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

April 2019
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List of Acronyms

DHCR     Developing Human Capital in Rwanda (programme)
DHS      Rwanda Demographic and Health Survey
ECD      early child development
EKN      Embassy of the Kingdom of the Netherlands, Rwanda
FGD      focus group discussions
IIDI     individual in-depth interviews
IKEA     Ingvar Kamprad Elmtaryd Agunnaryd
WASH     Water, sanitation and hygiene
This Capacity Gap Analysis study (2018) aims to assess the awareness, knowledge and skills of key stakeholders at the district, sector, cell and village levels in Rwanda to implement the Developing Human Capital in Rwanda (DHCPR) 2017–2020 programme.
The DHCR programme is funded by the Embassy of the Kingdom of the Netherlands. It has been developed and is being implemented by UNICEF, together with and through the Government of Rwanda and its decentralized structure in 14 districts. It prioritizes improvements in selected nutrition and developmental outcomes of children between birth and the age of 6. These are achieved through integrated nutrition-specific, nutrition-sensitive, early child development (ECD), water, sanitation and hygiene (WASH), pre-primary education, and social protection interventions.

The capacity gap analysis of the programme focused on four district in total: two districts – Gicumbi and Nyamagabe, which were among the first districts to implement the programme. The analysis also included two other districts – Ngororeo and Nyagatare – which recently started implementing the integrated ECD package.

The two main objectives of the study were to:

I. assess the level of awareness and knowledge among stakeholders regarding five components of the integrated ECD programme, including: early childhood development centres; nutrition; water sanitation and hygiene (WASH); social protection; and children’s rights;

II. assess the knowledge and functional skills of stakeholders related to: evidence-based planning, budgeting, monitoring and evaluation, coordination and collaboration, and training and capacity-building.

The findings will be used to inform recommendations for improving the implementation and impact of the programme.

Respondents included government programme officials from the selected districts and sectors, well as parents and caregivers from the cells and villages in the selected districts and sectors. They were selected by purposive sampling based on their actual involvement in programme implementation and focused on the ECD centres rather than health centres or social protection worksites. A qualitative design was used, including individual, in-depth interviews for district and sector officials, as well as focus group discussions and key informant interviews with parents, caregivers and other relevant community leaders, which were all involved in one way or the other in ECD centres. A total of 156 respondents were selected to participate in the study. The data analytical approach was exploratory and involved an iterative, continuous process that used a thematic framework. Data were also validated through a series of workshops held with stakeholders in the four districts.
due to their direct involvement in implementing activities at such centres. Knowledge of the social protection and children's rights components of the programme was lowest among study participants.

The ECD centres were amongst the main locations for the implementation of integrated DHCR/ECD programme activities. There were two types of ECD centres: community-based or 'model' centres and home-based or 'private' centres, each offering an avenue for implementing activities that targeted each of the core programme areas. Community-based model ECD centres provide services related to ECD which include enhancing capacity of parents and caregivers on early childhood education, nutrition, WASH, social protection and children's rights. These services were not always available in the home-based ECD centers. It was reported that this is due to the fact that different types of ECD centres each have different funding mechanisms. Study participants reported that this created a situation where children who attended the community-based centres that had more resources benefited from more services than children who attended the home-based centres. Inadequate resources, including lack of funding and qualified staff, were the major challenges associated with the effective functioning of these centres.

The integrated nature of the DHCR/ECD programme has impacted the communities and programme beneficiaries in different ways. Overall, study participants reported that implementation of the
programme activities had positively impacted the communities, leading to improvements in children’s education and cognitive abilities, improved nutritional outcomes and reduced stunting, improved sanitation and personal hygiene, as well as greater awareness of the need for social protection and protection of the rights of children. However, the impact of the programme varied between and within districts, sectors, cells and villages. Children and families in districts that had implemented a full package of services were more likely to report better impact than children and families in those districts that had not yet done so.

In addition, several barriers to effective programme implementation were identified, indicating a need to address these challenges to increase efficiency in programme implementation and impact. Barriers varied from lack of technical staff at district or sector level to implement all elements of the ECD framework; several cultural and contextual issues, such as perception of a poor ‘mindset’ among programme implementers and beneficiaries; and lack of opportunities to improve their knowledge and gain new skills to effectively implement the programme. Some observed barriers and differences in the functioning of the programme may therefore be attributed to time (e.g., more institutionalization of coordination mechanisms), while others may require increased investment (e.g., skill and capacity development on different elements of ECD).

Knowledge and skills of functional areas

The second main objective of the Capacity Gap Analysis study was to assess the level of knowledge of roles, responsibilities and skills of officials directly responsible for and involved in programme implementation. The assessment found that the level of reported knowledge was not always matched at the same level as the required skills and capacities to perform the roles and responsibilities associated with each functional area as mentioned in objective II above.

Generally, similar to the programme technical components, there were mixed results for the functional areas between and within districts, sectors, cells and villages. District- and sector-level officials demonstrated better knowledge of the functional areas than officials, parents and ECD caregivers in the cells and villages. Overall, few respondents demonstrated knowledge of the roles and responsibilities of all the functional areas assessed, although knowledge of evidence-based planning, coordination and collaboration, and training and capacity-building was better than reported knowledge of monitoring and evaluation and budgeting. Knowledge of specific activities in each of the functional areas depended on whether those activities were centralized at the district or sector levels or at the cell and village levels. During the data validation meetings at the districts, it was understood that the generally low level of knowledge reflected the way of working by most districts...
in which joint responsibility for programme implementation was preferred rather than individuals carrying full responsibility for functional roles.

Similarly, the findings on the assessment revealed that most programme officials may not necessarily have the skills and capacities to perform the roles and responsibilities associated with each function. This is in part due to a strategy in which most districts favoured strong collaboration and coordinating mechanisms where programme officials, especially those at the district and sector levels, were encouraged to work together in setting strategies and implementing programme activities together. Such a strategy had an advantage in terms of creating an environment that compelled programme officials to work together as a team, collaborate and coordinate their activities and jointly resolve challenges. However, it also had a disadvantage: there was a limited sense of need among programme officials to acquire and use individual skills associated with each functional area, especially those directly related to their respective portfolios. Besides this, strong coordinating and collaboration mechanisms often led to delays in decision-making, which negatively impacted programme implementation.

In view of the foregoing, there was an overwhelming response among programme officials and a strong desire for additional training and capacity-building related to these functional areas. Besides training and capacity-building, senior district officials should be reoriented to the need to provide opportunities for individual programme officials to use skills and demonstrate their capacities for implementing activities related to each functional area as a way of strengthening programme implementation.

Cross-cutting themes

Several cross-cutting themes that had important implications for programme implementation also emerged from the assessment. The main cross-cutting themes included those with implications for programme performance. One theme was the pervasive poverty among families and households, and how this negatively impacted the benefits for children who participate in the DHCR/ECD programme. Other themes were: dissonance in programmatic responsibilities; policy issues impacting programme performance and effectiveness; stakeholders’ diverging expectations; limited opportunities for improving programmatic outcomes; and challenges in establishing partnerships with other external stakeholders. Final themes were the future programme implementation plans and activities, as well as cultural issues, which were most often referred to as ‘people’s mindset’, which invariably is in reference to cultural norms and
perceptions about poverty. This tended to strongly influence community members’ attitudes and reactions to the activities and services provided through the integrated ECD approach and the receptivity of people to the perceived benefits.

**Recommendations**

As a result, recommendations to address some of these challenges and emerging issues were made. One recommendation is to develop and implement strategies that focus on increasing knowledge of each technical component of the ECD programme by educating programme officials to emphasize the importance of the integrated approach to programme implementation. Another recommendation concerning the functional areas is to provide opportunities to train and improve the knowledge, skills and capacities of programme officials at different levels in the areas that are most critical to facilitate programme implementation. The largest reported gaps in skills were around evidence-based planning and budgeting, and monitoring and evaluation.
1. BACKGROUND TO THE CAPACITY GAP ANALYSIS
1.1 Introduction

The Developing Human Capital in Rwanda (DHCR) programme is an integrated early childhood development (ECD) programme established to address the factors that prevent children in Rwanda from attaining their full potential, thereby limiting human capital development. The programme is being implemented in 14 districts from 2017 to 2020 and focuses on young children aged 0 to 6 years old. These districts were specifically targeted for high levels of poverty and presence of social protection programmes.

The primary focus of the programme is to contribute to reduction in stunting while promoting overall early child development, in line with the Government of Rwanda’s National Early Childhood Development Programme approach. In the National Early Childhood Development Policy and its Strategic Plan, the approach to ECD required integrated planning anchored on the five main pillars of education, health, nutrition, water and sanitation, children’s rights and social protection.

In order to better support this integrated approach, the DHCR programme design includes an analysis of capacities and skills that are available at decentralized level to implement the programme and the integrated government ECD model. The analysis was carried out in 2018 and focuses on gaps in capacities, in order to provide targeted capacity development.

UNICEF collaborated with Partners in Health to carry out this Capacity Gap Analysis. Partners in Health conducted the analysis, whilst funding was provided the Embassy of the Kingdom of the Netherlands and UNICEF provided oversight and technical support and review.

1.2 Rationale for the Capacity Gap Analysis

As the DHCR programme was designed to align with the existing ECD Strategic Plan and is being rolled out in support of this strategy at the decentralized level, this Capacity Gap Analysis did not focus on differentiating between particular activities of DHCR and activities of other stakeholders around ECD. Rather, the analysis encompasses experiences, skills and knowledge across the integrated ECD approach at decentralized government level. As such, reference is made throughout this report to the ‘ECD programme’, rather than the ‘DHCR programme’, thereby reflecting the study participants’ perception of ECD programme.

The Capacity Gap Analysis was undertaken to assess information on awareness and knowledge of the following programme areas: (i) ECD and early childhood education; (ii) nutrition; (iii) water, sanitation, and hygiene (WASH); (iv) social protection; and (v) children’s rights. It also assessed knowledge and skills related to the following: functional areas: (i) evidence-based planning; (ii) budgeting; (iii) monitoring and evaluation; (iv) coordination and collaboration and information sharing; and (v) training and capacity-
Given the relative novelty of the integrated approach to ECD in Rwanda, the implementation and awareness of different components of the approach are also a relative new process for decentralized government. The DHRC programme is therefore in support of the Government’s increasing focus and the realization that coordination, planning and integration of services should occur at community levels and that appropriate knowledge and skills should be present at those levels.

1.3 Objectives of the Capacity Gap Analysis

The two main objectives of the Capacity Gap Analysis are to:

I. assess the level of awareness and knowledge among key stakeholders at the district, sector, cell and village levels regarding the five technical programme components of the integrated ECD programme; and

II. assess the knowledge and functional skills of key stakeholders at the district, sector, cell and village levels, needed for programme implementation.

The Capacity Gap Analysis focuses on the awareness, knowledge and skills of key stakeholders in the following programme and functional areas:
**ECD programme components:**

1. ECD and early childhood education
2. Nutrition
3. WASH
4. Social protection
5. Child protection

**Functional areas:**

1. Evidence-based planning
2. Budgeting
3. Monitoring and evaluation
4. Coordination, collaboration and information sharing
5. Training and capacity-building

**More specifically, the objectives of the Capacity Gap Analysis are to:**

- Assess gaps in awareness, knowledge and skills of personnel responsible for delivering components of the programmes, and identify any overlap and implications for programme performance;

- Assess knowledge of roles and responsibilities of key implementers and discuss implications for programme implementation;

- Identify gaps in functional skills regarding management and governance tools, specifically on information generation for planning, budgeting, and monitoring and evaluation;

- Explore stakeholders' perceptions of existing mechanisms for programme delivery and coordination;

- Highlight the role of civil society organizations and other stakeholders in programme implementation; and

- Identify opportunities and challenges for effective programme implementation.

Results of the study will inform recommendations to improve the implementation and impact of the programme.
2. RESEARCH METHODOLOGY
The research methodology for the Capacity Gap Analysis was a qualitative exploratory design, aimed at uncovering issues that were germane to the objectives of the programme. Methods used included structured Key Information Interviews and Focus Group Discussions. The analysis was designed as a small-scale study in 4 districts among the 14 program 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.

### 2.1 Selection of study areas

The selection of the study areas was done according to the following selection criteria:

I. districts that are among the 14 DHCR programme districts, and are therefore amongst those districts with the lowest nutrition and highest poverty rates;

II. districts that previously implemented some form of a package of integrated child development services (through previous UNICEF-supported integrated ECD and nutrition programmes, funded through EKN and the IKEA Foundation) and have personnel who had a higher level of exposure to various aspects of programme implementation and functional areas;

III. districts that partially implemented the integrated ECD services; and

IV. each province (except Kigali) should be represented by one district, in order to capture any potentially relevant differences between regions in the country.

Based on these criteria, the following districts were selected: two districts that had implemented a package of integrated services: Gicumbi in Northern Province and Nyamagabe in Southern Province, and two districts that have up to now partially implemented integrated services: Nyagatare in Eastern Province and Ngororero in Western Province. Per District, one Sector was selected for data-collection.
2.2 Development of data-collection tools, field work and data collection

The fieldwork and data collection took place from May to July 2018 and consisted of the following activities:

2.2.1 Data-collection tools

In close collaboration with UNICEF, Partners in Health development of three data-collection tools. These included two guides for semi-structured individual in-depth interviews (IIDI) with Key Informants. One guide was designed to interview District and Sector officials and staff, the other guide was designed to interview Cell and Village officials and caregivers at ECD centres. The third tool was a question guide for Focus Group Discussions (FGD) with Cell and Village officials and caregivers and parents.

The semi-structured interview guides allowed interviewers the opportunity to pursue other lines of inquiry that may emerge during the interview. The guides focused on specific topics that were predetermined based on literature reviews and relevant programme materials, including draft guides and information from UNICEF and Partners in Health.

2.2.2 Training of research assistants

The recruitment of research assistants was done by Partners in Health, under guidance of a lead qualitative senior researcher. A total of six national assistants were recruited to implement the data collection in all four districts. They were recruited on the basis of criteria that included requisite education and prior experience in undertaking qualitative data collection.

The training of the assistants was done in phases. In the first phase, the assistants received training on aspects of qualitative research specific to the Capacity Gap Analysis study and on qualitative research designs, particularly focusing on respondent selection, purposive sampling techniques, interviewing techniques, the purpose and objectives of the study, as well as on using the data collection instruments. In addition to the pedagogic training, research assistants also engaged in roleplays using the data collection instruments to be familiar and comfortable with using them and facilitating interviews. The second phase of the training was ongoing training throughout the fieldwork. This ongoing training involved regularly scheduled debriefing meetings to identify challenges encountered by the team, discuss solutions, and to provide further training on emerging...
issues during the fieldwork. This method helped to improve the knowledge and skill of the research assistants and contributed to the quality of the data obtained.

2.2.3 Respondent sampling

The qualitative and focused nature of the Capacity Gap Analysis study required the use of purposive sampling design in selecting study participants. The use of purposive sampling was based on the need to select individuals who were familiar with and/or involved in program implementation at each level of the decentralized government. The selection of participants was done from a pool of potential participants. To the extent possible, the gender of interview and focus group participants was taken into consideration.

Given that the ECD integrated framework and the ECD centres were the focus of analysis, the sampling of respondents took into account those who were involved in the implementation of the programme around the centres. Thus, at each level of decentralized government – district, sector and cell – respondents were selected on the basis of their involvement in the programme. Specifically, the following respondents were identified as eligible for inclusion:

Table 1: Identified eligible participants per level of decentralized government

<table>
<thead>
<tr>
<th>Level</th>
<th>Eligible participants</th>
</tr>
</thead>
</table>
| **Districts** | • Mayors and Vice-Mayors for Social Development  
|          | • Executive Secretaries  
|          | • Representatives from the following units: Social Development and Social Protection,  
|          |  
|          |  
|          |  
|          | Education, Health, Economic Development, Agriculture/Natural Resources, Finance and  
|          |  
|          | Administration, Planning, Monitoring and Evaluation, Good Governance, as well as those  
|          | with responsibilities related to the delivery of integrated services for children  
| **Sectors** | • Members of the Sector Council  
|          | • Sector Executive Secretary  
|          | • Technical officers from Social Development, Finance and Administration and Good  
|          |  
|          |  
|          |  
|          | Governance units  
|          | • Leaders of Community Health Workers at sector level  
| **Cells**  | • Representatives of the Cell Council and Executive Committees  
|          | • Staff/caregivers at community/home-based ECD centres  
|          | • Parents of children attending community/home-based ECD centres  
|          | • Model homes where a parent is a focal person in charge of the ECD programme  
| **Villages** | • Village leadership and designated individuals in charge of specific aspects of the integrated  
|          |  
|          |  
|          |  
|          | childhood development programmes  
|          | • Parents and caregivers and other relevant stakeholders involved in programme implementa-  
|          |  
|          |  
|          |  
|          |  
|          |  
|          |  
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|          |  
|          |  
|          |  
|          |  
|          |  
|          |  
|          | |
A total of 156 individuals were selected to participate in the interviews and amongst those, 117 individuals were available for participation in either focus group discussions or key informant interviews (see Table 2).

Of the 117 individuals:

- 63 were parents and ECD caregivers who participates in focus group discussions;
- 28 were key informants, also selected from the villages and cells to participate in focus group discussions; and
- 26 were officials selected from the districts and sectors to participate in the individual in-depth interviews.

For the focus groups discussions, 56 per cent of participants were female and 44 per cent were male. This is mostly due to the fact that the majority of caretakers in ECD centres are women. For the key informants, 42 per cent were female and 58 per cent were male, which is mostly due to the fact that technical and higher positions in local government are more often occupied by men.

In many cases, parents of the children who attended ECD centres also volunteered as caregivers in the ECDs, which is why parents and caregivers participated in joint focus group discussions.

### Table 2: Selected participants per data collection methods

<table>
<thead>
<tr>
<th>Level</th>
<th>Method</th>
<th>Selected participants</th>
<th>Number per method</th>
<th>Number of total participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village/Cell</td>
<td>FGD</td>
<td>Parents involved in the implementation</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Village/Cell</td>
<td>FGD</td>
<td>Caregivers (other than children's parents)</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Village/Cell</td>
<td>FGD</td>
<td>Village leaders, stakeholders, cell council/ cell executive committee</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Village/Cell</td>
<td>IIDI</td>
<td>Key informants as appropriate</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Sector</td>
<td>IIDI</td>
<td>Sector council, executive secretary, relevant stakeholders from other offices</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>District</td>
<td>IIDI</td>
<td>Mayor, Vice-Mayor, other representatives, as appropriate</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>117</td>
</tr>
</tbody>
</table>
2.2.4 Informed consent

This study was reviewed and approved by Rwanda National Ethics Committee. Prior to conducting interviews and discussions, participants were taken through the informed consent procedures by the research assistants. After receiving information about the study and participation in the study respondents had the opportunity to ask additional questions. Respondents were then asked for their consent and provided with an information leaflet that described the purpose of the study in detail before they were asked to give verbal consent of their willingness to participate in the study. Finally, when the interviews commenced, a second verbal consent was taken and recorded to document the informed consent procedures.

2.2.5 Data collection and management

A total of 12 focus group discussions (3 in each district) and 26 individual in-depth interviews (between 5 to 7 in each district) were held between May and July 2018. All of the interview and focus group discussions were held in Kinyarwanda and were audio-recorded. Each individual in-depth interview was facilitated by a team of two research assistants, the moderator and the note-taker, while focus groups were facilitated by a team of three, including a moderator, a note-taker and an observer research assistant. In addition to the raw data obtained from focus group discussions and individual in-depth interviews, field notes from the moderators, the note-takers and observers also formed part of the data that were obtained and analysed.

After data-collection, audio recording and field notes were labelled with information regarding the location of the interview, the title of the interviewee, as well as their role within the programme and other pertinent interview information including, date, starting/ending time of the interview and names of the moderator, note-taker and observer.

2.2.6 Data processing and analytical approach

All interviews conducted in Kinyarwanda were transcribed verbatim. Transcripts of data in Kinyarwanda were independently verified for consistency and accuracy by at least two members of the study team. Each verified Kinyarwanda transcript was then contracted to a professional translation agency that did all the translations into English.

As start of the analysis, an initial list of a priori and emergent themes was developed and the final list of themes was used to develop a coding tree, using ‘Dedoose’ software for analysing qualitative data. The development of the coding tree also involved a continuous review of the transcripts by the research team to ensure that a comprehensive list of codes was identified, containing 113 codes. The analysis was further carried out by the research team, elaborating on findings according to the set objectives of the capacity gap analysis.
2.2.7 Stakeholders’ data validation workshops

In the final step of the data analysis and prior to finalizing this report, a series of stakeholders’ data validation workshops at district level were convened, including UNICEF, Partners in Health, and district (Mayor or Vice-Mayor, senior district officials, technical district staff), sector (executive secretary, key technical sector staff), cell officials and representatives of parents and caregivers at the village level. Data validation workshops were held in three districts: Gicumbi, Nyamagabe, and Nyagatare in early February 2019. Due to scheduling conflicts and other commitments, the data validation workshop in Ngororero was cancelled.

During the data validation workshop, the findings of the Capacity Gap Analysis were presented to as much as possible participants of the study but also included relevant non-participants, who were able to verify and clarify the analysis. The data validation workshops provided an opportunity for the stakeholders to hear the initial analyses from the data with highlights of findings unique to each district and emerging themes, as well as cross-cutting issues similar across all the districts. Using the strength, weakness, opportunity and threat analytical framework, stakeholders were offered an opportunity to provide input on how the findings of the study were interpreted and, more importantly, provide insights and additional information that aided the interpretation of the results as well as the structure of this report. Copious notes recorded by two note-takers and imported into Dedoose software for analysis.

By involving stakeholders in the analytical process and providing an opportunity for them to validate the results, an important criterion in qualitative research was fulfilled, which is to engage study participants in the process of data interpretation by seeking their input in whether the findings accurately reflect the views and opinions they shared during the fieldwork/data collection and address any concerns or misconceptions that could arise from cultural and contextual nuances that the study team did not initially consider. The stakeholders’ opinions regarding the themes, the codes and their meanings and suggestions on additional issues or themes have been incorporated in this report.
3. AWARENESS AND KNOWLEDGE OF PROGRAMME AREAS
3.1 General awareness and knowledge of the Early Childhood Integrated Social Development Programme

For clarity, the term ‘awareness’ is used in this context to report any instance in which participants reported to have ‘heard about’ the ECD programme, components of the programme or other issues associated with the programme. Thus, awareness, as used in this context, is different from knowledge of the programme, which encompasses detailed or functional knowledge about various components and how these are implemented using an integrated strategy.

Awareness

All the respondents who participated in the individual and group interviews reported they were aware of the ECD programme, indicating that awareness of the programme was universal in all the districts, sectors, cells and villages where data were collected. It is likely that the near-universal awareness of the ECD programme among respondents is because of the ongoing national ECD programme being implemented by the Government of Rwanda.

Knowledge

Despite the universal awareness, there were variations in the depth of knowledge of the five programme components as well as how these various components were implemented using an integrated approach. For instance, there were differences in reported knowledge of when the programme was established. Similarly, there were variations in the knowledge of the five programme components at the district, sector, cell and village levels. Only a few participants were able to describe all the five components of the programme, whereas the majority of participants were able to mention three programme components, namely, ECD, nutrition, or health and WASH. Respondents who were most knowledgeable and mentioned each of the five programme components were mostly district officials, and those most likely to mention only a few of the components were sector officials as well as respondents who were interviewed at the cells and villages. The excerpts below demonstrate the variation in knowledge about the programme components:

“I think that ECDP has five components and it a very well-integrated programme, encompassing a lot of things, among which, health, hygiene, education as well as child security and protection.”

(District Official)

“There are three important components contained in the ECD programme; the first is the health of children, the second is hygiene and the third is education which allows the child to be developed.”

(Sector Official)
Respondents at the district and sector levels with direct supervisory or coordinating responsibility for different services offered through the programme were more knowledgeable about the components they had responsibility for and how they integrated with other components, although they were less likely to fully articulate the specific benefits to children who utilized these services, compared with respondents in the cells and villages. Knowledge of the programme, however, differed between respondents within each district. For example, some respondents suggested that the ECD programme was synonymous with children attending ECD centres where they were provided with education, food and WASH services. Respondents at the cell and village levels were least likely to know the various programme components or the fact that they were being implemented in an integrated manner to promote health and well-being among children.

### 3.2 Awareness, knowledge and challenges associated with the five programme components

#### 3.2.1 ECD and early childhood education

Although ECD is, perhaps, the best-known and most discussed of the five components of the integrated social development programme, there were several instances where respondents used the term interchangeably to refer to both the ECD as a programme component and to the ECD centres and services provided to children who attend these centres. In presenting the findings in this section, the reader should be mindful of how this term is used interchangeably. Clarity is provided where the term was used by respondents to refer specifically to either ECD as a component of the programme, or specifically to the ECD centres.

**Awareness**

Awareness of the ECD component of the programme also mirrors the overall reported awareness of the DHCR programme. All the respondents mentioned being aware of what was commonly referred to as the ‘ECD programme’. The level of awareness was similar among respondents at the district, sector, cell and village levels, although district and sector officials were more likely to report awareness of where ECD centres were located and the services offered to children in those centres, even if they were unable to describe the details as much as parents and caregivers who had direct involvement in how ECD
centres are run.

Similarly, awareness of the ECD centres manifested in respondents’ description of two types of ECD centres that were in existence: (i) community-based or ‘model’ ECD centres, and (ii) home-based or ‘private’ or ‘volunteer-run’ ECD centres. In addition to describing these two types, they also described in very specific details the names of cells and villages and the type of ECD centre.

There were also several instances in which respondents’ description of their awareness of the programme suggested that they were aware of the ECD centres as an educational and learning opportunity for children who attended the ECD centres. This perception may have derived from one of the core activities of the ECD centres, which included teaching and learning activities. This is discussed in more details in the section on knowledge.

Based on the foregoing, it can be concluded that respondents’ level of awareness of both the ECD as a programme as well as the ECD centres as a component of the programme is very adequate.

Knowledge

Respondents’ knowledge of the ECD programme was assessed on the basis of what they knew about the details of the integrated services provided to children and the structures through which services were provided. There were notable differences in the knowledge of the ECD centres between district and sector officials and the caregivers who were responsible for the day-to-day management of the ECD centres. In sharing their knowledge, several respondents also described the impact that the ECD centres had on children who attended.

As expected, respondents with direct involvement in running the ECD centres were more knowledgeable about the services and activities than those without direct involvement. For example, caregivers and parents who managed the community-based or home-based ECD centres were more likely to describe details of how ECD centres were organized, how they operate, as well as possible differences between them.

“There is a lot of difference between the model/community-based early childhood centres and the one that is home-based, managed mostly by volunteer parents and caregivers. The model centres have more resources that are lacking in the home-based and so the children do not benefit equally because of this...” (Caregiver/Parent)

“The difference between this ECDC located here [home-based] and other ECD centre [community-based] is that at other ECD centre [community-based] has toys for children, and children feel happy when they play with them. And they get a meal and feel well going back home, and they don’t feel dizzy on the streets due to the hunger. They are strong when going back home. Another thing is they pay the teacher who teaches them, and parents don’t complain. In my opinion, that is the difference compared to this centre.” (Caregiver/Parent)
Not unexpectedly, district and sector officials described their knowledge of the program more broadly than respondents in the cells and villages without specifying the details of the day-to-day operational issues of the ECD centres, especially in terms of the possible implication of having ECD centres that are not uniformly or adequately resourced.

“What children learn at the ECD centres include drawing, hygiene, and relationship with parents, that is love which we must inculcate in children. In order to ensure that a child is improving, you will assess their answers to your questions such as “what is the relationship with your father/your mother? Do they love you, do you love them? etc.” (Sector Official)

“There is discipline and knowledge, they learn to socialize, how they behave, how they greet. As parents, we are happy that they can now speak English, know how to use the toilet and they are smart and intelligent as a result of attending the ECD centre. There is some kind of knowledge you cannot remember to give them while at home.” (Caregiver)

Some reports suggested that some parents were initially reluctant to send very young children to the ECD centre, but over time this attitude changed as they began to see the educational and other benefits to children. In sharing their knowledge of the benefits to children, respondents noted that attendance at the ECD centres conferred many benefits on the children and their families and communities. District and sector officials described advocacy efforts, sometimes undertaken in advance of children attaining the appropriate age to attend the ECD, to sensitize parents to the potential benefits for children attending the ECD centres and how these efforts have paid off in increasing parents’ desire to send
children to the ECD centres.

“...You know that the last vaccination occurs when the child is 15 months old. We do not follow up with the child only. We continue to follow up the mother as well. When the child is one year and a half […] we prepare him so that he attends the ECD programme while he is healthy. It is at this time that the ECD programme becomes very important for the child because the security they do not receive home because parents are away, they will receive it at ECD centre, where there is staff in charge of following up on the child." (District official)

Similarly, parents and caregivers also described the benefits they derive from having their children attend the ECD centres.

“When a child goes to the ECD centre, they gain knowledge more than those who stayed at home. In our time, a child at our age could go to school without knowing to eat, but now a child has more knowledge when they have studied at the ECD centre. And you see that they [the children] got familiar with people, and some go to the primary one already knowing what they teach. And it is not difficult for a primary one teacher to teach them, everything becomes easy.” (Parent/Caregiver)

Challenges associated with ECD component

Among the major challenges associated with the ECD component of the integrated programme that were found are further elaborated below but entail in summary: 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 limited skilled staff; not having adequate number of ECD centres or existing ECD centres are hard to reach; ECD centres not looking enticing for parents to send their children to because of lack or toys and amenities. Several participants agreed that these factors will have an effect on children’s development and may lead to different outcomes.

Limited and unequal financial and technical resources of different types of ECD centres

The most significant challenge discussed by respondents across interviews and focus group discussions was the unequal resources available to community-based and home-based ECD centres. Parents and caregivers were especially concerned that the difference between the centres, which included non-availability or lack of qualified staff, lack financial support and learning materials, led to different outcomes for children depending on the type of centre they attended. In addition, greater investment in community-based centres when compared with home-based centres created an additional burden for parents of children who attended the home-based centres because they were expected to financially support the running of these home-based centres.
“Because of these differences, children who go to community-based ECD centres are cleaner and smarter than children who go to home-based ECD centres. They are developed in terms of thinking because they are always discussing, playing, and have special knowledge than the children who don’t go to the community-based ECD centres. Children who go to the home-based ECD centres are unclean and they may be less developed than those children who went to the better equipped ECD centres. I think that is the difference.” 
(Parent/Caregiver)

Stakeholders who participated in the data validation workshops also corroborated the findings on how the differences between community-based and home-based centres could have an impact on children and lead to different developmental outcomes. They agreed that since community-based centres were supported by the Government and home-based centres were mostly supported by donations from parents and volunteers, who may not always have the financial means to contribute, there were differences in the learning outcomes.

The lack of or inadequate financial support for home-based ECD centres was a major challenge reported in all the districts, sectors, cells and villages. Therefore, the kind of support available to run an ECD centre may undermine the ability of ECD centres to perform optimally in improving education, social skills, and wellbeing among children.

In some communities however, parents and caregivers were able to organize themselves established self-help strategies that ensured they were able to pull their resources together to support the running of home-based ECD centres in their communities.

**Limited financial resources of parents**

Several communities relied on donations or a type of fee levied on parents to run their home-based ECD centres, thereby creating another challenge in which several children were unable to attend the home-based ECD centres since their parents were either reluctant to or unable to pay the levies imposed on them for their children to attend. In several communities, parents described this situation as a huge barrier that denied children from poorer households the opportunity to participate in the activities.

“At the beginning, we recommended that those ECD centres should collect ten thousand Rwandan francs from parents to pay the salary of the teacher. So, parents were sensitized to contribute that amount, but since not all parents can afford to pay, some children did not attend, even though they should be in the ECD.” 
(Parent/Caregiver)
“And I have also realized that when we are receiving children who come to start the kindergarten, children turn up in a big number, and we register several of them. But when it comes to the time to contribute in order to find teacher’s incentive, a big number of them drop out. And that is a big problem for them to find money to pay. And I left with few children who I received near the end of the term. I only have not more than thirty children while I have received about 100 children.” (Caregiver)

It is worth highlighting however that stakeholders who participated in the data validation workshop confirmed that the issue is not just one related to poverty or inability of parents to afford the token amounts levied on them, but, more importantly, relates to the ‘mindset’ of parents who were yet to be convinced that the investment in their children’s development is worth the token fee levied on them.

Limited number ECD centres not meeting community needs

Relatedly, another challenge is inadequate number of ECD centres to meet the needs in the communities. Although many district and sector officials reported on how the districts were doing all they can to increase the number of ECD centres in the cells and villages, it was reported that in many cases, the existing centres were too few given the number of children who are eligible to attend. Moreover, many reports alluded to the distance between homes or communities where children live to the nearest ECD centre. This was often reported as a concern among parents and caregivers given the implications this had for their children’s safety and well-being.

“And this service reaches only children who are not from far away. Those who live far away, don’t get this service. That is the problem, the challenge is that some children come from far away, and this district is mountainous.” (Caregiver, Nyagatare)

In almost all cases, the ability of districts to establish more ECD centres was constrained by a host of factors, most importantly financial. Therefore, the limited finances available to establish new ECD centres meant that children in some communities were denied an opportunity to participate in the programme and would have to wait until they are eligible to be enrolled in primary schools.
3.2.2 Nutrition

One of the focus areas of implementing the integrated approach to ECD is improving nutrition and feeding practices, and access to nutrition services as a means of reducing the high rate of stunting and malnutrition among children under 5 years of age. The Capacity Gap Analysis sought to identify the level of awareness and knowledge of the nutrition component of the ECD programme, as well as identify challenges related to implementing nutrition programmes in the districts, sectors, cells and villages.

Overall, all participants agreed that given the high rates of malnutrition and stunting, it was important for the ECD programme to focus on nutrition and provision of adequate food to children to improve their well-being.

Awareness

The majority of respondents were aware of nutrition as an important component of the ECD programme. Across all the districts, sectors, cells and villages, those who participated in interviews and focus group discussions responded affirmatively when asked if they had ‘heard’ about nutrition as a core aspect of the ECD programme and if they are aware of initiatives implemented in the various communities to improve nutrition and reduce stunting among children. In addition, they described being aware of or ‘hearing’ about nutritional support given to the communities to improve children's nutrition. In fact, for many respondents, especially the parents and caregivers, the high level of awareness of nutrition as a component of the programme is strongly associated with their belief that children who attended the ECD centres were guaranteed a meal simply for participating. A caregiver’s opinion in this regard that ‘for children who attended the ECD centre, malnutrition should not be a problem’ was widely shared among those who participated in the focus group discussions.

In specific terms, several respondents reported being aware of village kitchens or kitchen gardens, community-owned livestock, and nutritional supplements such as the provision of milk and porridge as some of the initiatives to improve access to food. In many instances, the participants also mentioned the nutritional supplements they were aware of, such as the shisha kibondo given to children to improve their nutrition. Overall, the level of awareness of nutrition was quite impressive and demonstrated the extent to which this core component of the programme has resonated with the programme stakeholders.

Knowledge

The findings on study participants’ knowledge about nutrition-related initiatives varied from one district to another and among different categories of stakeholders. Among the respondents from the districts and sectors described their knowledge of the importance of nutrition and the strategies for improving access to food in communities, not only through the ECD centres but also at the household level.
Sensitization on nutrition and feeding

District and sector officials reported their knowledge of several mechanisms that were implemented to identify and address the reasons for inadequate access to food and other nutrition-related issues in the communities. Some of the strategies that respondents described included those that sought to identify the reasons for poor nutrition in children, educational campaigns within communities, and ongoing advocacy and communication with parents to sensitize them to the importance of providing an adequate and balanced diet to children. Across several sectors, officials and caregivers described nutrition-related activities to include home visits to teach parents how to identify the signs of malnutrition and stunting in children and steps that parents can take to resolve the problem. The community and home visits also ensured that sector officials were familiar with families’ socioeconomic circumstances and could, therefore, identify the kind of assistance needed by such families that will aid the nutrition of children.

“We are campaigning to eradicate malnutrition. Children are being treated for malnutrition but we also have to eradicate the reason why children do not grow. Among our strategies, we have to know how does that concerned household live? This means that either the officer from the health centre, the officer in charge of social welfare at the sector will visit the concerned household because it may be malnutrition caused by negligence, it may be malnutrition caused by home-based conflict, it may be malnutrition caused by financial mismanagement. Therefore, when concerned officers visit the family, they see the cause, and the cause is what they target. They try to solve the problem through what we call nutritional rehabilitation, which is how they treat malnourished children.” (Sector Official)

Activities linking food security to nutrition

The early childhood development centres appeared to be the major avenue through which many communities implemented a range of nutrition improvement programmes, although there was an emphasis on activities within the communities and households as well. For example and to the extent possible, several communities established kitchen gardens or community kitchens, which formed the basis for obtaining fruits, vegetables and other ingredients needed in preparation of food for children attending ECD centres. The establishment of kitchen gardens appeared to be in response to ECD guidelines of options for increasing options that are available in improving children’s nutrition. In following these guidelines and implementing them as much as possible, several communities succeeded in ensuring an adequate supply of fruits and vegetables and also used the opportunity to teach parents how to prepare balanced diets.

Apart from the community kitchens, respondents also described several cases in which communities come...
together to purchase livestock with assistance from the district so they are able to independently obtain milk and protein supply to supplement the support received from the Government. Other forms of nutritional support programmes they described included shisha kibondo. Most especially in Nyagatare and Nyamagabe districts, respondents in interviews and focus group discussions as well as stakeholders who attended the data validation workshops talked extensively about the shisha kibondo nutritional supplement aimed at addressing issues of malnutrition among children and improving diet among pregnant mothers.

In addition to providing food through the ECD centres, district and sector officials also described several educational activities aimed at improving parents’ and caregivers’ knowledge of what the nutritional component of the programme entailed. This is done by providing frequent training to equip them with knowledge and capacities to effectively promote nutrition as well as identify and mitigate any emerging problems.

**Challenges associated with nutrition**

While many respondents, especially those in the districts and sectors, extensively described their knowledge of the importance of nutrition and the activities implemented to improve it, the data highlighted several areas of concern shared by respondents, especially those in the cells and villages, that constituted barriers to implementing nutrition programmes and improving nutritional outcomes among children. Amongst the challenges are: the lack of financial support; lack of adequate infrastructure for planting fruits and vegetables in kitchen gardens; lack of expert knowledge of how to grow certain types of crops and the effect of climate change were major factors identified that constituted barriers to improvement in nutrition. From the data, no particular challenges arose concerning sensitization around nutrition and nutrition-related activities, such as weighing sessions.

**Insufficient resources for nutrition activities**

The lack of financial support was identified as an important barrier, preventing communities from implementing the full range of desirable activities to improve nutrition programmes in their communities. Inadequate support to the communities severely undermined the capacity of the ECD centres to provide food, more so in insufficient quantity to care for all the children who attended the centres. The challenges associated with inadequate financial support also manifested at both the community and household levels. Sector officials, parents and caregivers, for instance, described instances where, despite their best efforts, communities were still unable to provide adequate food for children who attended the ECD centres because they could not afford to.

"Here at the ECD centre, children are not offered nutritious meals due to the lack of equipment, they don’t have cooking pans. They don’t
have cups; in brief, they don’t do any cooking activities here. They don’t give children anything to eat here following the activities carried out here, except at home.” (Parent/Caregiver)

Concerning the insufficient resources, several efforts are made to find solutions, either by officials or caregivers and parents themselves, and to use what is available. It is, however, important to mention that even if solutions are found, many children may still not receive such nutrition support, as they do not attend ECD centres.

**Poverty and lack of expertise as limiting factors for improving nutrition**

At the ECD centres that were unable to provide food, respondents described exploring other options through which children could be adequately fed before coming to the centre. However, such options were also limited by high levels of poverty among families in which parents were unable to adequately feed their children at home because they could not afford to do so. Reports suggested that, given the level of poverty, even parents who received nutrition assistance still did not feed their children as adequately as they prefer. They reported to having to divert the food to other uses or facing the challenge to split the available food when there were many children to feed within the same household.

“There are parents who decide to sell the flour when they get it on the pretext that they cannot feed their children on porridge whose flour costs a thousand francs/kg and feed it just on one child. At times, beneficiary parents face challenges of sharing that kilogram of flour received purposely for the kwashiorkor [form of malnutrition caused by protein deficiency in diet] infected child, with other children in the family who are not inflicted. This is a problem for a mother in a recipient household, who because of motherly love tries to treat all her children equally and she finds it very difficult not to share the little flour she was given for the sick child, with other siblings because there is no alternative.” (Parent/Caregiver)

There were a few districts in which responses suggested that the barriers to optimally improving nutritional intake among children was more acute than in others. For instance, in Nyamagabe, sector officials still strongly advocated for more resources to improve the nutritional component specifically, assisting the communities with expert advice from nutritionists, paediatricians and other technical knowledge.

Whereas in both Nyagatare and Ngororero, district officials’ expression of frustration about factors that impeded their efforts to reduce stunting among children in the districts have led to requests for different kinds of support.

“Our District is really lagging behind. You have seen that it has many stunted children and you know that stunting is linked to poverty and other factors in our district. You know...”
that a stunted child is stunted in his entire body, including the brain. Even in the area of learning, the odds are that a stunted child will not either complete his education or study well. We, therefore, do appreciate these programmes and I hope that the discussion we have just had together will produce a positive output in terms of finding a solution to the problems of malnutrition in young children.” (District Official)

Apart from inadequate resources, other barriers respondents from districts and sectors identified included the recurring theme of ‘poor mindset’ and poor perception of community members regarding the importance of nutrition as barriers to achieving improvement in nutrition.

Regardless of the ongoing challenges with improving nutrition, there were indications from the data that stakeholders, including district and sector officials as well as parents and caregivers, were developing creative strategies to address the problems around nutrition. For instance, they described finding ways to ensure equality and/or uniformity in providing food in the ECD centres, which involved preventing children from bringing food from home, but encouraging parents to combine their resources to prepare food that can cater to all the children rather than situations in which only children who were able to afford food from home ate during the time they spend at the ECD centres – a situation that often led to conflict among children.
3.2.3 Water, sanitation and hygiene

WASH is one of the five components of the ECD programme that was assessed to understand the stakeholders’ level of awareness and knowledge around access to drinking water, adequate sanitation and infrastructure to promote sanitation, as well as handwashing and personal hygiene. Thus, this component of the integrated programme is expected to entail activities in each of these elements.

Awareness

The findings on the level of awareness of programme officials regarding WASH demonstrate high level of awareness of this component as a part of the integrated programme. All of the respondents in interviews and focus group discussions were aware of and familiar with the acronym WASH. The Rwanda national Umuganda programme, which involves community members coming together to participate and contribute to communal environmental sanitation activities, likely contributed to the high level of awareness of hygiene. Awareness of WASH as a component of the integrated social development programme can potentially be linked these community mechanisms for sharing information, such as Umuganda or National Hygiene Week. However, since the impact of such community mechanisms was not part of this analysis, further research is required to draw conclusions.

Knowledge

The assessment of knowledge revealed a pattern similar to the findings on WASH awareness. In other words, in respondents’ description of their knowledge of WASH they often did not delineate the different elements. For example, most respondents who described their knowledge of WASH often talked about personal hygiene in terms of a clean environment and less likely about infrastructure and practical activities, such as appropriate handwashing facilities and practices, which is a more encompassing perception of the element of hygiene.
Overall, the findings showed that all the districts had implemented some form of WASH-related activities, although the extent and coverage of these activities varied across districts, sectors, cells and villages. For the most part, responses from participants description of WASH-related knowledge revealed that most activities were concentrated on improving personal hygiene of children and, to a lesser extent, sanitation. This was consistent with the perception of WASH as mostly an issue of personal hygiene and sanitation; a perception that was more common among parents and caregivers in the cells and villages.

There were differences in the reported knowledge of WASH between district and sector officials compared with parents and caregivers in the cells and villages. As expected, district and sector officials were more knowledgeable about the overall strategy, plans and directions for implementing WASH activities. Parents and caregivers in the cells and villages were more knowledgeable about the daily implementation of activities designed to directly promote WASH among children. Moreover, sector officials described their oversight responsibilities in ensuring that caregivers at ECD centres and parents in the homes complied with guidelines and regulations stipulated by district and sector officials.

“Our role is mainly inspection. We inspect the place where the children's food is prepared. Does the children's kitchen meet the state of the hygiene required? Are the children's utensils properly washed and dried in the appropriate manner before they are used to take their meals, how about their saucepans, we check on the containers they use for water. We check all these. In all, we conduct an inspection and thereafter organize meetings with them, inform them the problems identified and the way forward. Generally speaking, however, in most of the places where these ECD centres operate, as earlier told you, they are three fully fledged operational. They prepare food for the children in respect of nutritional rules and are doing very well.” (Sector Official)

Apart from their oversight activities, district and sector officials also described knowledge of their roles and responsibilities in working together as a team to ensure the promotion of WASH activities across villages and communities in the district.

Hygiene as a focus of sensitization activities

The activities for promoting children's personal hygiene revolves around the home and the ECD centres. In some communities, parents and caregivers equally take responsibility for implementing activities to improve the personal hygiene of children, whereas in a few communities caregivers at the ECD centres expressed frustration that some parents were not doing their bit, thereby leaving caregivers to clean up the children when they arrive at ECD centres. As was the case with nutrition, the ECD centres were the focus of WASH activities, especially those related to personal hygiene and environmental cleanliness, implemented by the various districts, sectors, cells and villages.
“Here at the ECD centre, we do activities related to hygiene and sanitation. They always clean rooms for these children, they sweep, they clean the classroom once in two days to the extent that you won’t find children studying in a bad and dusty place; and the garden is in a good condition, there are no dirt because there is no bush surrounding the premises; so, there is no dirt and obviously they take care of the premises.” (Parent/Caregiver)

There were ongoing efforts to teach the principles of personal hygiene to children as a way of reinforcing messages in the activities undertaken by caregivers. These included caregivers designing a curriculum to teach about the importance of personal hygiene as well as practical skills for improving their personal hygiene. In many communities, ECD caregivers have played critical roles in helping to disseminate such curricula where they existed and parents have also described the changes they have observed in how some of their children have internalized and demonstrated improvements in their personal hygiene.

Besides the ECD centres, respondents described knowledge of other activities, which included community meetings, training and educational activities to improve WASH awareness and knowledge, and district and sector officials routine visits to villages to address challenges. Similarly, initiatives for ensuring improvement in personal hygiene and sanitation were implemented in the communities and households. The strong emphasis on initiatives at communities and household levels, besides what is done at the ECD centres, was based on district and sector officials’ opinion that parents also had significant roles in reinforcing WASH messages and activities. Towards this end, educating parents about WASH was considered a major strategy for reinforcing the message about the importance of WASH in an integrated programme.

“When we are discussing with parents, we begin with individual hygiene because they are role models for their children. We remind them that, if a mother is not always clean, the child will not pay heed to hygiene. So we discuss with them and agree on the principle that individual parents must be clean, maintain hygiene at home and on their household materials; we also encourage them to accept to learn from others. We discuss hygiene for an individual, hygiene in general and hygiene in the toilet.” (Sector Official)

Challenges associated with WASH component

The above findings showed that in all of the districts, sectors, cells and villages, respondents demonstrated high awareness and knowledge of WASH as a component of the ECD programme, however, very focused on hygiene. However, several challenges were faced in promoting WASH and implementing the goals associated with this component. It is worth pointing out that these challenges varied by district, sector, cell and village.

A main reported challenge the rural nature of the many communities
coupled with poverty and lack of infrastructure, constituted significant challenges to the goals of the WASH component. The lack of infrastructure identified, especially at the ECD centres, was an important barrier that incapacitated any plan to improve sanitization and personal hygiene for children.

“If an ECD centre is properly built with all requirements, it should have different sections- a place where children spend their day, which is different from where they toilet. Toilets must be private and well maintained.” (Sector official)

**Poverty and lack of infrastructure and water availability**

Besides the lack of infrastructure, respondents also implicated poverty as a major barrier to improving WASH, especially within individual households. Parents and caregivers across all districts reported on the challenge of children who showed up at ECD centres without having bathed or wearing clean clothing.

Another mentioned challenge was people not adopting the promoted behaviour to improve their WASH activities at household level. Several districts also described similar challenges with lack of infrastructure for clean sources of water, both for drinking and for maintaining personal hygiene and sanitation. The lack of infrastructure for safe water supply for drinking was critically highlighted in many ECD centres. This quote below, however, also highlights the challenge of people not adopting their behaviour as taught in safe water sensitization activities.

“The challenge we have is the lack of water. We fetch water from running rivers. The challenge in this is that even when we teach people how to obtain drinking water, they don’t have the same level of understanding or apply what we teach them. For example, when they are busy, they don’t boil water and drink dirty water. As a result, they might sometimes face some consequences.” (Parents/ Caregivers)

The lack of infrastructure for water or the lack of water sources was more acute in some districts and communities than in others. For instance, in the districts and communities where the problem was more acute, respondents at the district alluded to the location of the district as a major reason why water was not often available, especially during the dry season, when they no longer had the opportunity to collect rainwater and rivers and streams might have dried out. There were indications that respondents in this district were developing innovative ways to harvest and conserve water during the rainy seasons, but these efforts were often frustrated by the lack of infrastructure.

“It would be better if we can safely harvest rainwater. Even if they try to fill the water tank with water they have brought from the valley, that water won’t last. But if we can get enough resources, we can be able to harvest rainwater. Because of the recent heavy downpour, rainwater from the roof is very strong. Building a water channel to the valley is more expensive than building a rainwater...
During sunny seasons like now, we must be careful to ensure that we have spared water to maintain hygiene at school.”

“...rainwater from time to time.” (Parents/Caregivers)

District and sector officials also acknowledged the challenges associated with getting adequate water supply, especially in the dry season, and suggested that the lack of water sources especially during the dry season might be related to the increase in the number of diarrhoeal diseases because there was inadequate water to practice what they had been taught regarding sanitation and hygiene.

“The situation is more acute during the dry seasons when water is so scarce. Yes, there is always water during rainy seasons, although the water may not be too clean, we still have water. During sunny seasons like now, we must be careful to ensure that we have spared water to maintain hygiene at school.” (District Official)

The problem of acute water shortage hindered WASH activities in all of the districts. In solving these challenges, respondents expressed the need for support in ensuring that ECD centres, mainly those located in areas with acute water shortage, were provided with rudimentary water pumps, which they agreed would greatly facilitate WASH practices in the district. In addition, sector officials reported that additional capacity and training on WASH would continue to build on the small gains being made on the integrated social development programme. As the shortage of water constituted a major barrier to improving the WASH component of the programme, there was a near universal consensus that a lot of advocacy is needed to facilitate access to adequate and sufficient water sources in order to reinforce the importance of WASH in an integrated social development programme.
3.2.4 Social protection and protection of children’s rights

Social protection and children’s rights constituted the remaining components of the integrated ECD approach. The focus on social protection and protection of children’s rights was to ensure a holistic approach that ensured that children from poor households can benefit from social protection and their rights are respected so as to maximize the gains from the other components. In view of this, an assessment of stakeholders’ awareness and knowledge of the issues and activities implemented as part of this component was assessed.

Unlike the first three components – ECD, nutrition and WASH – the assessment revealed a very low awareness of social protection and child rights protection. It was evident that the informants did not distinguish among different types of protection and focused primarily on a somewhat simplified concept of child protection in their responses. This could be understandable given that child protection and child rights are programmes with longer history of implementation and are directly linked to children. The implications of social protection as a protective mechanism for poor households with children were less evident and, therefore, knowledge and awareness around them lower. Consequently, the presentation of the findings on social protection and protection of children’s rights are combined together in this report.

Another observation regarding respondents’ awareness and knowledge of children’s social protection and rights is the narrow perception that this component is about ensuring that children were ‘secure’ both at home and the ECD centres, although their perception of security was not explored in detail. Moreover, unlike district and sector officials, parents and caregivers shared the most information regarding their awareness and knowledge of the issues and activities related to this component, findings of which are presented in the following sections.

Awareness

The awareness of children’s social protection and rights could be described as average, based on the number of respondents who reported having ‘heard’ about it as a component of the integrated programme or those who reported hearing about any activity in this regard. Among those who recalled ever hearing about social protection and children’s rights, most of them alluded to the interconnectedness between activities related to ECD, nutrition and WASH, and how all of these invariably guaranteed that children are protected and their rights respected. This was the overwhelming perception among the district and sector officials who participated in interviews and described their awareness of the component.
“There are people working in the kitchen, those working in the classrooms, and those escorting children to the toilet. All of these are taken as indication security for the children. For us, all these components are connected. The goal is the holistic development of the human capital, focusing on all the aspects that guarantee a child grows up with the capacity to meaningfully contribute to the development of the society. Therefore, a child who receives good education by attending an ECD, is fed well by the community for appropriate mental and physical development, is kept clean by receiving good hygiene and living in a clean environment, not exposed to dirt and danger will, in turn, be protected by the family, indeed the community and when the community invests in the child, the child's rights will be respected and guaranteed.” (Sector Official)

Parents and caregivers were especially unanimous in their opinion that “social protection, rights, and health of children was guaranteed if they attended an ECD centre, and received adequate nutrition at home so they can live healthier lives and develop normally.” Their description of activities in relation to social and child protection strongly reflected their belief that if all the various components were being implemented as intended and the objectives of the programme were met, children's social protection and rights would be achieved. Moreover, there was widespread agreement that the potential for a child's protection depended on several factors, including whether they attended an ECD centre, the parents' socioeconomic and educational status, as well as household-related factors.

District and sector officials, as well as parents and caregivers, agreed that children who attended the ECD centres were more likely to be protected and their rights guaranteed than those who did not, only because those who attended the ECD centres were at least receiving care and attention from caregivers while at the centres. Besides, respondents across the districts, sectors and communities all agreed that children's social protection was a shared responsibility by all – parents, caregivers and the entire community.

Knowledge

Stakeholders at the district, sector, cell and villages did not describe details that directly referred to specific activities with regard to children's social protection and rights. However, some of the responses they shared when asked to describe their knowledge of activities concerning social protection and children's rights indicated some knowledge that they considered this was an important component of the integrated social development programme and therefore activities implemented with regard to other components such as ECD centres, nutrition and WASH all contributed to ensuring social protection for the child.
Challenges associated with child protection and children’s rights

Numerous challenges were identified as barriers to the attainment of the objectives of children’s protection, mainly protection of their rights, rather than social protection. Inadequate resources at the ECD centres, communities and households; family instability; the location of ECD centres; and poverty were some of the most important challenges described by parents and caregivers as well as district and sector officials.

There were several respondents who expressed concerns about adequately protecting children and guaranteeing their rights, whether it is through households or the ECD centres. There were concerns for the safety of children who lived in ‘troubled’ households who may be exposed to risks. Or those who attend ECD centres that lack the appropriate infrastructure to protect them from harm when they engage in ECD centre activities. For instance, respondents talked about households that were not stable or where the parents quarrelled constantly leading to children being neglected and not properly cared for because of family instability. Moreover, working parents, in particular, reported being concerned about whether children were being protected and cared for when under the care of a maid or another adult who was not related to the child, thus confirming fears that a child’s exposure to risks can be within the home and from people who are entrusted with their care.

Others were of the opinion that a child attending an ECD centre does not necessarily guarantee their protection or prevent abuse. The lack of resources, as well as the lack of trained personnel and poor capacity to implement child protection activities, constituted the greatest challenges identified by respondents to not be able to guarantee children’s protection. For example, in some communities, caregivers who demonstrated knowledge of the kind of activities necessary to protect children also reported they were incapacitated in implementing them because they lacked the resources to do so. Similarly, the location of an ECD centre where children’s safety may be compromised while going to and from the centre because they have to walk long distances or walk along streets with lots of traffic and no pedestrian paths were discussed as a challenge.

In summary, the discussions and interviews determined that there were no formal mechanisms or activities in place in any of the districts or sectors, especially Ngororeo or Nyamagabe, aimed at reinforcing messages about the importance of social protection and protection of children and their rights. To improve the situation, respondents suggested that ECD centres should be located closer to children’s homes, make it mandatory for parents or other adults to accompany children when they walk long distances to ECD centres, provide adequate facilities at the ECD to minimize risk and provide security on ECD premises. Similarly, they advocated for training caregivers and parents about signs of abuse so they can spot and report abused children to law enforcement.
3.3 Differences in awareness and knowledge of programme components

This section further elaborates on the findings that differed amongst the programme components. These differences occurred both between the different districts, but also within the same districts.

ECD centres

For the most part, the findings regarding awareness and knowledge and challenges associated with the ECD component of the programme or the ECD centres were similar across many of the districts, sectors, cells and villages. A few issues were however highlighted that were unique across the study settings. In Nyamagabe, for example, participants described how the ECD programme and the ECD centre started at the initiative of the community, led by a local pastor who subsequently received assistance from UNICEF and the Imbuto Foundation. In other districts, it seemed likely that the ECD programme, which was initiated as part of the national programme, is now fully integrated into the activities of the districts.

There were also differences in how much knowledge district and sector officials had of the ECD component and the ECD centres. Perhaps because of the specific respondents who were selected for interviews, sector officials in Nyamagabe, more than any other district or sector, were able to recall in specific details the names of sectors, cells and villages that had an ECD centre and the type of ECD centre operating in a particular cell or village, which indicated their depth of knowledge of this component of the programme. Similarly, there were districts and sectors in which officials were more knowledgeable about the different component of the programme than in others, especially regarding knowledge of the full range of services that community-based centres were set up to provide to children. Of these, district and sector officials in Gicumbi and Nyamagabe demonstrated a greater depth of knowledge than those in Nyagatare and Ngororero.

The number, location and spread of ECD centres were other factors where districts were dissimilar. Gicumbi and Nyamagabe were the two districts where officials reported they had a greater number of ECD centres, both community-based and home-based, than Ngororero and Nyagatare. The greater number of ECD centres established in these districts may, however, be connected with the fact that Gicumbi and Nyamagabe have implemented the ‘full package’ of ECD programmes compared with Ngororero and Nyagatare.

The issue of available resources was another area where districts, sectors, cells and villages differed. For instance, respondents in Gicumbi and Nyamagabe reported a higher number of well-resourced community-based centres than Ngororero and Nyagatare and, to that extent, the two districts that were better resourced may demonstrate better outcomes than those that were not as resourced.
Nutrition

There were more similarities than differences between districts, sectors, cells and villages regarding nutrition. Among the differences however, was the problem of malnutrition and stunting, which was more severe in some districts than in others. Another area of difference was the available resources that districts, communities and households could tap into to address the problem of malnutrition and stunting, in which case some communities were better resourced than others. In Nyamagabe, for instance, the problem of malnutrition was very severe but the district had made remarkable progress in reducing the proportion of children who were stunted with a variety of programmes to improve nutritional outcome.

There were differences in how each district emphasized the implementation of the nutrition component of the programme. Whereas all the districts implemented some form of nutrition assistance through the ECD centres, there were differences in how much emphasis was placed on additional nutrition activities outside the ECD centres. For example, while districts such as Gicumbi and Nyamagabe implemented several other activities through the village kitchens, others such as Nyagatare were more focused on working with parents to improve nutrition in the home.

The similarities between and within districts relate to the ongoing struggle with meeting the nutritional needs of all the children within each community. The ECD centres were a major focus of activities through which the nutrition component is implemented in all the districts. The extent to which nutrition-related activities are undertaken with parents at the household level varies from one community to another. The inadequate resource was a common theme throughout interviews with district and sector officials and focus group discussions with parents and caregivers. Similarly, most program officials in the districts and sectors were of the view that they needed support from nutrition and hygiene experts on how best to improve the outcomes among children.

All the districts reported that families in all the communities benefited from a government-supported nutritional assistance programme called shisha kibondo although they described implementation challenges. Furthermore, the problem of pervasive poverty at the household level, the effect of climate change and other structural challenges were identified in all the districts as constituting barriers to effective implementation of the nutrition programme.

Water, sanitation and hygiene

Also for the WASH component, there were many more similarities than differences between and within the districts. Most of the districts described problems with adequate infrastructure for improving WASH among children. For instance, despite excessive rain, there were complaints about lack of infrastructure to harvest rainwater to complement other sources that
might be accessible. Apart from complaints about infrastructure, access to potable drinking water or other safely managed sources of water for personal hygiene and sanitation was also another common challenge in all the districts. Similar to the other components of the programme, the ECD centres were the focus for implementing WASH activities, but there were other activities built around households and families. The most significant difference was based on the geographic location of the district, which meant access to any source of water at all was more acute in those districts – for example, Nyagatare – than others. Most participants attributed the challenge with access to water to the problem of global warming.

Social protection and children’s rights

Very little differentiated the districts, sectors, cells and villages on the social protection and children’s rights component of the programme. For the most part, programme officials in all the districts did not demonstrate a sufficient grasp of knowledge of what these two components entailed or specific activities that were put in place for social protection and to protect children’s rights. To this extent, all the districts were very similar in that not a lot of activities were implemented specifically to facilitate the objectives of this component.
4. KNOWLEDGE AND SKILLS RELATED TO FUNCTIONAL AREAS
One of the key objectives of the Capacity Gap Analysis was to assess and document the existing and desired knowledge, skills and capacities of district and sector officials, as well as parents and caregivers, regarding the functional areas of the programme. These areas include:

- evidence-based programme planning
- budgeting
- monitoring and evaluation
- coordination and collaboration
- training and capacity-building

The assessment of the knowledge, skills and capacities of programme stakeholders for each of the functional areas focused on knowledge (what do stakeholders know about the roles and responsibilities, as well as implementation activities in each functional area) as well as skills (demonstrated ability to perform in the operational and implementation aspects of the programme areas). Therefore, knowledge was assessed on the basis of what respondents know and understand about the details of a particular programme functional area. Skill, on the other hand, was assessed in terms of functionality – that is, the extent to which the stakeholders have the ability to perform their roles and implement the programme in an effective manner.

Overall, few respondents demonstrated knowledge of the roles and responsibilities of all the functional areas assessed, although knowledge of evidence-based planning, coordination and collaboration, and training and capacity-building was a lot better than knowledge regarding monitoring and evaluation and budgeting. Knowledge of specific activities in each of the functional areas depended on whether those activities were centralized at the district or sector levels or at the cell and village levels. For instance, 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. From the validation workshops, it appeared that the limited of knowledge of programme officials, especially at the district and sector level, reflects a strategy adopted by districts in which joint responsibility for programme implementation was preferred over individuals taking direct responsibility for functional roles associated with their position. A detailed description of the findings according to each programme area is presented below.
Additionally, only a few district and sector official officials reported direct responsibility or involvement in evidence-based planning or how they utilized their skills in generating evidence to inform programme planning and implementation. Those who demonstrated knowledge of these functional areas or how their skills were utilized broadly described what transpired in planning programme activities and did not provide specific or direct information, nor offered direct examples of how information generated is used for planning purposes.

“Our strategic planning is done at the district level. So all the plans for the activities regarding the programme areas – opening new ECD centres, educating the children, providing nutrition and other aspects – are done by district officials and sent to sectors, cells and villages for implementation.” (Sector Official)

“The authorities in our district put in a lot of efforts to build additional ECDs based on the number of children we anticipate will need to attend [an ECD] in Rukomo and Ruzizi. So we have 3 fully functional ECDs and there are plans to build more depending on the need and the resources we are able to put together. In our action plan for this year, we have opened 3 ECD centres in Byumba and provided all the essential services and, as time goes by and our district develops. We will continue to construct more centres as needed, although I cannot be precise about the statistics that are needed to determine the way forward.” (District Official)
The above shows that, for the most part, 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 needed to attend an ECD centre. However, there was no reference that indicates that information was obtained and used in a systematic way.

In the districts where information was generated to inform decision-making, the lack of communication between programme officials was reported as being a big barrier to utilizing such evidence in planning programme activities. In addition, these findings suggested 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 the planning of the programme activities. Furthermore, the involvement of the central government in the overall implementation of the ECD programme also meant that more often than not, district officials followed guidelines and directives from the appropriate supervising ministry in charge of each programme component, but leaving very little incentive for them to actively focus on generating evidence to plan their specific programmes.

“When we were developing our plans, we follow guidelines from the appropriate Ministry in Kigali. For example, in the area of health, the ECD programme is not specifically mentioned, but those related to mother and child, malnutrition, breastfeeding, and other health conditions are specifically mentioned and considered as part of the ECD program. The same goes for the education component which follows guidelines from the Education ministry. Other than this, there are no specific guidelines we follow.”

(District Official)

Based on these findings, the gaps in programme officials’ knowledge and skills regarding evidence-based planning needs to be improved, particularly among district and sector officials who have major responsibility for planning and implementing the programme.

Parents and caregivers in the cells and villages also demonstrated some knowledge of evidence-based planning, and there were indications from their responses to questions around evidence-based planning that suggested they played some role in providing information to district and sector officials as part of information generation.

“[District Official]

However, they were unable to provide any information regarding how information generated is used for planning programme activities. In other words, parents and caregivers in all the cells and villages were not integrally involved in any systematic generation of information for evidence-based planning. For the most part, they relied on district and sector officials for directives on implementation activities, rather than being consciously familiar with the importance of evidenced-based planning. Besides, there was a lack of clarity regarding the mechanisms and processes used to obtain information from parents and caregivers to inform evidence-based planning and decision-making.
4.2 Knowledge and functional skill – Budgeting

The findings from interviews with district and sector officials, as well as parents and caregivers, showed little evidence of detailed knowledge or involvement in budgeting or budget planning. Without exception, all the respondents, especially district and sector officials, indicated that budgeting was essential in delivering programme activities to improve the health and well-being of children and fulfil the objectives. Only two officials among those interviewed at the districts and sectors reported any direct involvement in budgeting or at least obtaining necessary information for budgeting purposes. Of the two respondents who described their direct involvement in budgeting, it was observed that their roles were in relation to obtaining information and sharing them with senior managers.

“As far as budgeting is concerned in my sector, I am involved because, for example, it is I who collect those numbers and send them to the district. I do not do anything other than send the numbers...” (Sector Official)

“We collect the numbers from the various sectors, cells and villages and as the district overseeing the programme send them in the Ministry of Education, where there are others responsible for preparing the budget. We only send them the information but we do not play any other role.” (District Official)

Whereas programme officials were expected to have the knowledge and skills necessary for developing budgets of programme activities within their portfolio, the findings suggested that although they were aware of this responsibility, they lacked the opportunities to be involved in developing their own budgets, most likely because they lacked the knowledge or skill. There was a universal consensus among respondents that they would like to be more involved in budgeting as it will enhance their capacities in implementing the programme. As one respondent indicated: “This is an area where we would like them to support us more if they have the capacity to do so.”

In many instances, district and sector officials who should have direct knowledge of budgeting and be integrally involved in budget planning reported that they have no direct role with regard to budgeting. At most, their involvement was limited to offering advice or ideas about what is needed rather than have the opportunity to develop and implement their own budgets.

“We don’t know how big is the budget they allocate to these activities because we are not involved in their planning. Our role is to give them advice so that they build centres that fulfil the requirements. This is what we can say in relation to the budget allocated to ECD.” (Sector Official)
4.3 Knowledge and functional skill – Monitoring and evaluation

For the most part, all the respondents, regardless of the district, sector, cell or village, understood the importance of monitoring and evaluating progress on programme activities. However, the extent of knowledge and skill regarding the functional area of monitoring and evaluation varied from one district to another. In other words, while respondents in some districts demonstrated a relatively good knowledge of the monitoring and evaluation process and described their involvement and actual roles in generating routine information, there were other districts where there was not a lot of emphasis on this functional area.

In the districts with established processes for monitoring and evaluation, district and sector officials described the importance of obtaining information, which allowed them to monitor how well the programme was serving the needs of beneficiaries. In these districts, the processes for generating the information to document progress on the programme were very well developed, systematic and meticulous given that they used forms to routinely obtain data that were collected at the community level by parents and caregivers and then passed on to the sector officials. In these districts, there was a direct relationship between knowledge of monitoring and evaluation and the related skills to perform related activities among district and sector officials and caregivers in the districts with well-established processes.

“During my visit, I may also decide to conduct medical check-ups for the child and then proceed to get an insight into how the mother respects the child’s feeding procedure and pose questions to her in relation to what she plans for the child.”

(Parents/Caregivers)

There were other districts where 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 the processes for monitoring and evaluation despite being knowledgeable about its importance. Such reports were common, especially among district officials who, despite being knowledgeable about and recognizing the importance of monitoring and evaluation were not necessarily involved in activities designed for generating information. Parents and caregivers who directly run ECD centres and coordinate other activities at the village level were tasked with the responsibility to obtain information on monitoring and evaluation.

The finding with regard to how information generated from monitoring and evaluation was used in programme planning was similar across all districts and relate to the above section where the finding on evidence-based planning is discussed. In other words, few respondents offered any detailed information about how information generated from monitoring was
used to plan or evaluate programme performance. At the cell and village levels, there was an expectation that parents and caregivers who directly managed or implemented activities in the ECD centres and who played a role in generating information would be involved using the information obtained to plan programme activities. However, none of these parents or caregivers could specifically recall any example of their involvement in using the information to plan programme activities.

The lack of resources was often cited as a barrier that incapacitated many programme officials from the districts and sectors from fully participating in an activity that is critically important in an integrated programme. The lack of resources, mostly lack of funds specifically dedicated in the budget to monitoring and evaluation, was a factor that district and sector officials often cited as a barrier to using their knowledge of monitoring and evaluation in practical ways.

“But, as a district, we have no means to monitor our activities because there is no budget allocated. When you want to conduct monitoring on the field, the district will ask you: where will you find mission fees for such a mission?” (District Official)

Monitoring and evaluation appeared to be a weak spot in the programme as there was not a cohesive/standardized monitoring and evaluation framework to measure progress and performance at the time of data-collection of the Capacity Gap Analysis. There were suggestions that each district is
allowed to develop and implement an evaluation plan that best served its purpose.

4.4 Knowledge and functional skill – Coordination and collaboration

Perhaps, the lack of individual roles in the functional areas is compensated for by the expansive coordination and collaboration between programme officials, especially those in the district and sectors, and to a lesser extent those in the cells and villages. In interviews and focus groups, participants described the extent and types of coordination and collaboration among those who were involved in programme implementation.

The responses suggested that all those involved in programme implementation were encouraged to coordinate and collaborate. In each district, the officer who has overall responsibility for the programme also assumed de-facto leadership for coordinating activities of all those involved in implementation not only at the district level but also across sectors, cells, and villages. Additionally, most districts had developed structures to encourage coordination and collaboration among and between the different stakeholders, including, for example, organizing meetings, encouraging ongoing communication and information sharing and networking. Coordination and collaboration took different forms and sometimes required district and sector officials to visit the cells and villages or invited parents and caregivers in the cell and villages to come together. Parents and caregivers were encouraged to talk to one another and/or be involved in opportunities that allowed them to be involved in their children’s development.

The importance of strong coordination and collaboration was not lost on many of the people involved in programme implementation, who reported that progress on the programme required everyone working together to share information about best practices or resources as much as possible. As one respondent in the sector puts it: “the progress of the programme and to ensure that children benefit as much as possible requires good collaboration and coordination.”

Instances of collaboration and coordination by district and sector officials with caregivers and parents were also addressed and reflected in responses, which suggested that parents and caregivers were an integral part of the collaborative nature with which activities are implemented in the district.

The intensive and cohesive mechanisms for encouraging coordination and collaboration in many districts may be working well, but there was always a challenge with having an adequate number of people doing all the work that needed to be done. In some districts, the number of people working on the programme was not an issue, but in others, the shortage of programme officials necessitated the strategy for intensive coordination and collaboration, even though it also meant increased burden on the few individuals who coordinated various activities, particularly among parents.
and caregivers at the cell and village levels.

“Presently, for example, I coordinate eight cells and it is a hustle for me to go round all of them. It is on this basis that the Government should consider our plight and provide us with some means of transport to facilitate our mobility while on duty.”

(Parents/Caregiver)

Excerpts such as the above provided an insight into the several challenges with effective and efficient coordinating and collaborating mechanisms. Among other challenges highlighted were problems with timely sharing of or communication with district officials. All the participants agreed that information does not flow seamlessly between officials at various levels – district, sector, cell and villages – especially those located in remote areas. In some cases, it took several days for information to come from villages to the sectors or district, leading to frustration for programme officials who had to wait for information before taking steps to plan any activity or address a particular problem. Besides, there was some indication that coordination and collaboration were viewed only in terms of reporting structures in which programme officials at lower levels (cells and villages) were mandated to report their activities to those at higher levels (district and sectors) and not necessarily in a reversed manner.

“The villages submit their reports to the cell, the cell collects those reports, and submit them to the sector, and provide a recommendation based on what has been reported as challenges. Again, the activities conducted by officers in charge of social welfare in the sectors are combined and shared with the officer in charge of social welfare at the district. The same goes for education, health, nutrition, sanitation, ECD and so on. We have a deputy chief in charge of social welfare, who bring us together to meet and discuss at least once a month. We also have a committee in the district in charge of ECDC that is led by Deputy Mayor in charge of social welfare, and among the members, there is also chief in charge of education, social welfare, and other partners. So, when we meet in that one meeting per month, we analyse those reports to see if we have to provide some recommendations if necessary and if there are some requests we have to react to or thinking about other activities so that the program can run more smoothly. All those ideas are mulled over, and if there are enough resources, how those resources should be divided.”

(Sector Official)

The challenge with information flow was corroborated during the data validation workshop, where participants similarly described problems with communication among programme officials at various levels. The feedback from the participants in the data validation workshops highlighted that, for the most part, the approach to communication 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.
4.5 Knowledge and functional skill – Training and capacity-building

One of the objectives of this study was to assess the training and capacity-building needs of the respondents. The assessment of training and capacity-building focused on participants’ training and capacity-building needs as it relates to the functional areas, but the reality in many cases was respondents’ desire to also describe their training and capacity-building needs in relation to the programme areas as well. Therefore, the following section details major findings with regard to training and capacity-building in both the programme and functional areas.

Respondents had described any training they had received prior to being assigned their roles in programme implementation. The reports suggested that some individuals were trained as part of their formal education, which made them qualify for the position to which they were hired. Apart from formal educational training, respondents also described any previous programme-specific training for their role on the program. Only a few respondents recalled attending a program-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 some workshops organized by the Government to learn about the programme and what they are expected to do.

Among those who either received some training or no training, there was a strong desire for additional training specific to the functional areas related to their role or work on the programme. They described different types of training they would like to receive to increase their knowledge and skill to effectively implement their programmatic and functional responsibilities. These included training on the delivery and management of the ECD centres, budgeting, planning, nutritional improvement, monitoring and evaluation, improving knowledge with regard to WASH and developing indicators to track their performance and progress of the programme.

“I would like to receive training related to how to take care of children at school in a better way, but especially in terms of lessons and how to teach children. Because I believe a child should learn and should not have to come here only to play… at 3 years old child can learn alphabets and words and the teacher should have the skill to teach children. Most of us teaching in the ECD didn’t learn pedagogy in secondary school. There is a programme on ECD in Teacher Training Colleges (TTCs). So, if the Government can help us so that ECD programme can be integrated into TTCs, and […], for instance, they assign other teachers who complete their studies in TTCs to different primary schools. They can also assign them to the ECDCs, and they can be remunerated like other teachers.”

(Sector Official)
5. CROSS-CUTTING ISSUES
The exploratory qualitative approach adopted for this Capacity Gap Analysis allowed for flexibility in terms of uncovering other issues of concern to the stakeholders that may be outside the specific focus on awareness and knowledge of programme components as well as stakeholders existing and desired capacities. Similarly, the opportunity to meet with stakeholders during the data validation workshops provided additional insights into other cross-cutting and emerging issues from the analysis.

In this section of the report, we present findings in relation to these cross-cutting and emerging issues from all the districts, sectors, cells and villages where the assessment was undertaken. The issues highlighted in this part of the report were considered important for analysis and reporting as they allowed insight into other issues of concern by stakeholders. These issues cover both highlighting positive as well as negative findings in the analysis. Among the cross-cutting themes highlighted, we focus on the major ones that had implications for programme performance: partnerships with external stakeholders; cultural issues that were most often referred to as a ‘mindset’; changing context; shared learning; dissonance in communication; standardization; as well as future programme implementation plans.

External stakeholders

Among several cross-cutting and emerging issues, respondents talked extensively about the role of ministries at the national level, of which respondents felt they were not yet involved in the programme - gender and family promotion, health, social affairs, economic planning. Respondents highlighter the important role these ministries can play in improving their knowledge, skills, and capacities to effectively implement the program. They suggested that programme performance will be enhanced if there were opportunities to work closely with these entities.

In addition, they described the need to have more support from external partners in the civil society and non-governmental sector and, as some reported, the integrated social development programme would not have been established without support from partners such as UNICEF and Imbuto Foundation. They also expressed hope that more civil society actors would be involved. For stakeholders in Nyamagabe, working closely with these partners will perhaps help to address the challenges associated with lack of physical infrastructure plaguing many of the communities and incapacitating the implementation of an effective programme for children and their families.
Changing context

Some stakeholders who participated in the data validation workshops also commented on challenges associated with increasing population in some of the districts. On this issue, the belief was that the increasing population, especially in districts that were located near the borders with other countries where civil unrest has created an increase in the number of children who need to benefit from the services offered through the programme. To this end, the limited resources and increasing population meant that there would be shortcomings on the part of the districts and sectors to effectively implement the programme or adequately provide for all the needs of the children. With such a challenge, stakeholders discussed the need to ensure that districts and sectors received more support to aid programme implementation.

Involvement of parents

Apart from external stakeholders, they talked about the need to work more closely with families so that children can maximally benefit from the programme. Respondents cited several instances of how well the programme was meeting the needs of children in communities where parents felt they were an integral part of the programme when they had opportunities to participate in planning and implementation. Numerous examples that alluded to this were frequently cited in Gicumbi
and Nyamagabe districts and, to a limited extent, in Ngororero and Nyagatare.

Across the board, respondents strongly advocated for investing more resources in the home-based centres because that is where opportunities exist to develop real connections with parents who were unable to send their children to community-based or model centres. Indeed, they suggested that home-based ECD centres be made more formal, which would require some remuneration for those managing the centre rather than the present arrangements where they served on a voluntary basis.

**Shared learning**

Similar responses were elicited with regard to partners across districts and sectors. One senior official at a district spoke strongly in favour of encouraging collaboration and partnership across districts, sectors, cells and villages so officials are able to learn from each other about best practices and discuss a potential solution to emerging problems.

“All of us should have a common understanding of the important components of the programme and what we can all do together for the benefit of Rwandan children.”

(District Official)

**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 much frustration with communication and getting information to the right person at the right time and receiving appropriate and timely feedback. Because of the nature of administrative systems, the flow of communication can be slow, leading to frustration when problems emerge and lower officials are incapacitated in making quick decisions to address problems because they are mandated to consult and wait for instruction or feedback from higher-level officials. Senior and lower-level officials across all the districts alluded to this problem, and some were forthright in suggesting that it was an area that needed to be addressed urgently so that the programme can function more efficiently.

Besides, the problem with information flow was not necessarily confined to districts and sectors. In the villages and cells, caregivers expressed similar frustrations about lack of timely response to requests for information or other needs. Discussions at the data validation workshops, however, highlighted that whereas there was a general problem of information flow at various levels of governance, communication problems often arose because the flow is unidimensional. In other words, while information provision from programme leaders at the district and sectors can efficiently flow from top to bottom,
there was no corresponding flow of information from bottom up, only for reporting purposes. Such situations created challenges for lower-level stakeholders who were left with the feeling that their opinions or involvement in programme implementation is less valued.

Policies and standardization

Relatedly, many participants alluded to policy issues emanating from the national government and how this can affect the implementation of the programme. There were instances where stakeholders indicated that national policies were helpful in ensuring uniformity regarding how programme components were implemented. For example, they specifically talked about the nutrition component of the programme that should ideally be standardized in its implementation across all districts, sectors, villages and cells. However, they expressed concern that not all districts, sectors, cells or villages were adequately and equally resourced to be able to uniformly implement the nutritional requirements for every child. As one participant indicated, “If this programme is to help all Rwandan children regardless of the Ubudehe they belong to, then they should all the treated equally in having access to adequate diet”

Considerations for sustainability and enhanced impact

Most respondents agreed that the DHCR programme was extremely impactful and vital for children, families and communities and, therefore, they had expectations that it will continue for a long time to come. Additionally, they expressed optimism that as resources become more available, the current inequities between model ECD centres, which benefited from many resources and home-based centres that were not as resourced will be addressed, again as a means of ensuring that all children were given equal opportunities to attain their potential. The needs of families in lower Ubudehe categories was particularly concerning to district and sector officials. Given the extreme poverty that these families often lived with, sector officials advocated strongly for extra assistance to such families to complement whatever benefits the programme was providing to their children. Some highly placed district officials actually commented during the data validation workshops that this was going to considerably increase interest in the programme from those parents and the entire community.
Stakeholders across all levels from the districts, sectors, cells and villages were enthusiastic to talk about opportunities to improve programmatic outcomes and increase the benefits to children participating in the programme. They suggested improvements in ECD infrastructure and personnel. They also requested for considering remunerating caregivers who manage the home-based centres, which was where a lot of children were missing out because their parents cannot afford to contribute to the community fund that was pooled together to pay caregivers.

Finally, many respondents talked about their future plans for expansion of model, community-based and home-based ECD centres, as well as improvements in other areas of the programme, all of which depended on funding and budgeting issues. The current situation is that not many of them were not involved in budgeting and planning for programme implementation.
6. RECOMMENDATIONS
The findings from the Capacity Gap Analysis lead to several recommendations. This chapter discusses these recommendations and they are organized according to the technical areas and the functional areas, on which the analysis focused. The recommendations are focused on how to improve capacities at the decentralized level, to enhance comprehensive ECD interventions.

6.1 Recommendations for capacity development in technical areas

The technical areas reviewed included awareness and knowledge and skills in ECD, nutrition, WASH, social protection and children’s rights. Based on the analysis of the findings, the report recommends the following:

- Increase the understanding of district and sector staff of the integrated approach towards ECD. In line with expectations, the analysis found that the districts and sectors which were implementing more components of the integrated ECD framework and for longer periods of time, reported better results. Generally, this recommendation of increased understanding of integration was found to be most needed for sector-level staff and stakeholders at cell and community level. At district level, the analysis found a higher level of understanding of the integration of different elements in support of a comprehensive ECD approach in Rwanda. A stronger deployment and dissemination of the information is recommended, structured in a way so it addresses the different needs of the stakeholders at sector and district level.

- Additionally, improve the information provision of the different elements of the integrated ECD approach towards caregivers and caretakers, specifically on WASH, child protection and social protection. The analysis showed the limited awareness around these elements, or a limited understanding in the case of WASH.

- 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, and child protection and social protection in general. Enhancing understanding of WASH should coincide with having improved sanitation and hygiene facilities in place at ECD centers and promotion of having these at household level.

- 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. On the other hand,
6.2 Recommendations for capacity development in functional areas

The functional areas reviewed included: evidence-based planning, coordination and collaboration, training and capacity-building, monitoring and evaluation, and budgeting. Based on the analysis in the previous chapter concerning these functional areas, as well as some cross-cutting issues, the report recommends the following.

- Provision of training for relevant district and sector staff around budgeting and monitoring and evaluation, as well as the subsequent evidence-based planning, is necessary to address the largest capacity gaps when it comes to the functional areas analysed in this survey. This recommendation is supported by a strong desire to obtain more training communicated by both district and sector staff who participated in the analysis.

- The programme implementation and its sustainability could benefit from clarification of roles and responsibilities at district and sector level for the functional areas. It was found that the responsibilities for planning, coordination and collaboration, monitoring and evaluation, and budgeting are often considered as shared responsibilities. Whereas this has benefits, particularly for an integrated approach, it also requires all involved to have technical skills which may not always be realistic, and it may result in lack of a strong lead in certain functional areas. Clarification of responsibilities for each functional

- Strengthen the existing technical knowledge around nutrition and ECD at service-delivery level. The analysis highlighted this specific capacity need for well-trained ECD and nutrition experts, to not only enhance the quality of service delivery but also to guide sensitization towards caregivers.

] much awareness of the structure of the comprehensive ECD approach, they showed more knowledge and understanding of the relevance and implications of the child protection and social protection (poverty) on the lives of children. For the enhancing of technical understanding of child protection and social protection as element of ECD, the focus should be on Districts and Sector level. Also, since both elements were often lumped together or confused, enhancing technical understanding should focus on the differences and complementarities among child protection and social protection and highlight it as two distinct programmes supporting development of the child.
are among different involved staff at district and sector level will address some of these pitfalls.

- Improve universal and standardized mechanisms to enhance information-gathering by cell-staff, caretakers and caregivers to inform evidence-based planning and decision-making. Currently, in the analysis there were no reported universal mechanisms in place to gather data at the level of parents and caregivers at ECD centres. Streamlining mechanisms to include this community level in the reporting on progress and challenges and in the information and knowledge exchange could positively inform the evidence-based planning and budgeting at the district level.

- Support improvement of communication-flows to enhance the different functional areas. This applies for both the communication-flow from district-level down to the community level as well as the other way. On the one-hand, the analysis showed that information in form of data from community level flows upwards to sector and district level, but there is limited information that reaches community level around functional areas of planning, budgeting and the actual use of monitoring and evaluation data. The participants in the survey at the community level expressed interest and desire to become more knowledgeable and engaged in the needs assessment, reporting, monitoring and planning of implementation of the ECD programme.
7. APPENDIXES
Appendix 1

Capacity Gap Analysis Discussion Guides

Lower level of administration (Cell, village officials) - In-depth interview

Programme areas: ECD, Nutrition, Social Protection, Child Protection, WASH

Programme areas to explore: Knowledge, Skills, Awareness

First, I want to discuss [programme area] in more detail:

• In your opinion, what are the main components of [programme area]?

[For each component freely listed, make sure to have them explain what they mean: if they list a main component of ECD as ‘educating children’ probe what does educating children consist of? If you sent your child to ECD, what are your expectations regarding education?]

[Probe about documented components of each programme AFTER they finish the free list (e.g., if they do not list a component, then ask directly about it: Have you heard about home-based programmes? If yes, can you tell me more about this programme in your cell? Do you consider this a part of ECD? Why or why not?)]

• What do you think about [programme area]?

[PROBES]

• What are the strengths or weaknesses of the programme?

• What is the impact of the programme on families/community?

• What are the expectations in your cell/village regarding [programme area]?

• What would you change about [programme area]?

• Do you have any responsibilities with regard to [programme area]?

• What are your responsibilities?

[PROBE about functional areas that are actually listed in their job description, if they don’t mention it]

• If you do not have a role/responsibility, do you think you should be engaged? How?

• Who else at your level (in the community) could contribute to the effective programme implementation – who else needs to be engaged in your opinion?

• Is there anything preventing you from fulfilling your responsibilities?

• Do other people have similar or overlapping responsibilities (or engage in the work or are involved in the activities) regarding [programme area]?
[PROBE about specifics in the community]

- If yes, what are their responsibilities? [get details on their position]

- Does the overlap ever cause tension or conflict in carrying out your job?

- Have you received any formal/informal training in the area of [programme area]?

[PROBE about budgeting, reporting, etc based on formal job description and about the actual training]

- Have you received any official guidelines or instructions requesting you to get engaged in the programme area? If yes, what was it? Was it sufficient to enable you to get engaged?

- What type of training would you like to have on [programme area]?

- What are the future plans [policy, government, NGO] for [this programme area] in the next 6 months, 1 year, 5 years?

- What are your wishes/hopes for [this programme area] in the next 6 months, 1 year, 5 years?

Next, let’s move to [programme area]. Tell me about [programme area] in your cell or district. [Start questions from the start].

Functional Areas: M&E, Evidence-based planning, Budgeting, Coordination –

*Additional questions based on expectations of the job role.

- Do the various community workers liaise with each other? Which coordination mechanisms, if any, are in place at the cell/village level?

- Have you received requests from district/sector for [programme area] related implementation? If yes, tell me more about it.

- [if they have responsibility for more than one programme] Could you explain how the various areas overlap in your daily work?

- How integrated are the various programmes in your communities?

- What is the reporting structure for the programmes?
Appendix 2

Capacity Gap Analysis Discussion Guide

Lower level of administration (Cell, village officials, caregivers)- Focus group discussion

Programme areas: ECD, Nutrition, Social Protection, Child Protection, WASH

Programme areas to explore: Knowledge, Skills, Awareness

• Tell us how [programme area] came to be in this community?

[PROBE to create a timeline of key events and key players] for each programme area.]

[PROBE about implementation challenges while the timeline is being discussed.]

• Could you explain the main components of [programme area]?

[ For each component freely listed, make sure to have them explain what they mean: if they list a main component of ECD as ‘educating children’ probe what does educating children consist of? If you sent your child to ECD, what are your expectations regarding education?]

[PROBE about documented components of each programme AFTER they finish the free list (e.g. if they do not list a component, then ask directly about it: Have you heard about home-based programmes? If yes, can you tell me more about this programme in your cell? Do you consider this a part of ECD? Why or why not?)]

• Is there anything different about the [programme area] in your community compared to [programme area] programmes in other communities? If yes, please elaborate.

• Compare communities with programme versus without programmes.

• What does your community say about [programme area]?

• What are the positive attributes of [programme area]?

• What are the areas that could use some improvement, from yours or the community's point of view?

• Have these concerns been addressed? If yes, where and how?

• Who uses [programme area] services?

• For those who are not addressed, why?

• Do the recipients change based on the programme?

• What are the main challenges that [programme area] encounters in your community?

• [For caregivers involved in implementation] What is it like to use [programme area] services?
Appendix 3

Capacity Gap Analysis Discussion Guide

Higher level of administration
(district, sectors officials) - In-depth interview

Programme areas: ECD, Nutrition, Social Protection, Child Protection, WASH

Programme areas to explore:
Knowledge, Skills, Awareness

• In your opinion, what are the main components of [programme area]?

[For each component freely listed, make sure to have them explain what they mean: if they list a main component of ECD as ‘educating children’ probe what does educating children consist of?]

[PROBE about documented components of each programme AFTER they finish the free list (e.g., if they do not list a component, then ask directly about it: Have you heard about home-based programmes? If yes, can you tell me more about this programme in your district/sector? Do you consider this a part of ECD? Why or why not?)]

• Who are the key players in [programme area] in your sector/district?

• How do the players overlap in programmes and implementation?

• What do you envision to be the ideal collaboration between the players and programmes?

• Do you have any responsibilities with regard to [programme area]?

• What are your responsibilities?

• Is there anything preventing you from fulfilling your responsibilities?

• Do other people have similar or overlapping responsibilities regarding this specific programme area?

• Is [programme area] listed in your job description?

• Have you received any formal/informal training in the area of [programme area]?

[PROBE about budgeting, reporting, etc. based on a formal job description]

• What type of training would you like to have on [programme area]?

• How integrated are the various programmes in the villages in your district/sector?

• Please elaborate on how the key players and key programmes interact and work together.

• What are the main challenges in the integrated approach?

• What are the future plans for [this programme area] in the next 6 months, 1 year, 5 years?
• How do you think [programme area] impacts your district/sector?

• Is there anything you would change about [programme area]?

Functional Areas: M&E, Evidence-based planning, Budgeting, Coordination

• Do you have responsibilities with regard to [programme area] evidence-based planning? (e.g. data collection, information gathering)

• Are you involved in the budget planning for [programme area]-related activities? (for example, for the RWF 40 million allocated to ECD at district level)

• Are there any established coordination mechanisms around [programme area] and its linkages with other programmes?

• Do you participate in these coordination efforts? Which other programmes are important for coordination? What can be set in place to improve coordination?

• Could you tell me more about the implementation process for [programme area]-related interventions?

[PROBE for challenges, successes, etc.]