CAPACITY GAP ANALYSIS REPORT OF THE DEVELOPING HUMAN CAPITAL IN RWANDA PROGRAMME

SUMMARY REPORT

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CONTENTS

ABOUT THE DEVELOPING HUMAN CAPITAL IN RWANDA PROGRAMME 5

THE AIMS OF CAPACITY GAP ANALYSIS 7

RESEARCH METHODOLOGY 9

KEY FINDINGS 11

RECOMMENDATIONS 29
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGA</td>
<td>Capacity Gap Analysis</td>
</tr>
<tr>
<td>DHRC</td>
<td>Developing Human Capital in Rwanda Programme</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
</tbody>
</table>
ABOUT THE DEVELOPING HUMAN CAPITAL IN RWANDA PROGRAMME
The Developing Human Capital in Rwanda (DHCR) programme is an integrated early childhood development (ECD) and nutrition programme, established to promote the development of human capital by removing the barriers that prevent young children aged 0–6 years from fulfilling their full potential. It is implemented in 14 districts in Rwanda with the highest poverty and child malnutrition levels. The DHCR programme runs for four years (2017-2020), is funded by the Embassy of the Kingdom of the Netherlands and is implemented by UNICEF in close collaboration with and through the Government of Rwanda. The DHCR design includes a Capacity Gap Analysis study (2018), which aims to assess the awareness, knowledge and skills of key stakeholders at the district, sector, cell and village levels in Rwanda to implement DHCR programme.

As the DHCR programme is one of several initiatives implemented in support of the National ECD Policy and Strategic Plan, general reference in this capacity gap analysis summary report is also made to ‘the ECD programme’ and/or ‘integrated social development programme’—to reflect the perceptions of study participants who were not asked to differentiate between particular activities of DHCR and activities of other stakeholders around ECD (the former and later all contribute towards the goals of the ECD Strategic Plan).

The DHCR programme is aligned with the Government’s National Early Childhood Development (ECD) Policy and its Strategic Plan in which the approach to ECD calls for integrated planning and implementation in selected strategic areas, which include: education, health, nutrition, water, hygiene and sanitation (WASH), social protection and children’s rights. Based on the ECD Policy and its Strategic Plan, the Government of Rwanda has accelerated its efforts to promote ECD and has committed to reducing stunting as one of the key dimensions of the early development of Rwandan children.
THE AIMS OF CAPACITY GAP ANALYSIS
This qualitative Capacity Gap Analysis (CGA) was carried out to provide information on the existing awareness, knowledge, skills and capacities at decentralized government levels, ranging from District officials to ECD center caregivers.

The two main objectives of the CGA were to assess the levels of:

1. **Awareness and knowledge of the five technical programme components of** the integrated ECD programme among key stakeholders at the district, sector, cell and village levels. Focusing specifically on key gaps and opportunities and challenges for effective programme implementation. The technical programme components the CGA looked at are:
   1. ECD and early childhood education
   2. Nutrition
   3. Water, sanitation and hygiene (WASH)
   4. Social protection
   5. Child protection

2. **Knowledge and functional skills of key stakeholders** at the district, sector, cell and village levels that are needed for DHCR programme implementation. Focusing specifically on needs for skills development and perceptions of existing mechanisms for programme delivery and coordination. The functional areas the CGA assessed are:
   1. Evidence-based programme planning
   2. Budgeting
   3. Monitoring and evaluation
   4. Coordination, collaboration, and information sharing
   5. Training and capacity building

The CGA findings on the mentioned areas inform several recommendations for improving the implementation and impact of the DHRC programme.
RESEARCH METHODOLOGY
The CGA used a qualitative exploratory research methodology involving focus group discussions and key informant interviews. The CGA was designed as a small-scale study in 4 districts among the 14 programme districts. The sampling design took into account the possibility of comparing findings between districts that had implemented interventions within the integrated approach and those that just started implementing these packages of activities. Each province (except Kigali) represented by one district, in order to capture any potentially relevant differences between regions in the country.

The four selected study districts were: Gicumbi in Northern province and Nyamagabe in Southern province, which had implemented a package of integrated ECD services; and Nyagatare in Eastern Province and Ngororero in Western province, which had partially implemented integrated ECD services at the time of the study. The ECD centers were amongst the main locations for the implementation of integrated DHCR/ECD programme activities and therefore the focus location for the CGA.

From May to July 2018, a total of 117 individuals participated in either focus group discussions or key informant interviews. An important consideration when choosing participants was the need to select those who were familiar with and/or involved in programme implementation at all levels of governance. Of the 117 individuals:

- 26 were officials and technical staff selected from the districts and sectors to participate in the individual in-depth interviews;
- 63 were parents and ECD center caregivers who participated in focus group discussions. In many parents of the children who attended ECD centers also volunteered as caregivers in the ECD centers;
- 28 were key informants from the villages and cells to also participate in focus group discussions.

Of the focus groups discussions, 56 per cent of participants were female and 44 per cent were male. For the key informant interviews the ratio was 42 per cent female and 58 per cent male.

Once the data was collected and analyzed, a series of stakeholder data validation workshops took place in Gicumbi, Nyamagabe, and Nyagatare districts in early February 2019. They involved all programme stakeholders including UNICEF, Partners in Health, district, sector, and cell officials and representatives of ECD center caregivers. Feedback and inputs received during these stakeholder workshops were incorporated into the final CGA study report.
KEY FINDINGS
1. Awareness and knowledge of the five technical programme components

Definitions in the context of the CGA study

**Awareness:** Any instance in which respondents reported to have ‘heard about’ the ECD programme.

**Knowledge:** Detailed or functional knowledge of various components of the ECD programme, and how these are implemented using an integrated strategy.

### Overall awareness and knowledge of the ECD programme

Almost all the respondents reported awareness of the programme and had heard about it being implemented in their communities.

This near-universal awareness was in part due to the implementation of the national ECD strategic plan in all districts across the country by the Government of Rwanda.

### Awareness and knowledge of the five technical programme components

The near-universal awareness of the ECD programme was, however, not reflected in the level of reported knowledge of the programme, especially of the five core components.

Only a few respondents – mostly district officials – were able to describe all five components while the majority of respondents were able to mention three components, namely ECD, nutrition and WASH.

Higher-level stakeholders at the district and sector levels who had supervisory roles demonstrated a deeper knowledge of the overall structure and integrated nature of the ECD programme compared to the officials at cell and village levels. Respondents in the sectors and cells, as well as parents and caregivers in the villages, were knowledgeable only about the programme components for which they had a responsibility or the ones they participated in or in the case of parents, those that their children benefited from.

Below are findings for knowledge and skills in each technical component.

### ECD and early childhood education

ECD is the best known and most discussed of the five components of the integrated social development programme. Respondents’ level of awareness of both ECD as a programme and ECD centres as a component of the programme was found to be very adequate. The level of awareness was similar among respondents at the district, sector, cell and village levels.

In terms of knowledge, most respondents across the districts, sectors, cells and villages knew about the different types of ECD
centres (community-based vs. home-based) and the activities or services that may or may not be available in each type. However, parents and caregivers had more comprehensive knowledge of the available services than district and sector officials due to their direct involvement in running the ECD centres.

The educational and learning activities implemented through the ECD centres was an aspect of the ECD programme that many respondents were quite knowledgeable about and discussed at length. They spoke of the important benefits that ECD centre attendance conferred on children, their families, and communities. Sector officials, parents and caregivers were most knowledgeable about the kind of learning and social skill acquisition that takes place among children who attended the ECD centres.

The challenges associated with the ECD component of the integrated programme and the ECD centres included limited financial resources for both ECD centres as well as for parents to send their children to an ECD centre; parents’ unwillingness to send very young children to ECD centres to be cared for by non-relatives or staff with limited skills; not having adequate number of ECD centres or ECD centres that are close to home; and ECD centres not enticing for parents to send their children to because of lack or toys and amenities. The first and last reasons was mainly mentioned in the context of the home-based ECD centres, which are often established and maintained without external financial support, are scarcely equipped (if at all) and operate on voluntary basis and contributions by parents.
Nutrition

Improving child nutrition and infant and young child feeding practices are key ECD interventions, aimed at reducing Rwanda’s high levels of stunting.

The majority of respondents in the CGA study had impressive levels of awareness of nutrition as an important component of the ECD programme, including specific awareness of village kitchens or kitchen gardens, community-owned livestock, and nutritional supplementation such as the provision of milk and porridge to children, including shisha kibondo.

District and sector officials, as well as parents and caregivers, also had adequate knowledge about the nutrition component and the various strategies to ensure the delivery of effective interventions to reduce stunting and malnutrition among children.

District and sector officials reported their knowledge of several mechanisms to address nutrition-related issues in the communities. These included initiatives to identify the reasons for poor nutrition in children; community-based educational campaigns and social mobilization of parents (through home visits, for example) around optimal feeding practices.

In Nyamagabe, for example, district and sector officials reported that they were able to lower malnutrition cases significantly through nutrition interventions in their communities.
The ECD centres appeared to be the major avenue through which many communities implemented a range of nutrition improvement initiatives. There was also an emphasis on activities within the communities and households such as the kitchen gardens or community kitchens that grew fruits, vegetables and other ingredients needed to prepare food for children attending ECD centres.

Apart from the community kitchens, respondents also mentioned cases in which communities come together to purchase livestock with assistance from the district so that they were able to top up their milk and protein supply. In sectors and cells, parental involvement in nutrition interventions included pooling resources and donating their time to ECD centres to cook so that all children could get a meal, including those from food insecure households.

While many respondents, especially those at the districts and sectors extensively described their knowledge of the importance of nutrition and the activities implemented to improve it, the data highlighted several challenges to the implementation of nutrition activities, which were shared by many respondents at cell and village levels.

These included the lack of financial support which was reported to severely undermined the capacity of the ECD centres to provide food, or only being able to provide an insufficient quantity, not adequate to care for all the children who attended the centres. Poverty at household level to practice good nutrition was another challenge many respondents at community level referred to, whereas at District and Sector level the challenge of ‘poor mindset’ and unwillingness to adopt good nutrition practices was mentioned. District and Sector level respondents however also expressed an existing lack of technical expertise to adequately assist communities with nutrition advice. Finally, challenges related to food security included a lack of adequate infrastructure for planting fruits and vegetables in kitchen gardens, and lack of expertise in growing certain types of crops and the effects of climate change.
WASH

WASH services are considered a key component of ECD as they are a prerequisite for the health and development of young children.

The CGA study found that all respondents in interviews and focus group discussions were aware of, and familiar with the acronym ‘WASH’ and the importance of WASH services for the well-being of children, families and communities. This high level of awareness can potentially be linked to community mechanisms for sharing information, such as Umuganda (the policy and practice of community work) or Hygiene Week (a nationwide campaign to improve hygiene and sanitation in households).

However, while most study respondents had heard of WASH, there was a lack of clarity in recognizing that WASH consists of three separate but closely related elements – access to safe water, access to adequate sanitation, and practices around personal hygiene. The inability to clearly distinguish between the different elements of the WASH component was more pronounced among respondents in the cells and villages.
With regards to knowledge about WASH, the findings revealed a pattern similar to that of awareness: WASH-related knowledge were often lumped together and not clearly delineated. Most respondents who described their knowledge of WASH would talk about personal hygiene in terms of a clean environment and less likely about infrastructure and practical activities, such as appropriate handwashing facilities and practices.

The general perception, especially among parents and caregivers at cell and village levels, was that WASH activities were about improving children’s hygiene and hygiene of the environment where children move around and to a lesser extent sanitation or access to water. For example, in focus group discussions, parents and caregivers reported that they were knowledgeable about their responsibilities to keep children clean, as well as to keep their environment tidy.

With regards to different categories of respondents, district and sector officials were more knowledgeable about the overall strategy, plans, and directions for implementing WASH activities. Moreover, sector officials described their oversight responsibilities in ensuring that caregivers at ECD centres complied with WASH-related guidelines and regulations stipulated by district and sector officials. They also demonstrated knowledge of their roles and responsibilities in working together as a team to ensure the promotion of WASH activities in villages and communities in the district.

Despite the high levels of awareness and knowledge of WASH as a component of the ECD programme, most respondents agreed that the rural nature of many communities, coupled with poverty and lack of water supply and sanitation infrastructure, constituted significant challenges to the goals of the WASH component. The lack of infrastructure, especially at the ECD centres, was a key barrier to children’s access to safe drinking water, adequate sanitation and good hygiene. In addition, sector officials reported that additional capacity and training on WASH would help to build on the small gains being made in the integrated social development programme.

In some districts and communities, acute shortages of safe drinking water, especially during the dry season, were highlighted. Respondents in these districts spoke about developing innovative ways to harvest and conserve water during the rainy seasons, but these efforts were often frustrated by the lack of infrastructure.
Social protection and protection of children’s rights

Social protection and children’s rights are the remaining components of the integrated ECD programme. The focus on social protection and protection of children’s rights was to ensure a holistic approach that guarantee that children from poor households can benefit from social protection and their rights are respected to maximize the gains from the other component.

Unlike the first three components, the CGA study found that respondents had very low awareness and knowledge of social protection and child protection.

The respondents generally did not distinguish the different types of protection and focused primarily on a somewhat simplified concept of child protection – the notion that it is about keeping children ‘secure’ at home and in ECD centres. Especially the implications of social protection as a protective mechanism for poor households with children was not widely known, therefore, knowledge and awareness around social protection being a component of ECD was low in the findings of the CGA study.
The overall perception from the District and Sector level respondents was that interventions around ECD, nutrition and WASH and children attending ECD centers invariably guaranteed that children are protected and their rights respected. This perception was also found amongst caregivers and parents. Some respondents however flagged challenges, mostly focused on the protection of children’s rights. The most common challenges are the lack of resources; as well as the lack of trained personnel and poor capacity to implement child protection activities.

However, the low levels of awareness and knowledge may reflect a lack of emphasis on social protection and child protection and related activities as part of the ECD programme in many of the districts, sectors, cells and villages. It is also plausible that given the intense focus on the other three components, issues of social protection and child protection would have been covered in the activities implemented for the three other components.
2. Knowledge and skills related to functional areas

Knowledge and skills related to functional areas

The second objective of the CGA study was to assess and document respondents’ existing knowledge, skills, and capacities in the functional areas of the ECD programme. These areas are: evidence-based programme planning, budgeting, monitoring and evaluation, coordination and collaboration, and training and capacity building.

Definitions in the context of the CGA study

Awareness: Any instance in which respondents reported to have ‘heard about’ the ECD programme.

Knowledge: Detailed or functional knowledge of various components of the ECD programme, and how these are implemented using an integrated strategy.

Overall, few respondents demonstrated knowledge of the roles and responsibilities of all the functional areas assessed. However, knowledge of evidence-based programme planning, coordination and collaboration, and training and capacity building was better than knowledge of monitoring and evaluation and budgeting.

Knowledge of specific activities in each of the functional areas depended on whether those activities were located at the district or sector levels or at the cell and village levels. For example, district and sector level respondents were more knowledgeable about strategy and planning in each of the functional areas while parents and caregivers were knowledgeable about day-to-day implementation activities in specific functional areas.

The limited of knowledge of officials, especially at the district and sector level, reflects a strategy adopted by several districts in which joint responsibility for programme implementation was preferred over individuals taking direct responsibility for functional roles associated with their position.

Below are findings for knowledge and skills in each functional area.
Evidence-based programme planning

Officials in all the four districts reported they were aware of the need to plan programme activities based on the available evidence they obtained from the district, sectors, cells and villages. There was evidence that some programme activities – such as the number of ECD centres to establish – was based on the information available about how many children in a certain area needed to attend an ECD centre.

However, the CGA found little reports from respondents that information was obtained and used in a systematic way. For instance, in the districts where information was generated to inform decision-making, the lack of communication between programme officials was flagged as a big barrier to using such evidence in planning programme activities.

In addition, the CGA study found that few respondents could articulate what they know in terms of evidence-based planning or describe in some detail their specific roles in generating evidence to inform programme planning.

Furthermore, the involvement of the central government in the overall implementation of the ECD programme also meant that more often than not, district officials reported followed guidelines and directives from the appropriate supervising ministry, but as a consequence the officials reported finding little incentive to actively focus on generating evidence to plan their specific programmes.

Parents and caregivers in the cells and villages also demonstrated some knowledge of evidence-based planning but they were not integrally involved in any systematic generation of evidence. They relied on directives from district and sector officials on implementation activities rather than being consciously familiar with the importance of evidenced-based planning.
Budgeting

District and sector officials were expected to have the knowledge and skills to develop budgets for programme activities within their portfolio. However, the CGA study found that although they were aware of this responsibility, there was little evidence of any significant knowledge or involvement in budget planning among district and sector officials.

There was universal consensus among the respondents that they would like to be more involved in budgeting, in order to enhance their capacities in implementing the ECD programme.
Monitoring and evaluation

All respondents, regardless of district, sector, cell and village, understood the importance of monitoring and evaluating progress of programme activities.

In some districts respondents demonstrated a relatively good knowledge of the monitoring and evaluation process and described their involvement and actual roles in generating routine information, while in other districts the processes for monitoring and evaluation were not well established. In these cases, several respondents at the district, sector, cell and village levels reported they had no direct involvement or opportunity to play a part in monitoring and evaluation despite being knowledgeable about its importance.

The lack of resources – mostly funds – was often cited as a barrier that incapacitated many district and sector officials from fully participating in an activity that is critically important in an integrated programme.

Monitoring and evaluation appeared to be a weak spot in terms of the functional knowledge and skills of stakeholders, especially as there was not a cohesive/standardized monitoring and evaluation framework to measure progress and performance.
Coordination and collaboration

Coordination and collaboration was the functional area where officials in all the districts, sectors, cells and villages demonstrated strong evidence of knowledge and skill.

The evidence suggests that this was perhaps a deliberate strategy in several districts to address some of the gaps in knowledge and skills of specific functional areas among officials.

Across the board, district and sector officials reported having opportunities to coordinate and collaborate on programme implementation. For example, most districts had developed structures to encourage coordination and collaboration among and between the different stakeholders, including organizing meetings, encouraging ongoing communication and information sharing and networking. Several respondents from districts and sectors referred to also involving caregivers and parents in coordination activities.

Although the intensive encouragement for coordination and collaboration in many districts seemed to be working well, there was a challenge with having an adequate number of technical people doing all the work that needed to be done. A heavy work-load due to the integrated approach was also reported by community and caregiver level respondents.

Another mentioned challenge was the existing communication approach between levels, where this was often top-down, in which information flowed from district and sector officials to caregivers and parents in the cells and villages, but did not necessarily flow from the bottom up.
Training and capacity building

Respondents described any training they had received prior to their roles in programme implementation. Some individuals were trained as part of their formal education.

Only a few recalled attending a programme-specific training but provided no details in terms of the timing or the agency that organized such training. However, they recalled it was in connection with the rollout of the ECD programme when they attended workshops organized by the government to learn about the programme and what they are expected to do.

Among those who received some training and most of those who had never been trained, there was a strong desire for additional training specific to the functional areas related to their role or work in the programme. These included training on the delivery and management of the ECD centres, budgeting, planning, monitoring and evaluation, improving knowledge with regard to nutrition and WASH, and developing indicators to track their performance and progress of the programme.
3. Cross-cutting and other emerging issues

The exploratory qualitative approach adopted for the CGA study helped to uncover other issues of concern while the opportunity to meet with stakeholders during the data validation workshops provided additional insights into other cross-cutting and emerging issues. These are presented below.

**External stakeholders**

Among several cross-cutting and emerging issues, respondents talked extensively about the role of external stakeholders (including national ministries and civil society partners) and the important role they can play in improving their knowledge, skills and capacities to effectively implement the ECD programme. They suggested that programme performance would be enhanced if there were opportunities to work more closely with these partners.

**Cultural construct of ‘mindset’ and poverty**

District and sector officials cited cultural perceptions, the low level of education among parents/caregivers, and the lack of appreciation of the benefits of the ECD programme for children as barriers to effective programme implementation. Household poverty however was also identified as a challenge to programme progress. Changing the ‘mindset’ of community members and addressing the structural causes of poverty in communities were highlighted as priorities.
Changing context and resources

Some stakeholders who participated in the data validation workshops also commented on challenges associated with increasing population growth in some of the districts. As a result, the limited resources available for ECD programming were spread too thin and could not cover the needs of all vulnerable children. Stakeholders discussed the need to ensure that districts and sectors received more support to aid programme implementation.

Involvement of parents and home-based ECD centers

The need to work more closely with families so that children could maximally benefit from the ECD programme was highlighted. Stakeholders in all the districts shared the view that “unless families were fully integrated into how the programme is planned and implemented, they may not feel invested and the benefits may not be sustainable.”

Across the board, respondents strongly advocated for investing more resources in the home-based ECD centres, and even formalizing them so that they could be run in an effective and more sustainable manner.

Shared learning

Similar responses were elicited regarding partnering between districts and sectors. One senior official at a district spoke strongly in favor of encouraging collaboration and partnership across districts, sectors, cells, and villages so that officials can learn from each other about best practices and discuss solutions to emerging problems.

Communication flow and decision-making structures

Another cross-cutting issue that emerged from the interviews focused on communication and programmatic roles and responsibilities. Most respondents indicated that there was a lot of frustration with communication and getting information to the right person at the right time and receiving appropriate and timely feedback.

The challenge with information flow was also found at villages and cell levels. Parents and caregivers expressed similar frustrations about the lack of timely response to requests for information or other needs.

At the data validation workshops, the unidimensional nature of information flow was discussed. Information is transmitted mostly from top to bottom, with no corresponding flow from bottom up. Such situations created challenges for lower level stakeholders who were left with the feeling that their opinions or involvement in programme implementation was less valued.
Policies and standardization

Many respondents alluded to policy issues emanating from the national government and how this can affect the implementation of the ECD programme. However, they expressed concern that not all districts, sectors, cells and villages were adequately and equally resourced to be able to uniformly implement, for example, the nutritional component.

Considerations for sustainability and enhanced impact

Most respondents agreed that the ECD programme was extremely impactful and vital for children, families, and communities. They expressed the expectation that it will continue for a long time to come.

Additionally, they were optimistic that as resources become more available, the current inequities between the better resourced model ECD centres and under-resourced home-based centres will be bridged.

The needs of families in lower Ubudehe categories were particularly concerning to district and sector officials. Given the extreme poverty of these families, sector officials advocated strongly for extra assistance to such families to complement whatever benefits the programme was providing to their children.

Respondents spoke about ways to strengthen the impact of the ECD programme. They suggested improvements in ECD infrastructure and personnel, and for serious consideration to be given to remunerating caregivers who manage the home-based centres, often on a voluntary basis.

Finally, many respondents highlighted the need to be more involved in budgeting for programme implementation, so that they could improve the quality of, and expand integrated ECD services.
RECOMMENDATIONS
The CGA study made several recommendations to enhance the quality and implementation of the ECD programme. These are organized according to the technical programme areas and the functional areas. The recommendations are focused on how to improve capacities at the decentralized level, to enhance comprehensive ECD interventions.

**Recommendations for capacity development in TECHNICAL AREAS of ECD, nutrition, wash, social protection and children’s rights**

- **Increase decentralized staff understanding of the integrated approach to ECD.** The understanding of different elements and how they complement each other to enhance comprehensive early childhood development is crucial for the success of the ECD programme. This is most needed for sector level staff and stakeholders at cell and community levels. District officials had higher levels of understanding of the integration of different elements of ECD programming in Rwanda while lower-level stakeholders were less knowledgeable.

- **Enhance the technical understanding at decentralized government and service delivery level on ALL elements of WASH as part of the integrated ECD approach.** Whereas the analysis showed high levels of knowledge of ECD and nutrition among the district and sector staff and ECD caretakers, this was much less the case for the drinking water, sanitation and handwashing components of WASH.

- **Enhance the technical understanding at district and sector decentralized government on social protection and child protection as part of the integrated ECD approach.** The analysis showed that general knowledge around social protection and child protection is low amongst decentralized government staff, when viewed through the ECD framework.

- **Provide parents and caregivers with more information on the different elements of the integrated ECD approach, specifically on WASH, social protection and child protection.**

- **Strengthen the existing technical knowledge of nutrition and ECD at service delivery level.** The analysis highlighted the need for well-trained and technically strong ECD and nutrition service providers, to not only enhance the quality of service delivery but to also guide sensitization of parents and caregivers.
Recommendations for capacity development in the FUNCTIONAL AREAS of evidence-based programme planning, coordination and collaboration, training and capacity building, monitoring and evaluation, and budgeting

- Train relevant district and sector staff on monitoring and evaluation and budgeting and subsequent evidence-based planning, which were identified as the largest capacity gaps in the functional areas.

- Clarify roles and responsibilities for the functional areas at district and sector levels. The CGA study found that the responsibilities for planning, coordination and collaboration, monitoring and evaluation and budgeting were often considered as shared responsibilities. Whereas this is useful for an integrated approach, it also requires all involved to have technical skills which may not always be realistic, and it may result in the lack of a strong lead in certain functional areas.

- Improve universal mechanism for cell-staff and parents and caregivers to obtain information, which can be used for evidence-based planning and decision making at sector and district level. Currently, there are no reported universal mechanisms in place to gather data at the level of community-based ECD centres.

- Support improvement of communication flows to enhance the different functional areas. This applies for both the communication flow from districts level down to community level as well as the other way round. Study participants at the community level expressed interest and desire to become more knowledgeable and engaged in needs assessment, reporting, monitoring and planning of services.