI - Competency-based interview
C4D - Communication for Development
CHW(s) – Community health worker(s)
CMT - Country Management Team
CO - Country Office
CP - Country Programme or Child Protection
CRC – Convention on the Rights of the Child
CRC@25 - 25th Anniversary of the Convention on the Rights of the Child
CSD - Child Survival and Development
DCT - Direct cash transfers
DFID – United Kingdom Department for International Development
DRC - Democratic Republic of Congo
ECD&F - Early Childhood Development and the Family
EPI - Expanded Programme on Immunisation
HACT - Harmonised Approach to Cash Transfers
HR - Human Resources
HRBAP - Human rights-based approach to programming
GAVI - Global Alliance for Vaccines and Immunisation
GBV - Gender-based violence
GoR - Government of Rwanda
IMEP - Integrated monitoring and evaluation plan
IYCT – Infant and young child feeding
KAP - Knowledge, Attitudes and Practice
LODA - Local Development Agency
LTAs - Long-Term Agreements
M&E - Monitoring and Evaluation
MIDIMAR - Ministry of Disaster Management and Refugee Affairs
MIGEPROM - Ministry of Gender and Family Promotion
Capacity Development

Capacity development is at the heart of the UN’s development strategy, building on knowledge, leadership, accountability and systems-building as catalysts for societal transformation. The process is driven and owned by the Government of Rwanda, and UNICEF as part of the UN family, supported capacity at individual, organisational, and societal levels:

• Building family and community skills to care for young children (through media, religious networks, sports events) reaching over 2 million people with messages, including optimal health for pregnant women, providing a balanced diet for young children, men’s roles in child rearing, and violence prevention.
• Courses and workshops that supported Government officials and civil society organisations (CSOs) to develop skills and address capacity constraints in priority social sectors included: (i) training of at least one pre-primary school teacher per school, as well as education supervisors, to scale-up quality pre-primary programmes. The trainings, coupled with provision of early learning and play materials (notably the UNICEF ECD Kit), reached approximately 50,000 young children; (ii) training of community health workers, district officials, school teachers and religious leaders on hygiene and sanitation promotion, to achieve sustainable WASH service delivery;
• Supporting the Ministry of Gender and Family Promotion (MIGEPROF) to revise the ECD Policy and Strategic Plan, as well as implementation of Child Care reform, strengthening capacity for strategic action planning;
• Strengthening Integrated Results-Based Planning at decentralised levels through training officials in 22 (of 30) districts, using nutrition interventions as an entry point. To support the
Vision 2020 Umurenge Programme (VUP), a flagship social protection programme designed to reduce extreme poverty, UNICEF and the Ministry of Local Government (MINALOC) trained over 50 per cent of the existing social protection workforce at the district and sector level.

- Technical and financial support for strengthening national and subnational data collection (e.g. 2012 Population and Housing Census and 2014/15 Demographic and Health Survey). Training on the development data platform “DevInfo” triggered demand for district-level data, resulting in 18 districts developing prototype databases (apart from the national database: http://www.statistics.gov.rw/indicators/devinfo).
- Conducting a capacity assessment of child protection stakeholders for emergency preparedness and response, to inform capacity building initiatives at the national, district and camp levels.

**Evidence Generation, Policy Dialogue and Advocacy**

Evidence generation, policy dialogue and advocacy are core strategies for UNICEF Rwanda. The adoption of a Research Strategy in December 2013, and creation of a research committee in 2014 represented milestones towards embedding quality research and evidence-based advocacy and action throughout the office. National partners (Ministry of Health, Ministry of Gender and Family Promotion, National Institute of Statistics, University of Rwanda) generated substantive new evidence on children’s issues, with support from UNICEF and international research partners (Harvard University; Aga Khan University; Southern Hemisphere). For example:

- A state of the art KAP study on Early Nurturing and a baseline study on ‘Early Childhood Development and Family’ brought new and critical insights into family care practices, knowledge and beliefs, and use of social services. The findings are being used to promote policy dialogue, support family strengthening, scale-up comprehensive set of services and feed into advocacy strategies.
- A retrospective longitudinal surveillance study measured the impact of Pneumococcal Conjugate Vaccine (PCV) on paediatric pneumonia and meningitis hospitalisations and deaths, contributing to an evidence-base required by donors and health decision-makers to generate support for continued PCV use and expansion.
- Analytical reports using census data strengthened the evidence base for advocacy, especially for children with disabilities, and highlighted disparities to be addressed.
- The MoRES approach was embedded into several components of Government planning and monitoring systems. In health, the analyses and identified solutions were incorporated into district- and national-level plans, including the ‘Rwanda Road Map to Accelerate Reduction of Maternal and Neonatal Morbidity and Mortality, June 2013-2018’.
- An ECD&F bottleneck analysis triggered changes to the national ECD policy. Significantly, a new coordination mechanism and reporting framework will be established and budget allocation increased to support scale-up.
- A preschool education bottleneck analysis resulted in increased allocation of funds; construction of model preschools; investment in curriculum development and training of 1,260 pre-primary school teachers (at least one per preschool).
- UNICEF continued to play an important role in sector policy dialogue and action, notably in Education, WASH and Social Protection.

**Partnerships**

In 2014, UNICEF Rwanda continued to operate within the UN ‘Delivering as One’ approach, in close partnership and coordination with other UN agencies under the leadership of the Government of Rwanda.
Rwanda is an active member of the Scaling-Up Nutrition (SUN) Movement, and UNICEF/UN participated in global SUN events, as well as taking operationalisation of the partnership around the first 1,000 days to a new level in 2014. For example, a new programmatic partnership was developed with the Religious Interfaith Council on Health, a faith-based organisation whose network reaches practically every village in Rwanda. A high-level orientation was held with the Ministry of Health, Archbishops and Muftis, and 333 religious leaders were trained to promote ECD and Nutrition. Parliamentarians also joined the fight against chronic malnutrition with community visits to promote the 1,000 days campaign.

Extensive policy dialogue and advocacy with Parliamentarians on the Family Law was also undertaken. The partnership with this key stakeholder group will be further strengthened in 2015 for other flagship initiatives like the Early Childhood Development and Family programme, to improve the policy agenda on children’s issues.

Private sector engagement, though on a smaller scale, has seen promising results. UNICEF initiated dialogue with elements of the private sector to invest in the wellbeing of children as part of their corporate social responsibility. Good examples of collaborative partnership were seen around Global Hand-washing Day, and the launch of a hygiene campaign in school. Tigo, a leading telecommunications company, broadcast free short messages to more than 2 million users on hand-washing with soap; and a sanitation company, Saraya, raised awareness on how hand-washing with soap reduces germs (through the procurement of a hand-checking device).

Media partnerships were strengthened through the establishment of a network of journalists for children’s issues and a national media training on “Ethical Reporting on Children”, resulting in increased knowledge about children rights.

All these partnership initiatives complemented the overall principles of ‘Committing to Child Survival: A Promise Renewed’ – particularly to support the goal of ensuring that no child or mother dies from preventable causes.

**External Communication and Public Advocacy**

UNICEF Rwanda invested in several critical areas of Communication:

Development and implementation of the Integrated Communications Strategy, which strengthens the synergy between external communication (public relations) and communication for development (C4D). This was a reflection of the new management structure whereby advocacy, communication and C4D were brought together under one section to strengthen the integration of communication with programmes and advocacy.

For social media (i.e., Facebook and Twitter) UNICEF saw an exponential growth (over 100 per cent) in the number of fans and followers. Another important experience was the increased use of social media in donor and external relations – via real-time engagement and cross-posting. The UNICEF Rwanda website saw an increase of over 25 per cent in traffic indicating strong engagement by the population in news related to UNICEF (source: Google Analytics).

Celebration of commemorative days resulted in increased visibility and public advocacy on all thematic areas. The most significant milestone was the celebration of the 10th Anniversary of the National Children’s Summit in the Parliament where the CRC@25 event was held. During a series of activities with high-level participation (Prime Minister, ministers, and members of Parliament), child representatives from Rwanda and the East African Community committed to
the advancement of child rights. Meaningful child participation began in villages and extended to the national level, via pre-summits. Children living with disabilities were present at the Parliament, with simultaneous translation service in sign language. This event was broadcast live on national television as well as being live-streamed, reaching over 1.3 million people in Rwanda and abroad.

Under the auspices of “Delivering as One UN”, UNICEF provided strategic support to the UN Communication Group, comprising all UN agencies, which supported the mandate of UNDAF and improved the visibility of UN work and children’s issues in Rwanda.

Efforts to strengthen media relations paid dividends in 2014. Coverage in local and regional media of key thematic issues, events and field missions indicates that at least 25 per cent increase in comparison to 2013, particularly in community radio, which is the main medium of communication in the country.

South-South Cooperation and Triangular Cooperation

Support to Early Childhood Development and Family has emerged over the past three years as a national development priority, as described in the ECD Policy and Strategic Plan, and the Economic Development and Poverty Reduction Strategy. National targets were set to provide quality community-based and family-based services for every young child and family in Rwanda by the end of 2017. UNICEF’s “ECD and the Family” concept was enthusiastically welcomed by the Government and partners.

One of the bottlenecks to modelling and scale-up is the need to build up capacity and experience within Rwanda. To overcome this capacity gap, UNICEF facilitated South-South technical cooperation with Pakistan’s Aga Khan University and with the South African research institute, Southern Hemisphere. Experienced technical experts supported Rwandan partners, including the Imbuto Foundation, University of Rwanda, national, district and community authorities through accompaniment and coaching.

Aga Khan University, one of the global leaders in applied ECD research, is supporting the development and testing of an essential package of ECD&F services, real-time monitoring and a rigorous evaluation plan in order to inform national and district policies and plans for scale-up. Key national, district and community stakeholders will be trained to take a leading role in the process. Trainees are receiving internationally licensed credit points; for the most advanced participants, an individual capacity development plan will be developed, including a study tour to other countries (e.g., Turkey).

A related example is the cooperation with Southern Hemisphere. After successful completion of an ECD&F case study, the organisation was brought on board to generate evidence and systematise knowledge about ECD services and programmes in Rwanda. A detailed analysis of service scalability, quality, effectiveness and sustainability and resulting recommendations will be widely shared with key ECD partners (national and district authorities, non-governmental and religious organisations, international development partners) to enhance their knowledge and implementation of ECD services. Data collection, analysis and reporting are performed in partnership with national partners, including the GoR, NGOs and academia. The journey (exchange of knowledge and capacity development) will continue in 2015.
Identification Promotion of Innovation

Innovation is about doing something new or different that adds value. Innovation comes in many forms, from bringing new services to children, to using evolving technologies to making a difference in children’s lives.

One innovative approach is RapidSMS, which was introduced in Rwanda in 2009 with support from UNICEF. In 2014 RapidSMS continued to be scaled-up by the Ministry of Health to cover the continuum of maternal and child care, starting from pregnancy, including birth; postnatal care; immunisation and nutrition; integrated community case management of malaria, pneumonia and diarrhoea, and water and sanitation. The initiative covers all 30 districts of Rwanda. At the heart of the system are 45,000 Community Health Workers who collect data from all 15,000 Rwandan villages. Today, RapidSMS is considered as a critical and effective tool that enables real-time monitoring of maternal and child health indicators, informs prompt decision-making and corrective actions and helps to improve quality of services.

UNICEF and Rwanda Water and Sanitation Corporation also partnered with American Standard, a major North American manufacturer of plumbing fixtures, to adapt and pilot-test an innovative latrine pan – a prototype specifically designed for the African context where water is scarce.

The pilot project involved installing latrines in households and monitoring consumer experience and acceptability of the latrines in rural Rwanda. UNICEF facilitated research on the users’ perspectives and behaviours, directly involving the communities in shaping the design of the latrines. Ongoing household trials of the latrine pan, which has a water trap to block the smell, sight of faeces and flies from entering the pit, will result in the development of an easily maintained, scalable and economical product. This will contribute to strengthening the local supply chain for sanitation products and accelerating access to improved sanitation in Rwanda and the region. This study has great potential to positively impact Rwanda’s high stunting rates (since improved sanitation reduces diseases, and subsequently reduces stunting). UNICEF Rwanda will continue to test new ideas as a critical part of creating successful innovations.

Support to Integration and cross-sectoral linkages

UNICEF Rwanda’s vision is to move from predominantly vertical interventions – where health, nutrition, education, water, sanitation and hygiene, protection are delivered separately – to integrated programming. The new Country Programme supports children and families in a comprehensive manner in accordance with the ethos “You can’t divide a child”. Integrated delivery is cost-effective and contributes to multiple results:

1) Integrated efforts to reduce stunting: combining nutrition specific interventions with improved hygiene and sanitation to reduce infections; support to women’s empowerment; and investment in young child development and social protection measures (all led by UNICEF, with WHO on IYCF), combined with nutrition-sensitive agriculture (FAO) and food availability (WFP), and delivered within the first 1,000 days of life. The approach is showing promise (stunting prevalence among under-fives is declining according to latest figures).

2) Transforming the way parents and communities care for children: Early childhood and family interventions provide a comprehensive set of home- and centre-based services, including establishing a child protection workforce at decentralised levels; social protection interventions; and organised early learning and care; and parenting education. The intervention is ongoing in selected communities.
3) Continuum of Care for Maternal and Child Health: UNICEF is supporting the Ministry of Health (MINESANTE) to scale-up a package of interventions for pregnancy, around labour, childbirth, and the first days after birth; complemented by social and behaviour change communication to empower parents and communities to demand quality care; and the use of RapidSMS for real-time data collection.

4) Supporting the National Child Protection system through delivery of multi-sectoral decentralised services and establishment of referral mechanisms across all social sectors, in order to prevent/reduce child protection risks, including violence.

Two emerging cross-sectional programme priorities are inclusion of children with disabilities and support for adolescents – UNICEF Rwanda is further strategizing on the approach in consultation with partners. The establishment of task forces (on ECD&F; Ability; Adolescents), with clear plans and management commitment ensures integration.

Integrated programming research collected data on over 100 child/family related health, nutrition, protection and development indicators. The Government's “Social Cluster” structure for coordination also underpinned the cross-sectoral approach.

**Service Delivery**

Support to the Ministry of Education to increase enrolment in pre-primary schools is a good example of UNICEF’s approach to service delivery:

Rwanda’s Government set ambitious targets of increasing pre-primary enrolment from 13 to 30 per cent within four years, primarily targeting children aged four-to-six years of age from poorer backgrounds and in rural areas. However, the challenges of expanding access to quality pre-primary school programmes are considerable.

UNICEF co-chairs the Early Childhood Education Working Group, together with the Rwanda Education Board (REB), which brings together all relevant stakeholders. In mid-2014, this working group conducted a situation analysis of the factors hampering scale-up of quality pre-primary programmes, identifying critical bottlenecks:

i) Shortage of funding for the necessary child friendly infrastructure, equipment and play materials; ii) Absence of national pre-primary school infrastructure guidelines and standards; iii) Skills deficit among primary school teachers, most of whom have received no formal training and who are volunteers recruited from within the community; iv) Absence of a standardised curriculum for pre-primary education, a standard approach to early learning, and a framework for schools, teachers and inspectors to implement programmes and assess progress and learning of children in a uniform manner.

UNICEF supports the Ministry of Education and Rwanda Education Board to overcome these bottlenecks to early learning, in many areas:

i) Construction of pre-primary school facilities: UNICEF developed an innovative design for pre-primary schools and already constructed five pre-primary facilities in 2014, enrolling 750 children. The intention is to scale-up the model nationwide; ii) The provision of play-based materials to pre-primary school teachers and capacity-building workshops on how best to use these materials and make similar items from locally available materials; iii) Development of a play-based pre-primary curriculum, which will be introduced in all schools from January 2016 to constitute a national standardised programme.
The challenge for 2015 onwards is to prepare all schools and teachers for implementation, which will involve communicating the concepts and approach of the new curriculum to relevant stakeholders, disseminating the curriculum to all schools and providing teachers with the skills and knowledge to deliver the new curriculum.

**Human Rights-Based Approach to Cooperation**

Rwanda has ratified the UN Convention on the Rights of the Child (CRC) and its Optional Protocols; the Convention on Eliminating Discrimination against Women (CEDAW); and the Convention on the Rights of People with Disabilities (UNCRPD), among several international Conventions. The Government of Rwanda has also developed numerous legal and policy documents to re-enforce the provisions at national level.

UNICEF views human rights norms and standards as its primary frame of reference and has prioritised the following:

- UNICEF Rwanda supported the capacities of those with obligations to respect, protect and fulfil rights through the development of an innovative multi-sectoral planning and monitoring guidance linking the human rights-based approach to programming (HRBAP) and Results-Based Management (RBM) in four areas, using nutrition programming as an entry point: (i) evidence-based planning, using district socio-economic data profiles; (ii) guidance on situation assessment, causality analysis, vulnerability and bottleneck analysis; (iii) clear logframe / theory of change for action; (iv) participatory processes.

- The structural causes of exclusion cannot be addressed without giving children a voice and space to participate in decisions affecting them. UNICEF worked with the National Commission of Children to build capacity and support for children’s forums and a National Children's Summit.

- UNICEF assisted the Government to reduce the number of children living in institutions by supporting the creation of a child protection system and raising awareness that families are the best place for children to be raised.

- UNICEF Rwanda is providing technical support to Government and civil society organisations for reporting on UN Conventions and Treaty Bodies, including on the UNCRPD. This has provided an opportunity to reinforce the partnership with the National Council for Peoples with Disabilities, especially in advancing the national agenda for the rights of children with disability.

- UNICEF also established an internal, multi-sectoral “Ability Task Force” that is charged with ensuring the inclusion of children with disabilities in all programmes, focusing on four main strategic areas:
  - Inclusive programme Implementation,
  - Communication, advocacy & partnerships
  - Research & knowledge management
  - Environment & physical accessibility.

UNICEF will continue to lead and engage both internal staff and external stakeholders to promote, clarify and bring coherence to the HRBAP, to ensure that its principles are applied consistently throughout all programming stages.

**Gender Mainstreaming and Equality**

In Rwanda, the National Gender Policy provides a framework for the promotion of gender equality and the empowerment of women. The Government’s commitment is best demonstrated
by the proportion of women in the parliament (64 per cent), which is the highest in the world.

UNICEF Rwanda has two gender focal points. Gender equality, mainstreaming and women’s empowerment are at the heart of UNICEF’s programme: i) In partnership with the Imbuto Foundation, the “Best Performing Girls Awards” identified and supported school-age female role models and encouraged networking and mentorship. UNICEF also continued to support "Tuseme" clubs, promoting girls' participation at school; ii) Gender analysis of sanitation facilities in schools, preschools and ECD & Family centres helped to design improved WASH facilities, separate latrines for boys, girls and children with disability, and menstrual hygiene rooms; iii) in partnership with the Gender Monitoring Office (GMO) and UN Women, UNICEF participated in the preparation of the National Report on Girls for Beijing +20, identifying gaps and emerging issues in gender equality to be taken into consideration in the post-2015 development agenda; iv) UNICEF Rwanda participated in a Summer Summit for Women in Parliaments Global Forum (WIP) in Kigali in July 2014. It provided opportunities for Rwanda to share success stories on transforming a society and economic, social and political empowerment of women, increased the visibility of women’s role in society and re-established a network of female leaders; v) An evaluation is ongoing of One-Stop Centres, which provide services for survivors of child abuse and gender-based violence. Findings will inform the scale-up to all districts in the next years in cooperation with police, hospitals, health centres and local leaders; vi) Based on the findings of the KAP Survey on Early Nurturing, UNICEF focused on promoting fathers’ role in young child development, including in the ECD and Family centres and through the 1,000 days nutrition campaign. As one father testified: “Now I learned that my young child needs me to play with her and tell her stories, not only to bring food to home”.

UNICEF plans to conduct a programme gender audit in 2015.

**Environmental Sustainability**

UNICEF is supporting several initiatives that are contributing to enhanced environmental sustainability. The ongoing health and hygiene promotion campaigns in communities (estimated 5 million people reached in partnership with Urunana Development Communication, SNV and Tigo) and schools, using mass media and interpersonal communication, are contributing to positive environmental behaviours.

UNICEF also closely works with the Ministry of Health to ensure that waste generated from the UNICEF-assisted vaccination programme is properly disposed. To promote sustainable water management, rainwater harvesting was included as an integral component of UNICEF-supported construction interventions at schools, early childhood and family centres and health institutions. Similarly, catchment protection was integrated into water supply-related interventions of the WASH programme.

Rwanda has very low per capita emissions, estimated at 0.4 tCO2e/person, compared to a global average of 6.7 tCO2e/person. Despite low emissions, Rwanda experienced a temperature increase of 1.4°C since 1970, higher than the global average, and can expect an increase in temperature of up to 2.5°C by 2050. Annual rainfall in Rwanda may increase up to 20 per cent by 2050 and 30 per cent by 2080. Given the impacts of these changes – in terms of increased risk of natural disasters, as well as risks to health, water resources, infrastructure and food security – UNICEF plans to prioritise the integration of environment and climate change issues into its programming. A team is being established to closely collaborate with line ministries in order to jointly develop a plan and identify priority activities, including the development of an Environmental Rapid Assessment for the construction and maintenance of
ECD & Family centres.

Following the principle of “practice what you preach”, UNICEF Rwanda, as part of its own “Greening the Blue” Strategic Plan 2013 – 2018, implemented a number of activities this year, including: reducing its carbon footprint through reducing consumption of fuel, paper and waste management; consuming 21 per cent less electricity compared to 2013; bi-monthly mission planning and carpooling for efficiency in fuel consumption. Discontinuing the provision of bottled water, which was replaced by water dispensers, considerably reducing plastic waste.

Effective Leadership

To ensure smooth management of both Programme and Operations, structured office meetings were held according to an established schedule. These included Monday Management meetings, chaired by the Representative, Senior Management Team meetings (SMT), Operations Management meetings, section meetings, the Country Management Team (CMT), Programme Coordination meetings, All-Staff meetings and Emergency Management Team Meetings. Three formal Joint Consultative Committee meetings were held (March, September and December), as was a two-day staff retreat in June, which served as a forum to raise and address staff issues.

The main decision-making and advisory body to the Country Representative is the CMT, which met every month to review office-wide management indicators (on budget utilisation, fund-raising, status of donor reports, status of contracts, management of human resources, training and learning activities, content and quality of UNICEF missions, management risks, programme performance, among others); to monitor actions towards full compliance with global and regional guidance and operating procedures (SOPs); as well as efficiency and effectiveness. The CMT further discussed achievement and challenges being faced and recommended appropriate action to improve performance.

Key performance indicators were adjusted to incorporate regional indicators. Due to diligent review of key performance indicators and rigorous follow-up, most office management indicators are on track (“green”) and have a positive trend:
- Almost all available funds were used before the expiry date.
- All donor reports were submitted on time (and quality has improved significantly and passes through rigorous management oversight).
- The balance of Direct Cash Transfers (DCT) outstanding for more than nine months was zero.
- The Early Warning/Early Action plan was highlighted as one of the good practices in the region.
- All performance reviews (e-PAS) were completed on time.

Business Continuity was successfully tested in 2014, and emergency response management was revisited at the CMT, within the context of ongoing discussions on risk management, mitigation and Harmonised Approach to Cash Transaction (HACT) implementation. A decision was made by the CMT to carry out a full review of ERM in mid-January 2015. In consultation with the Regional Office, UNICEF Rwanda adopted an Annual Management Plan cycle to coincide with the CP cycle (i.e., July to June) and to re-establish the practice of Annual Work plans for UNICEF as a contribution to the overall UN consolidated work plan, to further strengthen UNICEF Rwanda’s planning and accountability.

To reinforce cross-sectoral priorities and integrated programming, task forces were established in several areas: HACT; ECD and Family; Ability and the HIV and AIDS Task Team (HATT). All
were fully functional and very active in 2014.

**Financial Resources Management**

With an increase in available Other Resources (OR), UNICEF continued implementing measures for effective contributions’ management. The Planning, Monitoring and Evaluation (PM&E) Unit regularly monitored: i) funds utilisation and expiring grants, ii) Direct Cash Transfers over six and nine months, and iii) tracking of donor reports. The Operations Unit monitored financial procedures and bank reconciliations. Indicators were reviewed by the CMT, and action was taken through Programme Coordination and Management Meetings, Operations meetings and section meetings.

As a result, DCT liquidation was timely, with less than 1 per cent outstanding between six to nine months (US$13,500 of total DCT of over US$5 million), and zero outstanding over nine months. Regular Resources (RR) were utilised 99.6 per cent, as were more than 97 per cent of grants expiring on 31st December 2014. Support budget implementation reached 100 per cent with 91 per cent actual. Bank and cash accounts were successfully reconciled within deadlines.

UNICEF Rwanda maintained its efficiency gains on foreign exchange, with assistance from DFAM, by procuring US dollars through international banks, saving more than US$10,000. Long-term agreements (LTAs) resulted in significant cost savings: US$192,953.

Preparations were completed to allow for full implementation of HACT. Progress in 2014 included: macro- and micro-assessment of 25 partners completed, with LTA established under the Delivering as One approach. Three financial spot-checks, five special audits and 478 programmatic visits were conducted. Frequency of field monitoring was reviewed by CMT periodically, preparing a HACT macro-assessment register. Partners were consulted on the use of the Supreme Audit Institution, and a 2015-2018 assurance activities plan was endorsed. A series of trainings were conducted to familiarise UNICEF/UN staff with revised procedures. Further skills training, including a spot-check training package, is planned for early 2015.

**Fund-raising and Donor Relations**

UNICEF updated its integrated resource mobilisation strategy in 2014. Increased fundraising efforts since the start of the new Country Programme have resulted in contributions totalling US$42.7 million over 1.5 years (approximately US$11.5 million in 2014) from both traditional, new and corporate donors, including the Government of the Netherlands, Republic of Korea, USAID, DfID, IKEA Foundation, Sweden and Zonta International.

This important achievement resulted from a number of measures taken, such as: consolidating management’s leadership of resource mobilisation and grant utilisation oversight; responsive donor engagement, including field visits, which proved to be a significant factor in creating new opportunities, building donor confidence and solidifying long term relationships.

Both online and social media were extensively used to highlight donor engagement and support, and UNICEF had the opportunity to participate in two Ministerial visits from donor countries, where results of the partnership were showcased.

To ensure optimum utilisation of funds, UNICEF Rwanda employed a rigorous mechanism that included regular monitoring of fund allotments, expiring grants and donor reporting. In 2014, records indicate that 32 reports were submitted to donors on time (100 per cent) or ahead of the due date. Monthly reports on contribution management are closely reviewed by the CMT and at
the Programme Coordination Meetings (PCM) to ensure effective and timely use of funds. Total funds allocated in 2014 were US$26,043,575, of which US$25,940,906 were utilised.

Increased capacity at UNICEF’s East and Southern Africa Regional Office (ESARO) in private sector engagement, and top-notch strategic guidance, laid the foundation for 2015. Small-scale outreach initiatives in 2014 with the private sector in Rwanda, particularly with telecom and banks, indicate increased potential for contributions and strategic partnerships.

Evaluation

In 2014 UNICEF made important strides in implementing its research strategy adopted in December 2013. This included supporting or conducting 15 studies, surveys and assessments (such as Violence against Children Study, ECD&F baseline and a KAP study on child nurturing practices); one evaluation (of emergency preparedness); engaging in eight major events/processes using research and M&E data (e.g. household surveys); and organising five M&E capacity building workshops/trainings. All research focused on closing knowledge gaps, to inform programming in priority areas, such as Early Childhood Development and Family. Knowledge, and findings generated by these research studies were widely circulated among partners and helped guide the Rwanda team in fine-tuning the Country Programme.

UNICEF’s in-house research committee provided technical input and oversight for these research studies. The committee’s major responsibility is to (i) develop and manage a strategic research and evaluation agenda, through formulation of a multi-year Integrated Monitoring and Evaluation Plan (IMEP); and (ii) to provide technical guidance for major research/evaluation initiatives exceeding US$50,000.

UNICEF and UNHCR commissioned a joint evaluation on ‘Emergency Preparedness for the Continued Influx of Refugees’ from the DRC into Rwanda. It critically reviewed the DFID-funded emergency intervention designed to ensure that Rwanda is prepared, in terms of professional capacity and pre-positioned supplies, to respond to the anticipated influx of a further 20,000 Congolese refugees. The evaluation concluded that the intervention produced the desired results, by serving a growing refugee population and by building preparedness for future emergencies. Supplies and systems are in place to serve both current refugees and potential new arrivals, and it was noted that “remarkable levels of coordination and efficient use of comparative advantages of the various partners involved showed the One UN Approach worked well”. Evaluation Management Response recommendations for UNICEF were mostly completed.

Efficiency Gains and Cost Savings

In early 2014 the UN Country Team (UNCT) approved a One UN Business Operations Strategy (BOS). It was jointly prepared by the Operations Management Team (OMT) under the leadership of UNDP’s and UNICEF’s Chiefs of Operations. Within the framework of the BOS, a total of eight LTAs were finalised and implemented, helping the CO to significantly save costs. LTAs were completed for: a) clearing agents, b) translation services, c) event management, d) cleaning services, e) transport services, f) travel services, g) live streaming services and h) micro-Assessment services. As a result, UNICEF Rwanda saved US$192,953. Savings were calculated based on BOS annual savings covering July 2013 to June 2014, and included discounts that the CO received as part of LTAs, as well as transactional cost saving (staff time saved).
UNICEF Rwanda maintained its efficiency gains on foreign exchange, with assistance from DFAM, by procuring US$ through international banks, saving more than US$10,000.

In addition, the CO started preparations to participate in further LTAs next year, in the following service areas: a) common Internet service provider, b) fuel supplies, c) stationary products, d) printing services, e) audit services. This will result in further cost saving and increased efficiency.

Beyond the initiatives undertaken under the One UN umbrella, UNICEF separately initiated further measures to increase efficiency: (i) developing bi-weekly travel plans to maximise the use of office vehicles by coordinating travel between different programme sections; as a result unnecessary travel was avoided. (ii) UNICEF Rwanda developed LTAs with photography and videography services, saving additional costs; (iii) UNICEF shared certain services/facilities with other UN Agencies, such as storing UNICEF supplies in the WFP warehouse; (iv) implementation of ‘Greening the Blue’ brought savings in fuel, electricity and paper consumption.

**Supply Management**

A bottleneck analysis in several sectors revealed that availability of essential materials with the right configurations was one major obstacle to scaling-up basic social services. UNICEF responded by investing a total of 12 per cent of its funds in procurement of goods. The total procurement value including procurement services was US$18,859,774.

The total goods and services budget utilised were over US$5 million, of which US$2.5 million were Programme supplies, mostly for nutrition (45 per cent), and health and education supplies.

Further analysis showed that 70 per cent (US$3,600,025) of goods and services were procured internationally.

UNICEF supported the GoR in procurement of vaccines, nutrition equipment, syringes and cold chain equipment, for partners such as GAVI, the Ministry of Health, Clinton Foundation and World Food Programme. UNICEF also supported the Ministry of Health in the planning for vaccine-related supplies.

UNICEF chairs the UN supply team, supporting UN Agencies’ supply management, thereby reducing transactional costs.

For warehousing and distribution, a two-year agreement was negotiated and signed (until August 2016) with WFP for warehousing of 450 cubic meters, and two UN Long term Agreements were signed to deliver goods to beneficiaries and implementing partners.

UNICEF received and issued stocks worth US$235,860 and US$141,666, respectively. Most supply orders were for direct deliveries to implementing partners, therefore inventory stocks valued at $413,766.57 were all emergency pre-positioned stocks.

**Security for Staff and Premises**

UNDSS in Rwanda organised monthly Security Management Meetings chaired by Designated Official, usually the Resident Co-ordinator, and attended by all agency heads in the country. During the meetings, the country security situation and its potential impact on UN operations were discussed and mitigation strategies were agreed upon.
The UNICEF Representative is a full member of the Security Management Team, and UNICEF’s Chief of Operations is the security focal point for the office, with the Administration Officer as alternate security focal point. The Representative attended most security management meetings. All security issues concerning the office and staff are regularly shared with all staff.

As part of improving staff safety, drivers are trained on life-saving first-aid skills, organised by UN Medical Services and International Red Cross. All office vehicles are equipped with basic medical kits. No vehicle accidents were report during the year.

UNICEF Rwanda conducted one fire drill during the year. It established a mobile SMS system to alert all staff for monthly radio checks, which resulted in an increase of check response to 70 per cent (from 5 to 10 per cent response rate previous to the installation of the SMS alert).

UNDSS has mandated Minimum Operating Residential Security Standard (MORSS), to which UNICEF strictly adhered. All international staff residences were thoroughly inspected by UNDSS before move-ins. Security guards are assigned to each international professionals’ residence, as per MORSS requirements. Access to the main UNICEF compound (shared with WHO, JICA and NPA) was visibly tightened in 2014, with rigorous vehicle inspections prior to entry.

On the programme delivery side, UNICEF adhered to the UNDSS policy of using office vehicles only until 6:30pm while on field mission. Vehicles stayed overnight if the return was not possible within this time, which helped to reduce the risk of accidents.

**Human Resources**

2014 was a year of active recruitment, with 17 recruitment processes completed including internal movement (lateral and promotion). One staff member was directly affected by the E+E exercise and successfully made a lateral move to another Unit. At the end of 2014, the total number of staff was 65, with a ratio of 52:48 per cent female to male (50:50 per cent for International Professionals, 48:52 per cent for National Officers, 59:41 per cent in the General Service category.)

Staff performance evaluations (‘ePAS’ and ‘PAS’) were monitored during CMT meetings as one of the management indicators. During the mid-term evaluation, the CMT agreed on deadlines with clear responsibilities assigned to each Section Chief. As a result, UNICEF achieved 100 per cent timely completion; 360-degree feedback was strongly encouraged to align accountabilities with the ePAS/PAS system.

HR challenges derived from the long vacancy of two HR posts (P3 HR Specialist and GS6 HR Assistant). UNICEF Rwanda mitigated this challenge and the associated risks by bringing on board HR officers from other UNICEF offices, as well as HR consultants, but the situation was less than optimal. The arrival of the new HR Specialist in September was expected to lead to: streamlining of HR operational issues (e.g. administering staff entitlements, expediting recruitments, reviewing the processes of engaging consultants) and the HR unit’s contribution to other issues, including staff capacity building.

The main areas of capacity building were identified through a skills gap analysis, and the following group trainings were conducted under the leadership of the Learning and Training Committee:

a) Competency-based Interviewing training
b) Time management and work life balance training

c) Writing skills training
d) HACT training

In addition, learning opportunities were provided in the following areas:
a) Care for Child Development
b) Early Language and Literacy
c) Microsoft Office 365, Lync and OneDrive
d) Monitoring and Evaluation for Emergency Operations
e) Brown Bag session (including on social norms, PEDS trial, stunting)

In collaboration with the staff association, staff meetings and retreats were used as a platform to address issues raised in the Global Staff Survey and to conduct staff capacity development. A UNICEF Rwanda declaration was developed, signed by all staff and witnessed by the Deputy Executive Director of UNICEF, enforcing policies to keep UNICEF a good and respectful workplace.

UNICEF Rwanda also played a very important role in the One UN Care activities, including the organisation of an HIV awareness event for adolescents, targeting all UN staff and their dependents.

UNICEF nominated a new emergency focal person to oversee preparedness for any potential emergencies. ‘Early Warning/ Early Action’ is monitored and updated regularly during monthly Emergency Management Team meetings. Training on M&E for Emergency Operations, and a three-day simulation exercise were organised (in partnership with WFP) for staff in which potential risk and mitigation strategies were discussed.

**Effective Use of Information and Communication Technology**

2014 was marked by the successful implementation of Microsoft Office 365. To ensure smooth migration, the Information and Communications Technology (ICT) unit organised training sessions on: Outlook for messaging, Lync for web conferencing and OneDrive for files storage on the cloud. This resulted in effective utilisation, positively impacting on internal and external communication. The use of Lync and Skype contributed to cost savings on phone calls. For more efficiency in information sharing, UNICEF is implementing Microsoft SharePoint, the new team collaboration software, with full deployment planned for 2015.

ICT supported the upgrade of the web-based mobile technology (RapidSMS) system (“Tracking the First 1000 Days along the Maternal and Child Continuum of Care”) to collect real-time data on pregnant women, new-borns and post-natal care, which lead to substantial improvement of quality information for decision-makers. Other innovative projects initiated in 2014 included “Monitoring of the functionality of water supply systems” and “Supply end-user monitoring”.

UNICEF had an active presence on social media through Facebook, YouTube and Twitter. The office shared a Kinyarwanda version of “Facts for Life” with the Facebook team through UNICEF’s Innovation hub, and is working in collaboration with HQ to publish the content on internet.org.

ICT proactively participated in “Greening the Blue”: a UN initiative for reducing the UN carbon footprint. All computers were configured for printing double-sided in black and white, resulting in reduced use of papers and colour toners.
UNICEF chaired the One UN ICT Working Group, leading the implementation of a common Internet Service Provider for all UN agencies that is currently being finalised and will result in savings of more than 30 per cent on bandwidth costs.

The ICT Specialist participated in a regional Telecommunications for Development (T4D) workshop, and the Telecommunications Assistant participated in global training on the use of telecommunications in emergency situations.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Key learning outcomes including literacy, numeracy and employability skills for all children improved, with special attention to vulnerable children and school readiness.

**Analytical Statement of Progress:**
UNICEF support in education is aligned with the Education Sector Strategic Plan (ESSP). As co-chair of the Education Sector Working Group (together with DFID) as well as chair of the Curriculum and Assessment and Early Childhood Education (ECE) Working Groups, UNICEF plays a central role, supporting three key priorities identified through research and bottleneck analyses:

1) Increased access to education for the most vulnerable children through support to overcome the barriers to their participation and learning in school;
2) Improved quality and relevance of education, through promotion of child-friendly teaching and learning processes; and
3) Expanded access to ECD services, including pre-primary education, to increase school readiness among the most vulnerable groups of children.

Access to Basic Education for All: With a net enrolment rate of 97 per cent in primary education, Rwanda is doing well in providing education to the overwhelming majority of children. However, the census revealed that disparities in access to education persist and certain groups of children – including girls, children with disabilities, children living in rural areas and children from the poorest households – do face barriers in accessing quality education. UNICEF focused on reducing these inequities by:

- Supporting partnership for girls’ education with civil society and the Girls Education Working Group
- Providing technical support on inclusive education through upstream work, in particular around the development of a regional study on children with disabilities
- Advocating for children from poorer backgrounds at the policy level
- Working downstream to support quality pre-primary and basic education for all refugee children in Kigeme and Mugombwa through a school-based teacher mentoring programme targeting schools in refugee catchment areas and benefitting all school-aged children, including refugee children (7,358).

UNICEF supported the review of Rwanda’s progress in achieving the Education For All Goals, funding an analytical report that made important recommendations to further address the challenges of out-of-school children, school drop-out and access to quality education for vulnerable groups. Dissemination of the EFA report and follow up actions on its
recommendations are programmed for 2015.

Quality Education: The national Economic Development and Poverty Reduction Strategy (EDPRS) highlights the need to ensure that graduates are equipped with the relevant skills and attitudes required for Rwanda’s current and future labour market and social demands. To improve learning outcomes among Rwanda’s graduates, increased national investment in the improvement of education quality is being prioritised. Since education quality is underpinned by the relevance of curriculum and assessment practices, UNICEF funded a review of the current curriculum that revealed important areas for development.

This led to the initiation of a comprehensive curriculum reform that will improve learning by shifting Rwanda from a knowledge-based to a competency-based curriculum, and thereby transform teaching-learning practices. In 2014 UNICEF provided substantial support to the curriculum review process through: funding and day-to-day accompaniment and coordination; providing in-house and international technical assistance to each stage of the curriculum process; and leveraging other UN agencies and partners to ensure the mainstreaming of cross-cutting issues into the curriculum, in particular reproductive health, gender, HIV and AIDS, and health & hygiene.

In 2015 UNICEF will continue to support the Rwanda Education Board to produce, distribute and implement the new curriculum, which will include teacher training and the development of new teaching learning materials and competency-based assessment strategies.

In 2014 UNICEF supported the Learning Achievement in Rwandan Schools assessment, which measures numeracy and literacy skills in primary grades. For the first time ever, the assessment also collected data on child, teacher, parent and school characteristics, making it possible to link results to factors impacting children’s learning. The data collection phase of the assessment is complete and data analysis is underway. The results, which are expected in early 2015, will inform education policies and strategies at the highest national level.

Through teacher training and mentoring programmes, 70,624 children directly benefitted from improved quality of teaching. In addition, a newly launched Whole School Development Programme directly improved the quality of education for over 15,000 children.

Expanded access to quality integrated child/family services: UNICEF contributed to improving school readiness and access to community-based ECD services by generating knowledge on ECD and increasing access of young children and families to basic social services. UNICEF, with Harvard University, Partners in Health and the University of Rwanda, conducted a rigorous baseline study to determine the quality of young child care at home and access to essential integrated ECD services. This operational research laid the foundation for tracking the development of cohorts of children over time on such ECD indicators as cognitive development, education, health, nutrition and parenting. This baseline is exciting and innovative because its experimental design makes it possible to evaluate the impact of community-based ECD services on individual children over time, compared to those who did not receive the services.

Supporting the GoR efforts to expand access of young children to quality care, in partnership with the Imbuto Foundation, UNICEF built 10 Early Childhood Development and Family centres, with over 1,000 children and 1,500 parents benefitting from new services. Qualitative research conducted by Southern Hemisphere at two sites (in Kigeme and Kayonsa) showed improved interaction between parents and children as an immediate benefit of ECD&F services. In the
long run, in light of expanded partnerships with district authorities, IKEA Foundation, and H&M Foundation, it is expected that one ECD&F centre will be built in each district, as a model for local authorities, to be further replicated to all communities, starting with the most disadvantaged ones.

MINEDUC aims to increase pre-primary enrolment from 13 per cent to 30 per cent by 2017/2018. UNICEF, with stakeholders from the GoR and international partners, conducted an analysis of quality pre-primary programmes that identified key bottlenecks: a shortage of funding, lack of infrastructure and learning materials, lack of qualified teachers and absence of standards for pre-primary services. To address this, UNICEF:

- Conducted a costing study (to guide the policy decision on allocation of sufficient funds to establish quality pre-school services in the country) – to be finalised in 2015
- Designed a model preschool to influence all pre-primary school construction in the country and inaugurated five preschools, benefiting over 800 preschool children
- Equipped almost two-thirds (1,260) of pre-primary schools with UNICEF ECD kits and trained 1,260 pre-primary school teachers from all 30 districts on the use of the ECD kits and on play-based learning
- Worked with REB to develop a new national pre-primary school curriculum (to be introduced in all schools as of January 2016).

Some overall challenges encountered during the year included the fast pace and intensive nature of the curriculum review process, which made it difficult for all partners to be fully involved in the process. Some delays in construction also meant that implementation of ECD and Family services was delayed in some locations.

The progress and achievements in education in 2014 were made possible through collaboration with multiple partners, under the leadership of the Ministry of Education, REB, and together with NGOs such as International Education Exchange, CARE International, ADRA, Plan Rwanda, Southern Hemisphere, Aga Khan University and Imbuto Foundation; and generous donor support from countries such as Finland, Germany, Japan, Norway, Switzerland, the United Kingdom and the United States, as well as the IKEA and H&M Foundations.

OUTPUT 1 Inclusive Education: Equitable learning opportunities and outcomes for the most vulnerable children

Analytical Statement of Progress:

UNICEF is supporting access to quality basic education for girls, children with special needs and children from poorer backgrounds, and building the capacity of the Government to provide timely education responses to children affected by emergencies.

UNICEF is actively working in two of Rwanda’s five refugee camps – Kigeme and Mugombwa – to ensure that all school-aged children are included in neighbouring mainstream pre-primary and basic education schools. Through a partnership with UNHCR and CARE, ECD services were provided for 98 per cent of pre-primary-school-aged refugee children (3,960). Support included training, mentoring, teaching and learning materials and a daily meal of porridge. In 2014 UNICEF began construction of 14 pre-primary classrooms, latrines and kitchen facilities to supplement existing facilities; provided learning materials for all children in the programme; and trained 36 caregivers, 155 mothers and project staff on play-based learning.
The School-Based Mentoring programme provided fulltime classroom-based support to all teachers (140) teaching in host community schools, focusing on teaching methodologies, production of teaching materials and English proficiency, benefiting all school-aged children (7,358) in the targeted schools. The mentoring also supported teachers to use the more than 60,000 textbooks and reading books provided by UNICEF. In three of five priority districts receiving former Rwandan refugees, all identified school-aged children (4,673), including 225 returnees, benefitted from improved school facilities.

Planning support and funding was provided to MIDIMAR to support the integration into schools of former Rwandan refugees who have now returned home. Funds were used to purchase desks, iron sheets and water tanks for eight schools located in three of five priority districts receiving returnees. All identified school-aged children (4,673), including 225 returnees, in selected schools benefitted from the support.

HIV/AIDS and sexuality education have been strengthened in the new school curriculum. Advocacy for Girls Education was also strengthened through the high profile 'First Lady Awards' for best-performing girls, which featured several events during the year and recognised the achievements of 416 girl students, in partnership with the Imbuto Foundation.

The preparatory phase of a regional study on education for children with disabilities took place with the MINEDUC. This study will analyse the situation of education access and quality for children with disabilities, identify key barriers and bottlenecks to their inclusion and generate evidence to promote inclusive education.

UNICEF supported the review of Rwanda’s progress in achieving the Education For All goals, funding the analytical work which made important recommendations to further address the challenge of out-of-school children, drop out and access to quality education for vulnerable groups.

**OUTPUT 2** Quality of Education Optimised towards improved learning outcomes and skills

**Analytical Statement of Progress:**
UNICEF continued to support the development of Rwanda’s new competency-based school curriculum, which will improve the quality of teaching and learning. The curriculum framework, syllabus and learning units are in final draft form, after a rigorous quality assurance process. UNICEF is supporting the Rwanda Education Board to develop competency-based assessment strategies and teaching and learning materials to support the new curriculum, and is the lead partner supporting REB to plan for the implementation of the new curriculum from 2015-2018.

In 2014, UNICEF supported REB to conduct the Learning Achievement in Rwandan Schools (LARS) assessment, which measures numeracy and literacy skills in primary grades, and which will inform strategic decisions and policies in the education sector.

In partnership with the International Education Exchange, the school-based teacher training program deployed full-time mentors to targeted schools to work with teachers to improve English-language proficiency and teaching skills. The programme reached 1,498 teachers in 48 schools, improving the quality of teaching and learning for 70,624 children (35,680 boys, 35,644 girls). During 2014 UNICEF continued to support more than 15,000 teachers directly through the national school-based mentoring programme.
UNICEF supported REB to establish a teacher licensing and registration system, which was launched in July, 2014, and will be used by REB and district education officers to oversee teacher recruitment, deployment and management.

In an effort to strengthen pre-service teacher training, UNICEF trained 211 Tutors in the 13 teacher training colleges on active teaching and learning, using the Active Learning and Life Skills Manual, which was developed by UNICEF and partners, based on the child friendly school approach.

UNICEF launched the Whole School Development Programme (WSD) in 10 Child Friendly Schools to influence national systems by modelling effective teaching and learning practices. The programme focuses on teaching and learning, community involvement and school management. Workshops on child-centred learning, school leadership and management, community engagement and inclusive education took place involving 1,200 parents, and 250 teachers. Training manuals on WSD components and performance tools were developed, and piloted in all 10 schools which is helping to improve the quality education for over 15,000 children.

UNICEF continued to support the “Rwanda Reads” initiative, which seeks to promote reading, by supporting Rwanda’s Literacy Week, supporting teachers to improve the storage and management of books and reading materials, and promoting the use of books and readers in the classroom.

**OUTPUT 3** Expanded access to quality integrated child and family services to improve children’s well-being and development

**Analytical Statement of Progress:**

UNICEF is a leading agency supporting the efforts of MINEDUC, in partnership with Imbuto Foundation and International Education Exchange (IEE), to expand access of young children to quality early learning and care services, and access of families with young children to quality family support services. To better understand the critical barriers and bottlenecks that prevent eight out of nine children from accessing these services, UNICEF supported three strategic research efforts in 2014:

i. With Harvard University, Partners in Health and the University of Rwanda, a rigorous baseline study to determine the quality of care of young children at home and access of young children and families to essential ECD services (early learning and care, child and social protection, WASH). This innovative operational research laid the foundation for tracking the development of cohorts of children in the coming years on indicators related to child development, health, nutrition and parenting, and will make it possible to evaluate the impact of ECD services on children in the longer term. The findings will inform decision-makers as they shape the design and nationwide scale-up of ECD&F interventions in the years to come.

ii. A qualitative research study on the main factors preventing the scale-up of services revealed the main bottlenecks described above.

iii. With Southern Hemisphere, a national mapping of all ECD services to inform the GoR on the most effective services for scaling-up.

To address key bottlenecks, UNICEF:
• Advocated for increased investment in scaling-up preschool and community-based ECD, resulting in an increase from 0.2 per cent to 2 per cent. In addition a costing study is ongoing, to further inform policy on budget gaps and opportunities.
• Developed architectural designs for community-based ECD&F centres and pre-primary schools, and constructed 10 ECD&F centres and five pre-primary facilities during 2014, enrolling approximately 1,800 children. Construction of three additional ECD&F centres will be completed in early 2015.
• With the Imbuto Foundation and Aga Khan University, developing an essential package of ECD&F services to be used in model sites.
• Provided early learning and play materials to about 61 per cent (1,260) of all pre-primary schools, trained teachers from 1,260 pre-primary schools in all 30 districts, trained all 416 sector and 30 district education officers, and established systems for monitoring.
• Partnered with the College of Education and VSO to strengthen the capacity of early childhood education tutors in all 13 teacher training colleges to develop quality teaching and learning materials.
• Supported the development of quality standards to establish benchmarks and guidance for the development of current and future ECD centres.
• Modelled integrated family and child services, including community-based ECD and school-based pre-primary programmes, to inform the scale-up of ECD services. Preliminary findings in Gicumbi showed that demand for services is much higher than expected, especially among the most marginalised communities.
• Provided technical assistance to develop the play-based pre-primary curriculum that will be implemented in all pre-primary schools as of 2016.

OUTCOME 3 Health and nutritional status, improved for all children/adolescents/youth/women including those infected/affected by HIV

Analytical Statement of Progress:
The health and nutritional status of children and women in Rwanda has improved remarkably, as witnessed by further reductions in under-five mortality (from 76 per 1,000 in 2010 to 54 per 1,000 in 2012) and stunting (from 44 per cent in 2010 to 38 per cent in 2014 (according to preliminary data) and stabilisation (at 3 per cent) of HIV and AIDS prevalence in the population aged 15-19 years over the last five years. These achievements are a result of the high priority placed by the Government of Rwanda on child survival and development, and strong Government leadership and coordination of a joint sector approach, working in close collaboration with development partners and donors including: UNICEF and other UN agencies within the One UN approach, USAID, Embassy of the Kingdom of the Netherlands, Belgium Technical Cooperation, KOICA, the European Commission and national and international NGOs. Effective sector coordination has ensured alignment of donor assistance with national priorities.

During 2014 UNICEF played a key role in contributing to these achievements through provision of technical and financial support for policy and strategy development, strengthening of a real-time monitoring system, scale-up of multi-sectoral nutrition interventions; as well as through the programme described under Child Survival and Development (CSD): improved equitable access to/utilisation of high-quality CSD services.

UNICEF also assisted the Government in development of a Maternal and Child Health multi-stakeholder monitoring framework, in line with UNICEF’s Monitoring Results for Equity Systems (MoRES) approach, which resulted in the identification of key sector bottlenecks and recommendations for solutions. The analysis and identified solutions were incorporated into
district health actions plans as well as national-level plans, including the ‘2013-2016 Action Plan to Accelerate Reduction in Maternal and New-born Deaths’ and the ‘Rwanda Road Map to Accelerate Reduction of Maternal and Neonatal Morbidity and Mortality, June 2013-June 2018’. Based on the MoRES analysis and the main bottlenecks identified, UNICEF strategically targeted its support, focusing on policy and strategy revision (to align them with the latest evidence), strengthening coordination mechanisms, capacity development (technical, as well as planning, monitoring and leadership) and improving the quality of service delivery.

To strengthen the enabling environment for child survival, UNICEF supported the development/review of six new Government policies and strategic plans:

i. National Food and Nutrition Policy and Strategy (draft)
ii. Child Health Policy and Strategy (draft finalised and pending Government approval)
iii. Community Health Policy and Strategy (approved and under implementation)
iv. Planning, Monitoring and Evaluation Policy and strategy (draft)
v. Maternal and New-born Health Strategy (approved and under implementation)
vi. Rapid SMS component of National e-Health Policy (draft).

In addition, UNICEF supported the Government to develop a concept paper and roadmap to update the National Policy for Water Supply and Sanitation Services. Both documents were approved and the process for policy updating was initiated.

The above-listed initiatives were instrumental in raising the profile, strategic prioritisation and scaling up of CSD interventions in Rwanda, particularly in the areas of tracking the maternal and child continuum of care and nutrition.

With funding from KOICA, UNICEF provided support to the Government in strengthening the operation and maintenance of the Rapid SMS system, which uses innovative mobile technology to track the first 1,000 days of the maternal and child continuum of care, in 30 districts. In addition, support was provided to strengthen and upgrade the Rapid SMS system in 10 districts. This has resulted in provision of real-time information on the status of maternal health to inform better planning, coordination and decision-making.

Another remarkable achievement was UNICEF’s support to the national scale-up of nutrition initiatives to all 30 districts, driven by district-specific and nationally guided district plans for the elimination of malnutrition. UNICEF’s contribution included support for integrated, evidence-based district planning for nutrition and the development of an effective tracking system, including capacity building of district authorities, to use Dev Info in 22 districts. As a result, all 22 districts now effectively co-ordinate nutrition interventions, chaired by mayoral offices, representing a striking improvement from the past. The main programmatic shift made was a switch from a nutrition-specific approach to a nutrition-sensitive approach, combining effective nutrition interventions with provision of WASH, ECD and social protection interventions.

Together with the campaign of ‘1000 days in the land of 1000 Hills’ supported by UNICEF, the Government has repositioned nutrition as a strategic investment for national development, spanning a policy review, a long-term implementation framework, district-based planning, monitoring and tracking systems, and an evidence-based behavioural and social change campaign that reached all of the country’s 15,000 villages through social communication processes.
The reduction of stunting was addressed through joint efforts by the UN (UNICEF, WFP, FAO and WHO), international NGOs (CRS, WVI), many national CSOs and donors (USAID, the Kingdom of the Netherlands and Swiss Confederation), which agreed to work together under a common framework, establishing a coordinating mechanism to align and pool resources and expertise to achieve more comprehensive support to Government efforts to tackle malnutrition.

During 2014 UNICEF continued to support Government efforts to strengthen the evidence base for CSD. This included support for an impact evaluation study of PCV-7 (Pneumococcal Conjugate Vaccine); rapid assessments of maternal and new-born health in 24 districts; a case study on marginalised communities; effective vaccine management and cold chain assessments; a GAVI joint appraisal for a Health System Strengthening grant; and a third sustainability check for the water, sanitation and hygiene (WASH) project supported by the Government of the Netherlands.

UNICEF also supported several high-level advocacy events that contributed to raising the profile of child survival and development. In this context, support was provided for the organisation of (i) a National Nutrition Summit, (ii) a Paediatric Scientific Conference, (iii) an International Conference on Kangaroo mother care; (iv) preparation for the High-Level Meeting on Sanitation and Water for All; and (v) celebration of World Water Day and Global Hand-Washing Day.

Key challenges faced during the reporting period included capacity constraints at the district level and difficulties in effectively reporting data required to track the reduction of bottlenecks.

**OUTPUT 1**

Government capacity to develop/review/update policies, strategies, standards/protocols for health, nutrition, HIV/AIDS and WASH programming improved

**Analytical Statement of Progress:**

During 2014, UNICEF supported the Ministry of Health to review outdated policies, thereby improving the policy environment for child survival and development-related services. Six policies and strategies were reviewed during the reporting period: (i) National Food and Nutrition Policy and Strategy, (ii) Child Health Policy and Strategy, (iii) Community Health Policy and Strategy, (iv) Planning, Monitoring and Evaluation Policy and Strategy, (v) Maternal and Newborn Health Strategy and (vi) the Rapid SMS component of the e-Health Policy. Two policies, namely the Child Health Policy and the Strategy and Community Health Policy and Strategy were approved and are under implementation, while the others are at a draft stage and are expected to be approved during 2015.

UNICEF, together with other UN agencies within the Delivering as One approach and other partners, supported the GoR to organise and conduct the Third Food & Nutrition Summit, whose Consensus Statement was adopted as the roadmap for the national food and nutrition programme over the next two years. In addition, support was provided for the development of a policy brief to advocate for broader ownership and a review of the National Food and Nutrition Policy and the 2013-18 National Food and Nutrition Strategic Plan, co-sponsored by the MoH, MINAGRI and MINALOC, under the auspices of the Social Cluster.

UNICEF provided support to the 2014/2015 Demographic Household Survey (DHS) process to generate data on HIV among children, expanding the scope to include people below 15 years of age. Furthermore, a protocol was developed for a programmatic gap analysis on access to anti-retroviral treatment (ART) by HIV-positive children and adolescents. Results will inform the review and development of strategies to improve Prevention of Mother-to-Child Transmission (PMTCT) and paediatric HIV programme performance. Moreover, support was provided for the
dissemination of 4,000 copies of the 2013-2018 HIV National Strategic Plan; 2,000 copies of the new national guidelines on HIV prevention, care and treatment; and 2,000 copies of the national Elimination of mother-to-child transmission (EMTCT) Strategic Plan, aimed at guiding programme managers and stakeholders towards a more effective national HIV response. Within the Delivering as One approach, UNICEF supported development of a flagship project on HIV prevention among young people, and also co-convened the 2014 HIV Research and Paediatric Conference. A key outcome was an action plan to strengthen and scale up evidence-based HIV prevention, care and treatment among adolescents.

UNICEF supported the Ministry of Infrastructure in the development of a concept paper and roadmap to update the National Policy for Water Supply and Sanitation Services. Following approval of the roadmap, the process for engaging consultants to update the policy commenced. Support was also provided for the preparation of a high-level meeting on Sanitation and Water for All, including facilitation of dialogue among partners and drafting country commitments.

OUTPUT 2 System to track/monitor health, nutrition, HIV/AIDS and WASH services and outcomes for mothers/children established at national/subnational levels

Analytical Statement of Progress:
UNICEF supported the Ministry of Health to further develop and maintain tracking systems for child survival and development-related initiatives.

Support was provided for strengthening the operation and maintenance of the Rapid SMS system, an innovative mobile technology system to track the first 1,000 days of the maternal/child continuum of care, which is used in all of Rwanda’s 30 districts. UNICEF directly supported 10 districts to strengthen and upgrade the Rapid SMS system, and supported 22 districts to institutionalise DevInfo (a database system for compiling and disseminating data on human development) for tracking nutrition activities. UNICEF supported the Ministry of Health by hiring three consultants to provide technical assistance to improve management of the RapidSMS programme.

As part of monitoring bottlenecks that impact child deprivation, a case study on multi-stakeholder monitoring systems in maternal and child health was conducted. The effectiveness of this MCH indicator framework was further improved by inclusion of the Expanded Programme of Immunisation (EPI) and community health indicators.

The capacity to monitor and improve the quality of services and health outcomes for PMTCT and ART clients was strengthened. UNICEF provided technical and financial support for training health care workers in 16 district hospitals and 37 health centres on ‘Continuous Quality Improvement’ skills, to use real-time clinical data to measure and improve the quality of HIV services. A baseline assessment of PMTCT and ART services was conducted, using key indicators proposed by national stakeholders, including UNICEF. Results are being used to guide development and prioritisation of facility-specific quality improvement projects for 2015.

In the WASH sector, UNICEF, together with Japan’s International Cooperation Agency (JICA), WaterAid and Water for People, supported the establishment of a Water and Sanitation (WatSan) Secretariat in the Ministry of Infrastructure, which has resulted in strengthened sector coordination. Support was also provided to the Ministry for the development of a framework to map and report on WASH interventions across the country. This framework was adopted by the
Government and sector partners, and will greatly contribute to coordinated prioritisation, planning and implementation of WASH interventions across Rwanda.

**OUTPUT 3** National and district capacity to coordinate and track/monitor implementation of pro-nutrition evidence-based interventions by key sectors strengthened

**Analytical Statement of Progress:**
Despite improvements, Rwanda still has a high stunting prevalence (38 per cent) among children younger than two years (preliminary data – current official figures are 44 per cent). In order to combat malnutrition, which contributes to child mortality and influences child development, the Government and development partners have agreed to prioritise nutrition, and developed a joint framework with clear roles and responsibilities. During 2014, in line with the joint framework, UNICEF – with funding from the Government of the Netherlands, Swiss Development Cooperation and USAID, and in collaboration with six NGO partners and the University of Rwanda – supported the Government in scaling-up multi-sectoral nutrition interventions in the context of District Planning for Elimination of Malnutrition (DPEM) in 18 targeted districts.

A UNICEF-supported analysis revealed several bottlenecks that affect the high stunting rate in Rwanda, including: (i) lack of coordination at national and decentralised levels, (ii) lack of capacity at decentralised level to plan and monitor, (iii) lack of critical supplies (such as equipment to measure nutritional status, e.g. height/length boards), and (iv) lack of knowledge in families and communities on key nutrition practices (such as preparation of a healthy balanced diet). These findings informed UNICEF’s strategy to support the fight against malnutrition, including a shift from ‘nutrition-specific’ to ‘nutrition-sensitive’ integrated cross-sectoral programming; e.g. social protection interventions combined with nutrition components and the integration of nutrition components into UNICEF’s Early Childhood Development and Family (ECD&F) Initiative. The new approach was considered successful, and Rwanda was asked to present it as a ‘good practice’ at the international Nutrition Conference in Rome.

In terms of capacity building, the capacity of 22 districts was strengthened on cross-sectoral, evidence-based planning and monitoring, with a focus on bottleneck analyses for improved nutrition outcomes. Eighty-seven district data management team members from 22 districts received results-based management and integrated planning training, and 54 were trained on DevInfo. As a result, 17 districts developed prototype district DevInfo databases.

In terms of operational research, UNICEF supported the collection and analysis of data from the national nutrition screening, which provided a district baseline on stunting prevalence for children under two years. With the University of Rwanda, UNICEF further conducted a capacity gap analysis of nutrition service providers in eight districts.

In the context of the ‘1,000 days’ nutrition campaign, UNICEF supported the training of 2,246 service providers, 50 journalists, as well as parliamentarians and religious leaders to disseminate educational nutrition messages. A ‘World Cup in My Village’ campaign, which featured nutrition messages during public football screenings, reached 26,800 people in 18 districts. UNICEF also supported training in eight districts to promote dietary diversity, resilience and food security in vulnerable households. Caregivers of 29,060 children aged six-to-23 months were trained on the use of Micronutrient Powders (Ongera) in two districts, as a first step in the national scale-up of the ‘Home Fortification’ intervention.

UNICEF supported the procurement of therapeutic milk for nationwide provision of nutrition
rehabilitation services at all health facilities, as well as the provision of Vitamin A capsules for food supplementation (donated by the Micronutrient Initiative) for over 90 per cent of children aged six-to-59 months.

OUTCOME 3 Improved equitable access to/utilisation of high-quality promotional/preventive/curative/rehabilitative health, HIV/AIDS, WASH, nutrition services for children adolescents, youth, and women

Analytical Statement of Progress:
Rwanda has made giant strides in improving coverage and equity in access to essential child survival and development services. The proportion of deliveries in health facilities (90.5 per cent as per HMIS- 2013) exceeded the national target of 86 per cent for the fiscal year 2013/2104. Immunisation services have been consistent in maintaining full child immunisation coverage of 95 per cent in 2014 (HMIS, 2014). The modern contraceptive prevalence rate increased to 45 per cent while the zero-positivity of HIV pregnant women attending ante-natal clinics decreased to 1.2 per cent in 2014 (Tracnet, 2014). Associated with these improvements, the number of health facilities (district and referral hospitals) under accreditation and on track to be accredited rose from 13 (target) to 42 (Clinical Services Report, 2013/14).

These indicators reflect the country’s progress toward achieving the Millennium Development Goals, and permit Rwanda to enter the post-2015 era with great optimism. The Government has also intensified efforts to improve financial accessibility of health services to the poor, vulnerable and marginalised population groups through the community Mutuelle de Santé (medical insurance) system, which covers 90 per cent of the population.

Community interventions are at the foundation of cost effective, equitable, and effective health care in Rwanda. The community health program has increased outreach and brought health services closer to beneficiaries and hard-to-reach areas.

UNICEF contributed to these achievements by strengthening effective delivery of quality CSD services through capacity development (to improve technical, planning and monitoring skills), as well as increasing coverage for unserved and underserved populations, based on identified needs and gaps in targeted districts. In this context, capacity to offer maternal, new-born and child-related services were strengthened by improving the skills of 348 health facility providers in all 140 health facilities to deliver a new-born care package and 5,500 new community health workers from villages in 10 districts on Community Case Management and Maternal and New-born Home-based Care initiatives. As part of national capacity building efforts, UNICEF also supported the skill improvement of 766 cell coordinators in six districts on the integrated community health care package. UNICEF also supported refresher trainings for improving skills of 45,000 CHWs nationally on the use of Rapid SMS to track the maternal and child continuum of care. These efforts have contributed to improved maternal and new-born care services in the target communities.

As a result of strong Government leadership and commitment and support from development partners, Rwanda has achieved very high immunisation coverage, with only 5 per cent of children not yet fully immunised. To close the remaining gap, UNICEF focussed on strengthening the Expanded Program on Immunisation (EPI) monitoring system to ensure every child is immunised. Interventions supported by UNICEF included support for a comprehensive national EPI review, a GAVI (Global Vaccine Alliance) joint appraisal of EPI and an assessment of effective vaccine management. The assessments identified key bottlenecks, and led to the development of an EPI improvement plan and a comprehensive multiyear planning process for
immunisation. The introduction of measles rubella vaccine through Maternal and Child Health Week in 2013, and in the routine immunisation in 2014 further strengthened control of major vaccine-preventable diseases and increased awareness among health workers and the public about the benefits of vaccination. In addition, UNICEF initiated a process to conduct an IPV multiple injection study to gain in-depth understanding of health care providers’, child care givers’, and community members’ attitudes toward multiple injections in routine childhood vaccination, to inform introduction of IPV into the current immunisation schedule, which is expected to be completed by end of March 2015.

UNICEF support further strengthened the national and district cold chain systems, with the provision of two walk-in-cold rooms at the national level, complemented by temperature control systems for the cold chain equipment in 100 health facilities. UNICEF supported maintenance of the cold chain systems in 30 districts. The focus of these activities was to ensure that the 13-antigen immunisation systems have effective and sustained vaccine security, considering the high cost of new vaccines in Rwanda. UNICEF, WHO, USAID and Rotary remain key stakeholders in the national Interagency Coordination Committee for facilitating continued support from GAVI to EPI in Rwanda.

As a result of UNICEF-supported interventions in water, sanitation and hygiene during 2014, over 13,000 people gained access to an improved water supply, and more than 21,000 people gained access to improved sanitation in four remote rural districts. An estimated 5 million people were reached with messages on safe hygiene practices through mass media campaigns and interpersonal activities. As part of efforts aimed at capacity building for hygiene and sanitation promotion, using community approaches to total sanitation, 6,000 community health facilitators, district officials, school teachers and religious leaders were trained. UNICEF and Rwanda Water and Sanitation Corporation also partnered with American Standard, a major manufacture of plumbing fixtures in North America, to pilot-test an innovative latrine pan – a prototype specifically designed for the African context where water is scarce. Ongoing household trials of the latrine pan (which has a water trap to block the smell, sight of faeces and flies from entering the pit) will result in the development of an easy to maintain, scalable and economical product. This will contribute to strengthening the local supply chain for sanitation products and accelerating access to improved sanitation in Rwanda and the region.

Despite these achievements, high attrition rates of CHWs continue to pose a challenge in building capacity of these workers for effective community-based health. Moreover, funding gaps, particularly for WASH and the health sector, also remain a major challenge.

Further key WASH sector challenges include capacity constraints, especially at the district level, and low-level of functionality of water supply systems in rural areas. In order to address these challenges, UNICEF and partners plan to support the Government in resource mobilisation for the WASH sector, capacity building of district staff and private water operators and benchmarking and performance monitoring of private water operators during 2015.

The Government has prioritised key intervention areas for 2015, including investment in enhancing the coverage and sustainability of WASH services, decreasing mortality and morbidity among neonates, reducing maternal mortality, elimination of malnutrition in the context of a wider ECD programme, mobilisation of districts and sectors on improved hygiene, improving prevention and management of non-communicable diseases, strengthening of the ongoing accreditation process for district, provincial and referral hospitals, improving hospital financial management and capacities to generate more internal resources, strengthening
community health workers cooperatives to be more financially viable and able to generate revenue and improving the quality of health information used for decision-making.

OUTPUT 1  Equitable access to quality Health, Nutrition, HIV and AIDS, and WASH services for children, adolescents, youth and women reinforced,

Analytical Statement of Progress:
UNICEF focused on maternal and new-born supplies. UNICEF also leveraged resources at the regional level for technical assistance to support the review of health and nutritional activities and management of child health in the Nkamira camp. In addition, UNICEF provided technical and logistics support in the development of the national contingency plan, with a focus on health. UNICEF and partners, especially the Government of Japan, provided support to Kigeme and Gisenyi District Hospitals to improve infrastructure and equipment in response to increasing demand for maternal and child health services by refugees and the local population.

In collaboration with the Government of the Netherlands, UNICEF continued support for increasing access to water and sanitation for approximately 500,000 people in four districts (Musanse, Nyabihu, Burera and Rubavu) where people were encouraged to adopt improved sanitation facilities in their houses. As a result 83 per cent of households now have improved sanitation facilities at home.

UNICEF worked with NGOs, including SNV and World Vision, to support scaling up promotion of Community Environmental Health, specifically in the four districts mentioned above. UNICEF also supported the formation of Community Hygiene Clubs to cover all communities in 12 sectors of Rubavu District.

Household water quality monitoring supported by UNICEF is raising community members’ awareness of water quality in the four target districts, in combination with advocacy by local leaders and coordination with the MoH. UNICEF’s emergency WASH response continued in Nkamira Transit Centre and Kigeme Camp, supporting approximately 27,000 refugees.

UNICEF supported the MoH to carry out an EPI inventory, train health staff on integrated community health package and clinical IMNCI. It also supported the Government to conduct a national Measles-Rubella campaign.

OUTPUT 2  95 per cent pregnant women and 80 per cent HIV-positive children/adolescents receive quality PMTCT and HIV services

Analytical Statement of Progress:
UNICEF supported capacity building to improve the quality of HIV counselling and testing services. Training of 230 health care workers from 44 health facilities in Kigali City built skills in HIV counselling and the use of a more efficient and client-friendly finger prick method for HIV testing, recommended by WHO. Kigali City was prioritised because of its relatively high HIV prevalence compared to other provinces.

UNICEF supported training of health workers in 16 district hospitals and 75 satellite health centres on the use of routine clinical data to measure and continuously improve the quality of HIV services. Indicators for HIV testing, PMTCT and paediatric and adult HIV treatment (anti-retrovirals) were used to determine baseline programme performance. This will inform the development and implementation of facility-based quality improvement projects during 2015.
Based on previous support by UNICEF to Rwanda Biomedical Centre/MoH on programming for Adolescents Living with HIV (ALHIV), skills of health care workers were strengthened. An integrated approach to training was adopted in the training plan for HIV service providers to include adolescent sexual and reproductive health (ARSH), and adolescent health and development. This is to ensure that service providers are ‘adolescent-friendly’, thus contributing to increased utilisation of services and retention in care. In the same context, national protocols on HIV treatment and care were revised to enhance optimum retention and adherence by adolescents.

With the aim of increasing the geographical coverage of HIV services, UNICEF supported training on comprehensive management of HIV (according to new national guidelines), reaching 108 health care workers from 32 private health facilities in Kigali City Province. These trainings were a pre-requisite for health care workers to get accredited, enabling them to provide HIV services and submit routine HIV data to national health and HIV information systems. As a result, all 74 health facilities in Kigali City are now providing HIV services.

The partnership with Imbuto Foundation (the Rwandan First Lady’s foundation) allowed 1,500 women in the PMTCT programme to receive community-based psychosocial support and were thus retained in care. Special home visits and counselling sessions were conducted for 61 families of parents living with HIV, to promote HIV testing of exposed children.

OUTPUT 3 80 per cent adolescents/young people are empowered with comprehensive knowledge/practice protective behaviours

Analytical Statement of Progress:
In the context of the One UN approach, UNICEF provided technical support for the development of a flagship project on HIV prevention among adolescents and young people, to be implemented during 2015. Furthermore, through a partnership with one NGO, a KAP survey was conducted and comprehensive HIV prevention services were provided to a vulnerable population comprised of 3,000 adolescents in and around Kigeme Refugee camp, in Nyamagabe district in the Western Province. In addition, 900 male adolescents were circumcised.

In collaboration with the United Nations Population Fund (UNFPA), UNICEF supported the review and appropriate integration of HIV/AIDS and Adolescent and Sexual and Reproductive Health in the school curriculum. Within the context of a joint UN programme, UNICEF supported capacity building of private and public institutions to deliver workplace HIV prevention and care programmes. In partnership with the Private Sector Federation, HIV focal points were trained, communication materials produced and condom distribution systems strengthened, reaching employees, families and clients, including adolescents and young people, in 250 private sector institutions, mainly the hospitality industry.

Through partnership with the Ministry of Public Service, UNICEF supported the Umbrella of Public Sector response to HIV and AIDS (USPLS) to raise awareness on HIV prevention and to improve condom distribution systems among employees of 130 public institutions in all 30 districts of the country.

In collaboration with the United Nations Refugee Agency, UNICEF supported the American Refugee Committee (ARC) to deliver comprehensive HIV prevention services to 14,000 DRC refugees in Nyabiheke Camp in Gatsibo district. Interventions included awareness-raising
through community outreach, mass campaigns, distribution of printed materials and HIV testing.

Since the WHO declared the current Ebola outbreak as a Public Health Emergency of International Concern, Rwanda’s MoH reactivated a multidisciplinary National Emergency Operation Committee led by the MoH. Since early August 2014, Ebola screening was carried out at the airport and in all land-crossing borders. An isolation centre was set up at a referral hospital. Training for potential Ebola response was provided to all health facilities, and surveillance strengthened at the health facility and community level. The Ministry of Health, with support from partners, developed a preparedness plan and has been implementing preventive measures in the country. A UN Ebola Task Force was established and developed an operational plan for Ebola preparedness and response, in line with the Government of Rwanda’s preparedness and response plan for an Ebola outbreak. Support was also provided to the Government to developing Ebola-related communication materials.

OUTCOME 4 Evidence-informed child protection system that protects children from violence, abuse, exploitation and neglect in conformity with the national legal framework

Analytical Statement of Progress:
Since the beginning of the current Country Programme, results achieved in the child protection sector illustrate UNICEF’s continuous support to the Government of Rwanda towards building a solid protection system able to protect children from violence, abuse, exploitation and neglect, and to prevent major protection risks both in regular and humanitarian settings. Based on UNICEF’s comparative advantage, and informed by a gap analysis, UNICEF focused its support on strengthening an evidence-based policy and legislative framework, supporting critical coordination mechanisms, as well as human and institutional capacity to implement the reform. In line with Rwanda’s Integrated Child Rights Policy, two flagship areas of support and entry points for systems building are: (i) prevention and response to violence against children; and (ii) child care reform, with focus on sustainable reintegration of children from institutional care into families.

Over the past year significant policies and legal dispositions pertaining to the most vulnerable children, such as the Justice for Children policy, were adopted while others, such as the National guidelines on Alternative Care and Adoption, were reviewed and validated for Cabinet endorsement. Another significant achievement for the coordination and management of the child protection system was the establishment of a Child Protection Working Group (CPWG), an overall coordination body comprised of key public and private child protection stakeholders. The CPWG is recognised by all stakeholders as an effective national platform for the coordination of child protection interventions, ultimately ensuring greater efficiency and effectiveness within the sector.

Innovative and effective responses to violence, abuse, exploitation and neglect, consolidated in partnership with other UN agencies under the One UN umbrella, were nationalised and scaled up for implementation by the Government. One example is the Isange One-Stop Centres, which in 2014 provided free multi-sectoral assistance to more than 4,000 victims of gender-based violence and child abuse.

Ensuring the availability and utilisation of de-centralised multi-sectoral child protection remained a critical objective for UNICEF and its partners in 2014. Important achievements included: UNICEF support to the child care reform process, which contributed to 800 children formerly living in orphanages being safely reintegrated into family-based care over the course of the year; collaboration with the Ministry of Justice to ensure children’s access to a child friendly
Justice system through the national scale up of the Access to Justice Centres (MAJ/Maisons d’Acces à la justice), strengthened preparedness and response to cross-border movements of children, including child trafficking, with partners such as MIDIMAR, UNHCR and NGOs. Intensive efforts were also made to strengthen the evidence base for child protection response interventions. This was illustrated by the capacity assessment of child protection stakeholders in humanitarian settings conducted in November 2014, which identified the need to strengthen the technical capacity of frontline workers to improve the provision of child protection services within refugee settings.

Human and financial resource capacity for the child protection system remains challenging at both the national and subnational levels. To address these challenges, since 2013 increased efforts have been made to prioritise strategic human and financial investments for the child protection sector both at national and subnational levels. Notably, over the past year UNICEF continued to support the deployment and capacity building of the first-ever Government-led qualified social welfare workforce across the country. UNICEF also accompanied the Minister of Gender and Family Promotion and the National Commission for Children in establishing a new cadre of community-based volunteer para-professionals dedicated to child protection (Inshuti S’Umuryango or “Friends of the Family”) and tasked with providing child and family protection services at the village level.

To reinforce institutional capacity for evidence-based policy-formulation and planning for the child protection system, UNICEF collaborated with various ministries to initiate a Public Expenditure Identification Survey on the Child Protection Sector, which will be conducted in 2015 to ensure greater returns on Child Protection budget allocations for children. Another example was the technical assistance provided for the design of Rwanda’s Violence against Children and Youth Survey, which will also be conducted in 2015.

Progress and achievements in protecting children’s rights in 2014 were made possible through collaboration with multiple partners, including the National Commission for Children, the Ministry of Gender and Family promotion, the Ministry of Justice, the Ministry of Health, the Ministry of Local Affairs; the One UN sister agencies, as well as NGOs, such as Plan Rwanda, Hope and Homes for Children, Global Communities, and the generous support of donors such as USAID Displaced Children and Orphans Fund (DCOF), UK Department for International Development, Sonta International for UNICEF’s child protection work. These successful partnerships were particularly illustrated by the implementation of the Tubarerere Mu Muryango (“Let’s raise Children in families!”) programme.

OUTPUT 1 Institutional Framework for coordination/management of child protection services strengthened

Analytical Statement of Progress:
In support of legal and policy reform in Child Protection, major national achievements include adoption of the Justice for Children Policy and Legal Aid Policy, revision of the Family Law (currently awaiting approval by Parliament), as well as the development of ministerial orders related to Law 54/2011 on the Rights and Protection of the Child, all drafted with UNICEF technical assistance.

The main innovative feature of the Justice for Children Policy is the promotion of participatory decision-making for reconciliation, restitution and responsibility through the involvement of children, family members, victims and communities in both civil and criminal matters. The revised Family Law will provide a legal platform to improve access to universal birth
registration within a modern national civil registration and vital statistics system.

In supporting the GoR to establish effective coordination mechanisms in the child protection sector, UNICEF assisted the Ministry of Gender and Family Promotion (MIGEPROF) and the National Children’s Council to establish a Child Protection Working Group (CPWG), an overall coordination body comprised of key child protection stakeholders. One of the first tasks completed by the working group was a mapping of strategies and activities for child protection actors. This led to the development of a one-year action plan, providing guidance and a framework for action to its members.

It was agreed that under the CPWG umbrella, thematic coordination mechanisms should be established: this approach is recognised by all stakeholders as an effective national platform for the coordination of child protection interventions, addressing coordination challenges in this important cross-cutting area of national development.

One important thematic coordination body established in 2014 is the Violence Against Children Network, which aims to improve coordination of Government and partners’ efforts related to VAC in Rwanda. The network is led by MIGEPROF, NCC, Rwanda National Police and the Ministry of Health, with support from UNICEF. One of the key activities of the VAC Network performed in 2014 was to support the design of a national survey on Violence against Children and Youth (to be conducted in November 2015).

Finally, in order to ensure full and equitable inclusion of children with disabilities into social systems, UNICEF strengthened the Disability Coordination Forum though collaboration with the National Council of Persons with Disabilities, as well as through the development of the Africa Disability Trust Fund (to become operational in 2015).

OUTPUT 2 Decentralised multi-sectoral child protection services available

Analytical Statement of Progress:
In support of the provision of timely and quality protection services to vulnerable children and women in Rwanda, key results were achieved in the areas of: (i) access to justice, (ii) violence against women and children, (iii) child care reform, and (iv) humanitarian interventions.

i. UNICEF continued its collaboration with the Ministry of Justice to ensure children’s access to a child-friendly justice system, with the scale up of “Maisons d’Acces a la Justice” (MAJ or Access to Justice Centres) at the district level, as well as the provision of legal aid to vulnerable children and pregnant and/or detained women with infants.

ii. Along with other UN agencies, UNICEF supported the two One-Stop Centres (OSCs) established by the Government of Rwanda in partnership with the UN, in providing holistic services to more than 4,000 victims of gender-based violence and child abuse during the reporting period. In support for the Government’s plan to scale-up the OSCs country-wide (33 OSCs planned over the next three years), UNICEF provided technical assistance in planning the services, training of police officers to be deployed in OSCs, and supply of anatomical dolls for OSCs’ children’s rooms.

iii. Within the child care reform process, UNICEF contributed to the safe reintegration into family-based care of more than 800 children formerly living in orphanages. This was achieved through close collaboration with NCC and NGOs within the Tūbarerere Mu Muryang ("Let’s raise children in families!") programme.

iv. In line with the GoR strategy to ensure that refugees’ protection needs are addressed by the national child protection system, and in partnership with the United Nations High
Commissioner for Refugees (UNHCR), UNICEF supported application of the Minimum Standards in Child Protection in Humanitarian Situations in refugee camps. In partnership with the Ministry of Disaster Management and Refugee Affairs, UNHCR and NGO partners, UNICEF focused on preparedness and response to cross-border movements of children, including child trafficking.

The insufficient harmonisation of standards in the delivery of child protection services (across multiple service providers) still represents a constraint for the provision of quality services across the country. To address this challenge and achieve harmonisation in the quality of services provided, in 2015 the Government, UNICEF and key national and international organisations will jointly develop national minimum standards for child protection.

OUTPUT 3 Human resources capacity for child protection system strengthened

Analytical Statement of Progress:
Improving the response capacity of the child protection system through a qualified professional and para-professional workforce both at national and subnational levels remains a critical objective in Rwanda. UNICEF has continued to provide support to strengthening NCC capacity to lead the child care and protection system reform through: (i) targeted technical assistance; (ii) development of a capacity-building plan; and (iii) the recruitment of a team of specialists to support reform implementation.

UNICEF supported the GoR to develop the capacity of the newly introduced Rwandan social welfare workforce within the *Tubarerere Mu Muryango* ("Let’s raise children in families!") programme. This programme is designed to drive the implementation of child care reform in Rwanda. As of end of 2014, a total of 48 social workers and psychologists were in place to support the child care reform: 27 (56 per cent of the needed workforce) of them have graduated from an innovative eight-month pre-service and in-service programme, conducted in partnership with Tulane University and the organisation Hope and Homes for Children. The 27 social welfare workers have been deployed in district offices to assist with the reform; the remaining 21 social workers and psychologists will undergo the same programme prior to deployment in mid-2015.

To further support the reform process at the decentralised level, UNICEF supported the NCC in mobilising community-based volunteer para-professionals called *Inshuti S’Umuryango* or “Friends of Family”. They will be tasked with the provision of child and family protection services at the village level and referrals to the mobile professional social welfare workforce at the district level. During 2014 over 300 volunteers were identified, to be trained in 2015.

The Rwanda National Police is a very important partner for the child protection sector. In line with the objective of integrating child protection standards into allied sectors, UNICEF supported the training of 50 police officers who are now deployed in One-Stop centres across the country.

OUTPUT 4 Institutional Capacity for evidence-based policy formulation/planning for child protection system strengthened

Analytical Statement of Progress:
In conformity with Rwanda’s Integrated Child Rights Policy that calls for increased evidence in child protection to effectively inform policy and programme development, and in order to build capacity to close the knowledge gap and produce reliable data on child protection, UNICEF has
supported the Ministry of Health, Ministry of Justice (MINIJUST), MIGEPROF, NCC and the City Council of Kigali to build an evidence base for the child protection system in four thematic areas.

Firstly, UNICEF contributed to the technical design of a comprehensive Violence against Children (VAC) and Youth Survey, to take place in 2015, in partnership with the Ministry of Health and the US Centres for Disease Control. The VAC survey will for the first time provide national estimates on the prevalence of violence against children. It is expected to inform major policy and programming interventions to prevent and respond to violence against children, including children with disabilities.

Secondly, together with the ILO and civil society organisations, UNICEF also collaborated with the Kigali City Council to address the situation of child domestic workers in the capital. The first phase of this collaboration included a quantitative assessment on child domestic labour in Kigali’s three districts.

In partnership with the Association of Volunteers in International Service (AVSI), UNICEF also conducted a capacity assessment of child protection stakeholders for emergency preparedness and response. The assessment specifically looks at the material, financial and human capacities of key actors and institutions at national and sub-national levels for child protection in emergency preparedness and response. The assessment will inform capacity-building initiatives for actors in child protection at national, district and refugee camp level, and will inform the development of national Standardised Operational Procedures (SOPs).

Finally, UNICEF has accompanied the Government of Rwanda in the design of a Public Expenditure Identification Survey for the Child Protection Sector, to be conducted in 2015 in partnership with MIGEPROF/NCC and the ministries of Finance and Local Government in 2015. The purpose of the survey is to assess the proportion of budget allocated for child protection interventions in Rwanda. The survey will provide guidance to key ministries on priority responses and on the development of budget guidelines for child protection.

OUTCOME 5 Social policies, strategies and social protection system improved to reduce poverty, vulnerability, inequality among children and their families

Analytical Statement of Progress:
A central function of UNICEF Rwanda’s work around social inclusion is strengthening the national Social Protection system to ensure that it reaches the most vulnerable and deprived. Rwanda’s social protection system is progressively improving, as witnessed by an additional 200,000 vulnerable households from 2012 to 2014 that benefitted from the core social protection programme, the Vision 2020 Umurenge Programme, or VUP.

UNICEF’s support to strengthen a child sensitive social protection system can be summarised in its efforts to (i) increase capacity of duty bearers (MINALOC and LODA in particular) to target and deliver equitable, holistic, child-sensitive social protection services; and (ii) to develop accountability mechanisms for vulnerable/at-risk populations to claim their rights. A further focus was on creating robust new evidence on child poverty and existing disparities, to inform national and sub-national policy formulation and implementation.

Major results achieved in 2014 included:

- Increased capacity of Government officials, particularly MINALOC (in charge of social protection, among others) and LODA (the MINALOC implementing agency) to provide
strategic direction on monitoring and evaluation of major social protection programmes. This was achieved through active engagement and participation in the Social Protection sector working group, providing both technical and financial support, including the development of a roadmap for a comprehensive Social Protection Management Information System.

- Contribution to exploring measures that will help poor populations graduate from poverty / build resilience, including co-hosting an International Conference on Social Protection and graduation out of poverty strategies, and a follow-up training of national and district stakeholders.
- Strengthened social protection services at decentralised levels. UNICEF and MINALOC trained 264 Social Protection staff (55 per cent of the existing workforce at the district and sector level) on the VUP, the GoR’s flagship social protection programme, with the aim of reducing extreme poverty
- Support to further revision of “UBUDEHE”, the national poverty categorisation in Rwanda, to establish a simpler and more objective poverty categorisation system.
- Support to the refinement of the VUP, to improve its gender- and child-sensitivity and expansion in scope to new types of public works more compatible with the responsibilities of caregivers with young children.
- Leveraging of major development partners to invest in a child-sensitive social protection system in Rwanda, in particular with the World Bank, the main funder of Social Protection systems in Rwanda ($70 million). The World Bank now places significantly increased emphasis on funding child-sensitive social protection in Rwanda.
- Support to Government capacity building to further strengthen the national framework for disaster management, preparedness and response with a particular focus on vulnerable children.
- Provision of humanitarian assistance to affected populations, including the provision of basic services to refugees, in particular WASH services.
- Generation of disaggregated data to guide decision-making in providing equal opportunities to all children, through support to the GoR to conduct state-of-the-art research. This included: a Knowledge, Attitudes and Practices assessment on Early Nurturing of Children; an Early Childhood Development & Family baseline survey; and a child-focused analysis of Census 2012, among others. These studies were critical in overcoming knowledge gaps on the multiple components of young children’s lives, including health, nutrition, WASH, birth registration and parenting.

The major challenge faced by the social protection sector in 2014 was the limited number of qualified staff, in particular at decentralised levels, to support the implementation of social protection measures and scale up planning for VUP implementation, due to budget constraints. Therefore, UNICEF investment and partnership with MINALOC, together with the DFID, WB, and other strategic partners, will continue to focus on further capacity building at the national and district levels.

OUTPUT 1 Capacity of national/decentralised institutions to target/deliver equitable/holistic child-sensitive social protection services strengthened

Analytical Statement of Progress:
UNICEF built capacity of the social protection system at national and decentralised levels:

- UNICEF co-chairs an M&E Social Protection sub-committee, supporting MINALOC and LODA officials to provide strategic directions on M&E in social protection. Advocacy
efforts resulted in expansion of the sample for EICV4 (integrated household survey about living conditions) – an additional 2,600 households were added - which will enable a robust assessment of the impact of VUP on a range of child well-being-related indicators. UNICEF provided financial and technical support for the development of a Management Information System.

- UNICEF conducted training of trainers (TOT), covering all vice-mayors in charge of Social Affairs (30), and one staff per district in charge of Social Protection (30). Some 264 Social Protection staff were trained on VUP – 55 per cent of the existing workforce at the district and sector level – enhancing skills and knowledge on VUP, health, education, child development, water and sanitation, and child rights in general.

UBUDEHE is a community-led process for categorising households into poverty categories. The system was used to classify all households into six socio-economic categories, in order to target social services and access to social protection support such as health insurance, bursaries for tertiary education, the VUP programme, and the One Cow (per poor family) programme. In 2014, UNICEF supported the Government to review these categories and to establish a strengthened system (to be completed in 2015).


UNICEF co-hosted an international conference on Graduation and Social Protection, which brought together 150 policy-makers, practitioners and researchers, to explore how social protection can contribute to building resilient livelihoods. Following the conference, Vice-Mayors of Social Affairs locally adapted the resulting recommendations and the Government commissioned a study to design a minimum package for sustainable graduation from extreme poverty.

UNICEF supported the analysis of different options to improve gender- and child- sensitivity of the VUP, proposing models for piloting in 2015 that include: (i) expansion in the scope of Public works - creation of new types more compatible with mothers’ caring responsibilities (including support to ECD&F centres, local schools and/or clinics); and (ii) organising mobile crèches.

The sector’s major challenge was a limited number of qualified staff to support implementation of social protection measures. Therefore, in 2015 UNICEF will continue to build capacity at national and district level.

OUTPUT 2 Accountability mechanisms for vulnerable/at-risk populations to claim their rights strengthened

Analytical Statement of Progress:

To establish accountability mechanisms for the most at-risk population, UNICEF partnered with the Rwandan Civil Society Platform (RCSP), the umbrella organisation bringing together CSOs in Rwanda. The Rwanda Civil Society platform is a strategic partner in the implementation and advocacy of social protection programmes. A civil society thematic group on social protection was established, under the Social Protection Working Group. To build their capacity as advocates of rights-holders, UNICEF trained 30 members of Rwanda’s Civil Society Platform during a four-day course on understanding social protection, monitoring and targeting.

As a platform for 14 NGOs, the RCSP requires strong coordination. Due to the unavailability of
a project manager and changes of the Executive Secretary, coordination was limited in 2014. This resulted in the delay of activities: in particular, an advocacy campaign on access to social security in the informal sector and on the UBUDHE national income categorisation were delayed. These challenges and delays have not prevented RCSP members from continuing technical discussions about the challenges facing vulnerable groups and social protection support.

In 2015 there are plans to move forward with planned activities to enhance the role of RCSP in the Social Protection sector. UNICEF will continue to support RCSP to build its own capacity in coordination, monitoring and advocacy.

OUTPUT 3 Social Protection sectoral strategies are HIV-sensitive and inclusive

**Analytical Statement of Progress:**
In coordination with the National Commission for Children (NCC), 15 key stakeholders (including non-government and community-based organisations) that provide support to HIV programmes, have reviewed their actions plans with the aim of developing HIV-sensitive social protection activities.

In December 2014 UNICEF supported the organisation of an International HIV Conference in Kigali, where progress and results in this area were shared by 15 organisations. NCC was instrumental in supporting the organisations’ contributions to the conference, as well as ensuring active participation of children in conference sessions on social protection and HIV prevention.

With the support of UNICEF HQ, the 2014 International Conference, with the theme “Using evidence to save lives”, represented an advocacy platform for UNICEF and other UN Agencies and partners to create strategic debate around adolescent issues, including the critical issue of sustainable financing for HIV. This resulted in recommendations to all partners, including UNICEF, to support the National HIV sustainability Plan as part of shared priorities. Government and partners were called upon to scale up investment in effective prevention policies and strategies, to avert high costs of treatment.

Efforts will be strengthened to engage and involve the private sector to invest in the health industry, starting with the feasibility of economic returns of scaling up the ART program. The study is intended to sustain advocacy for more public resource allocations, to cover special needs for infected children and families on paediatric for anti-viral treatment.

OUTPUT 4 Evidence/research on child-poverty/disparities inform national/sub-national policy formulation/implementation

**Analytical Statement of Progress:**
In 2014 UNICEF further focused on strengthening the evidence base for national and subnational policies, and generating disaggregated data to guide Government decision-making. UNICEF supported the Government to strategically utilise the findings of the following research:

- A 2013 Gender Equity Assessment of the national social protection programme (VUP) identified some adverse effects of public work on mothers and young children (e.g., inadequate care and nutrition of young children). Following analysis of the findings, UNICEF and the Local Development Agency (LODA) agreed to introduce new types of public works (both gender- and child-sensitive) to be piloted in 2015.
• The KAP assessment on early nurturing of children, conducted in 2013 by MoH and UNICEF, was launched in March 2014. Not only did the assessment generate qualitative and quantitative data on multiple aspects of young children’s lives (including health, nutrition, WASH, birth registration and parenting) but it also created momentum for a renewed commitment by the Government to early childhood development.

• In the context of Child Care Reform, initial findings from a preliminary rapid assessment of children re-integrated into families (conducted in 2013) informed implementation of the national strategy.

• Child-related analyses (financially and technically supported by UNICEF) of 2012 Census reports were launched and disseminated in 2014, covering three thematic areas: socio-economic status of children, disability and education. The findings informed disability strategies developed by UNICEF on inclusion of children with disabilities in social systems and society and, in the education sector, improved planning and quality of education.

Two flagship studies were conducted in 2014:

• A baseline study was conducted for UNICEF’s integrated Early Childhood Development & Family programme, including care services and parenting education, health, nutrition, WASH, education, child protection and social protection. To measure the impact, UNICEF Rwanda is conducting a prospective cohort study in partnership with the Harvard School of Public Health and Imbuto Foundation. The baseline survey was completed in October, producing an array of exciting data for programming.

• Technical and financial assistance was provided to the National Institute of Statistics of Rwanda (NISR) for a DHS survey with a particular focus on HIV/AIDS, Child Protection and ECD modules. As the country made significant improvements in child survival, it was an opportune time for Rwanda to integrate an ECD module into the DHS, which will bring new knowledge about how children are developing and thriving.

OUTPUT 5 National and sub-national policies and strategies on disaster management, preparedness and response are child-focused.

Analytical Statement of Progress:
The Government of Rwanda, with assistance from One UN and partners, has developed a National Disaster Management Policy (2012) and National Disaster Risk Management Plan (2013) with a strong focus on children. During 2014 UNICEF, together with other UN agencies and partners, continued to support the Government to further strengthen the national framework for disaster management, preparedness and response with a particular focus on the children. In this context, the following interventions were supported with assistance from DFID:

i. UNICEF and UNHCR supported a workshop where a Contingency Plan for Mass Population Influx of refugees or expellees was developed for the most likely scenario (influx of 50,000).

ii. A Child Protection emergency specialist was employed to establish cross-border cooperation on child protection in the Great Lakes area. Capacity on preparedness for child protection in emergencies was increased by: a capacity assessment, international workshop on improving protection of children crossing borders, contextualising Minimum Standards for Child Protection in humanitarian settings, and training of partners’ staff on child protection in emergencies.
iii. An emergency preparedness and response simulation exercise was conducted in October 2014 for 80 participants from the Government, MIDIMAR, line ministries, army, police, NGOs, and UN staff, facilitated by the UNICEF and WFP regional offices; it revealed existing strengths and weaknesses in coordination, communication and emergency preparedness in general.

iv. An in-house Humanitarian Performance Database was developed and 80 partner agency staff were trained on performance monitoring. The initiative built a common understanding about responsibilities and obligations for reporting on performance indicators. An M&E training for emergency operations was conducted for the core emergency staff in MIDIMAR and the UN. In addition, a comprehensive supply chain monitoring system is being built.

v. A UN Ebola task force was established, which has developed an operational plan for Ebola preparedness and response aligned with the Government of Rwanda’s preparedness and response plan for Ebola outbreak. Support was also provided to the Government in development of Ebola-related communication materials.

UNICEF and UNHCR also conducted a Joint Evaluation for Emergency Preparedness for the Influx of Refugees, revealing that the coordinated efforts within the UN Family were effective and in spite of its scale at the onset, a humanitarian crisis in the refugee camps was avoided.

UNICEF Rwanda is also working closely with the Government to design conflict-sensitive education that addresses the root causes of potential conflict and builds capacities for more cohesive, peaceful societies. A new education curriculum is currently under review, which will integrate peace education content as a cross-cutting course into all subjects at all levels.

OUTPUT 6 All children and women in disaster situations and refugees have access to key interventions as per UNICEF Core Commitments for Children

Analytical Statement of Progress:
Humanitarian action in Rwanda is grounded in provision of basic services to affected populations (refugees, returnees, expellees), primarily using existing social systems. Currently, Rwanda hosts over 72,000 refugees (more than 40,000 children) from the Democratic Republic of Congo in five refugee camps. In 2014 the flow of refugees to Rwanda significantly decreased. Nevertheless, because of movement that started in April 2012, Rwanda (through UNHCR and MIDIMAR) needed to establish two new refugee camps – Kigeme (2013) and Mugombwa (2014). In 2014 UNICEF Rwanda provided humanitarian assistance in the areas of WASH, education, early childhood development, health and child protection:

i. In partnership with the UNHCR and World Vision, emergency WASH services were provided in Nkamira, Mugombwa and Kigeme refugee camps, benefitting over 27,000 people. Over 5,000 Rwandans expelled from Tanzania were also provided critical WASH supplies including mobile toilets, showers, soap, jerry cans, buckets, hand-washing facilities, water storage tanks, slabs for latrine construction and disinfectant;

ii. To support young child development, home and centre-based ECD services were provided to 4,000 refugee children in Kigeme and Mugombwa camps. A case study revealed that children who attended the ECD program improved their cognitive, social
and emotional development, as well as their nutritional status; and hygiene practices improved among caregivers. The home-based component of the ECD programme further increased involvement of parents in the care and stimulation of their children.

iii. UNICEF supported refugee children to access education: eight pre-primary classrooms were constructed and facilities were equipped with ECD kits, teaching materials, desks, water tanks, and text-books, benefitting over 1,400 children. This was achieved in partnership with the MIDIMAR, CARE International (provision of ECD services), and ADRA (construction). Assistance was also provided to MIDIMAR to support the integration into schools of former Rwandan refugees, who have now returned home. A total of 4,673 school children, including 225 returnee children, benefited from this support.

iv. UNICEF helped to renovate and equip a maternity block in one district hospital that serves as a catchment hospital for the refugee population in Kigeme; and

v. To ensure protection of children from violence, abuse and neglect, UNICEF trained 28 social workers on case management of child protection in refugee situations. The support to refugee child protection committees played a significant role in monitoring of the most at risk children in all five refugee camps.