

PARENTS INVOLVEMENT AND CAPACITY BUILDING ON EARLY CHILDHOOD DEVELOPMENT (ECD) IN KIREHE SECTOR, KIREHE DISTRICT



FINAL REPORT

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Partnership Rhineland-Palatinate/Rwanda



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I also extend my gratitude to colleagues experts in the field who contributed in the review of this report and provided their inputs:



List of acronyms

ECD:	Early Childhood Development
ePW:	Expanded Public Work
LODA:	Local Administrative entities Development Agency
NECDP:	National early Childhood Development Program
NWC:	National Women Council
TV:	Television
CDC	Centers for Disease Control and prevention



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Executive summary

In Rwanda, Only 1 in 5 parents are engaged in activities that support early learning at home, such as reading or playing games with their child and more than half of young children are left home alone during the day or in the care of an older sibling. In order to address multiple risks that prevent children from developing their full physical, sensory-motor, cognitive-language, and social emotional potentials with also a long term vision of human capital development, the Government of Rwanda developed the national ECD policy, which was adopted by the cabinet in September 2011 and was revised in 2016 to bridge the unresolved gaps including the consideration of a critical development milestone (0-3 years) which pay attention on parenting education as well. As policy implementation framework, the National ECD program was establish to oversee the coordination of ECD interventions across the country and provide guidance.

Kirehe district is one of 30 districts of Rwanda and one of 7 districts of the Eastern province. One of the key area affecting children development in Rwanda is the stunting and it remain a largely invisible problem in Rwanda, as it was initially in other countries with a high burden of stunting. Kirehe district has a good reputation in making rapid progress in reducing stunting. According to the World Bank, Kirehe district is a model of how other districts in Rwanda can make rapid progress in reducing stunting.

In the existing partnership between the district and partnership Rhineland-Palatinate/Rwanda, was organized this project of parents involvement and capacity building on ECD. This capacity building and parents involvement was conducted in form of intensive training on ECD program in Rwanda, followed by community field visits to provide further technical support on the translation of the theory in to the practice at the community level. This piece of work resulted in development of parents/caregivers training manual on ECD and an increased knowledge and understanding of the ECD services in the critical development period, from the conception until the child is aged 3 years old. This report is produced by the author after he has completed this work. This report should serve as an informative document to all the stakeholders for a sustainable ECD services system in Kirehe sector or in any other settings in Rwanda, where it might be needed.

Glossary

Early Childhood Development	The holistic development of a child in the following areas: perceptual (e.g., vision, hearing, touching); fine and gross motor (physical); cognitive; language and communication; and social, emotional and adaptive behaviors. It also includes family development and participation; child health, nutrition, and hygiene; home and center sanitation and safety; early education; and child rights and protection. ¹
Early Childhood Intervention services	Multisectoral, integrated and transdisciplinary or interdisciplinary, and they are designed to support families with young children from birth to three/five years who are at risk of or have developmental delays, disabilities or behavioral or mental health needs. Early Childhood Intervention programs include a range of individualized services to improve child development and resilience, and strengthen family competencies and parenting skills to facilitate children’s development. They often also involve advocacy for the Educational and social inclusion of these children and their families. ²
Ecological Model	Theory developed by Urie Bronfenbrenner (1917-2005), to explain how the inherent qualities of children and their environments interact to influence how they grow and develop. According to this theory, the development of a child is influenced by the different types of environmental systems.
Home Based ECD	An informal center where a group of neighboring households designate one home to serve as center for children aged from birth to 3 years old, early learning during the days, as they wait for parents to come and pick them at the end of their day’s work.
Center Based ECD	An early learning and development center, where children from 3-6 years old are sent to undergo sensory-motor, social-emotional, and cognitive-language development support as well as training on school readiness by experienced caregivers ³
Community Based Center	An “improvised center” normally arranged by members of the community where temporally structures belonging to other owners are turning into learning area for young children.

¹ Emily Vargas baron- global survey

² Same above

³ National ECD Policy, MIGEPROF, 2016



1. Introduction

In Rwanda, Only 1 in 5 parents are engaged in activities that support early learning at home, such as reading or playing games with their child and more than half of young children are left home alone during the day or in the care of an older sibling.⁴ In the case a younger child does not receive a nurturing care either at home or any other adequate arrangement, it might results in negative effect in his developmental trajectory such as social behavior problems, developmental delays, social phobia, etc

In order to address multiple risks that prevent children from developing their full physical, sensory-motor, cognitive-language, and social emotional potentials with also a long term vision of human capital development, the Government of Rwanda through the MINEDUC, developed the national ECD policy, which was adopted by the cabinet in September 2011. The ECD policy was revised in 1016 to align the emerging national and international commitments that Rwanda has committed. Furthermore, the policy was revised to bridge the unresolved gaps including the consideration of a critical development milestone (0-3 years) which pay attention on parenting education as well.

The current policy describes now comprehensive interventions to enhance the optimal development of all the children in all the child development area, from the conception to the age of 6 years old. As far as young children are concerned, the revised policy highlights the need of parent's empowerment and involvement, considering them as the key service providers in ECD services.

One of the key area affecting children development in Rwanda is the stunting. According to the World Bank, stunting remain a largely invisible problem in Rwanda, as it was initially in other countries with a high burden of stunting. According the same source, Kirehe district has a good reputation in making rapid progress in reducing stunting. According to the World Bank, Kirehe district is a model of how other districts in Rwanda can make rapid progress in reducing stunting.⁵

⁴ UNICEF <https://www.unicef.org/rwanda/early-childhood-development>

⁵ World bank <http://documents.worldbank.org/curated/en/360651529100512847/pdf/127256-NWP-P164510-PUBLIC-Rwanda-Economic-Update-ed-no-12-June-2018.pdf>

2. Ecological model in a local community context

Children are born and grow in the community, where they interact with various genetic and environmental factors. Such interaction within the closest environment (microsystem) involve personal relationships between the child and all the people in the same family, classmates, teachers, and caregivers. Importantly, how this close group of individuals interact with the child will affect how the child develop. Similarly, how children react to people in their microsystem will also influence how they treat the children in return. More nurturing and more supportive interactions and relationships will understandably foster they children's improved development.⁶

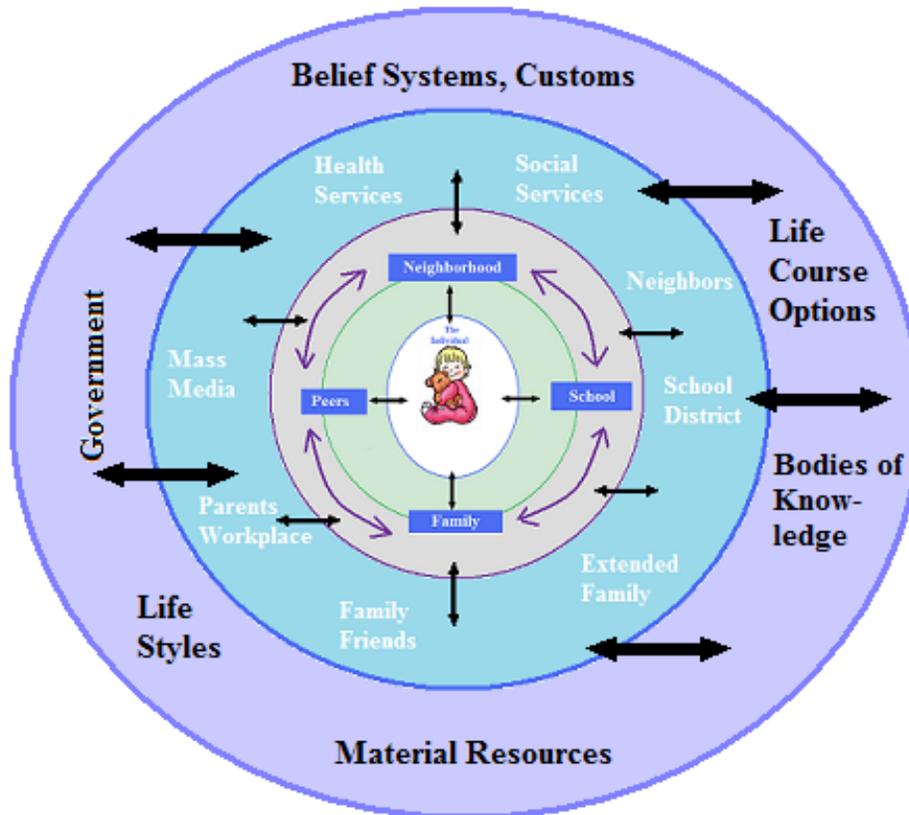


Diagram explaining the ecological model, by Urie Bronfenbrenner (1917-2005). Source <https://educ3040fall13.weebly.com/>

⁶ <https://www.psychologynoteshq.com/bronfenbrenner-ecological-theory/>

The translation of this ecological theory in to practical community life is very important to understand in which context the child grows and how this will affect the development. Looking at the community context in Kirehe sector, there are important elements in the child micro and macro system that would be useful to mention.

Important element within the proximal child environment	Example Role in the development of a child
Child family members	Family members such as parents and siblings have a big role to play in child development. The child grow to their proximity and learn social values from the family members. They can provide a nurturing, loving and caring environment.
Per groups	Peer groups contribute to the norms and values of a child in the community. Peer groups can help the child in developing emotional and empathetic characters that might help to have a balanced life when they get older.
Neighbors	Neighbors play a role in child’s development. Child interact with all the people around and the neighbors can help when the parents are not around, and they can provide similar care to the parents. Neighbors of children who are born with a disability can play a vital role for the social inclusion of the child by respecting the child, calling the child in her/his names, and not attributing the disability to any stereotype that has no foundation in the child life. This will help the child to grow and be socially included and will enable the child participation in both home and community life.
Radio, Phones/social media and TV programs	Messages and programs on social media, Radios and TV channels will play a role in the way child will behave through observation, imitation and then modeling ⁷ . Such programs and messages can be designed in child-friendly way and age-specific appropriate to help children in their development.
Community structures: Schools, ECD centers,	Rwandan communities are structured in smaller entities Amasibo, and Imidugudu which constitute a cell. Some entities do have some resource structures such as Irerero/

⁷ Observation, imitation and modeling are the three principles that constitute Albert Bandura’s social learning theory and social cognitive learning theory.

https://www.researchgate.net/publication/267750204_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory

Churches, Health posts/centers etc	Home based or Community based ECD center, a community church, a nursery or a schools which provide early learning and stimulation services to children. Such structures can play an important role in providing inclusive ECD services to the children from the community.
Social protection programs	Rwanda has established social protection schemes implemented in in different programs in different government sections/departments. ⁸ One of the key scheme is the Expanded public work ePW which prioritizes the Community/Home Based Child Care. ⁹ These existing social protection schemes can play a vital role by considering support for the delivery of equitable ECD services to all the children. The local leaders can facilitate by identifying eligible families
Professional structures: District hospital, model ECD center, model inclusive school, NGO etc)	Structures which are some professional services can play a vital technical and financial support to the parents and families, but more particular to those families of children with disabilities. For example, they can make a trans-disciplinary team of professionals to conduct outreach program in the community for the screening, assessment and service provision to the parents and children according to the needs.

⁸ Find

https://www.researchgate.net/publication/267750204_Bandura's_Social_Learning_Theory_Social_Cognitive_Learning_Theory

⁹ See LODA https://loda.gov.rw/fileadmin/user_upload/EXPANDED_PUBLIC_WORKS_GUIDELINES_2018.pdf



3. Demographic information

Kirehe district is one of 30 districts of Rwanda and one of 7 districts of the Eastern province. The whole district is composed by 12 administrative sectors, 60 cells and 612 administrative villages (imidugudu). Extended over the total area of 1,118.5 Km², Kirehe district borders with Tanzania in the East with the Districts of Ngara and Karagwe, in the south the District borders with Burundi, Ngoma District in the south western part and Kayonza District in the North. The district has one district hospital, which is located in Kirehe sector, which provides healthcare services at the secondary level. Kirehe sector, is one of the 12 administrative sectors that make Kirehe district. The sector is also divided in 5 cells which are Gahama, Nyabigega, Rwesero, Nyabigega, and Nyabikokora. The majority of population in Kirehe lives by agriculture.

4. Objectives

The aim of this piece of work was to empower local facilitators at cell level in Kirehe sector, in a strong collaboration with the Local Government and the National Women Council at sector level, with basic knowledge about Early Childhood Development program in national Rwandan context and support the community initiatives to start implementing the Early Childhood Development programs in each of the cells of Kirehe sector.

5. Methodologies

Prior to the indeed capacity building training, the Local leaders have selected participants in to the training. 20 women, most of them members of the National Women Council in Kirehe sector were invited to participate in the training, coming from all the cells, each cell being represented by four (4) participants. All the participants were the mothers, acknowledgeable for their honesty and good reputation in their community.

The capacity building for this group of participants was conducted in two ways: (1) Intensive training and (2) The Community visits at cell level to follow up and provide guidance and both technical and moral support to their own initiatives to start an ECD services facility in their community, with their own resources.



5.1. Intensive training

In order to effectively involve Parents and build their capacity on Early Childhood Development, an intensive training was organized for 13 consecutive days. The training covered basic theoretical knowledge via practical training methodologies which used exercises in groups to discuss on a specific subject, symbolic exercise activities in groups. The training content was mainly informed by the National training manual on ECD, and minimum standards, norms and guidelines for ECD services in Rwanda that were developed by NECDP in 2018. Other references were used as well to provide a contextualized quality training considering the category of people being trained. The training content was arranged per topic to be covered:

❖ Introduction to children development

Participants were first trained on what possible factors influence the child development. The session has explored the ecological model theory developed by Urie Bronfenbrenner (1917-2005). Participants in the training discussed in small groups what could be some proximal environmental factors that might contribute to the growth and development of a child. This initial session was a startup basic knowledge to start with, and have a clear picture of how a nurturing parental care can be an excellent and unreplaceable facilitator of the healthy development of a child.

❖ The national ECD Policy

The session on the national ECD policy was very informative to the participants. By aid of the National Training manual, the session explored the pillars of the ECD policy and the national ECD program. After participants have understood the content of the policy and the implementation program they were given tasks in groups to discuss the role of local government at district, sector, cell and village levels. The plenary presentations were facilitated with inputs and orientation from the training manual. Furthermore, the session went further and discussed the role of parents in ECD.



❖ **Development milestones and early detection of impairments**

The next session has empowered participants on understanding child milestone and enabled them to use the milestones in detecting an impairments the child may have from his early childhood. Because the section on the milestone in the national training manual has not been developed in details, this session was facilitated by reference to the CDC's developmental milestones¹⁰ covering only those milestones from birth to 3 years. During this session, participants who are also parents shared their own experience with their children, in relation to milestone levels and how early detection of impairments can be done by a parent during Activities of daily living. More importantly, the CDC's manual provide with key pieces of advice to the parents about what recommended activities to help the child on each stage of the development, including those key pieces of advice for the parents to monitor the growth and development of their children so that they can be able to detect any impairment early.

❖ **Gender equality**

In accordance to the Rwandan cultural context, some people consider the caring of a child a non-shared role for women. Centrally, the child needs love and affection from both parents. Even this training was designed in collaboration with the NWC, women were given a platform to discuss the challenges associated with the family and gender equality/equity in their community. Participants were encouraged to involve their husbands in the ECD program implementation when they return back to their community. Participants were also given a platform to learn how they can initiate income generating projects and minimize their dependence to their husbands and be more productive members of their families.

❖ **Inclusion in ECD**

Disability Inclusion is one of the elements for quality ECD service. A quality ECD service should be inclusive of every child including those with disabilities. It was a

¹⁰ Find at <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>



very important to explain to the participants the meaning of inclusion and empower them on how to promote an inclusion of CWDs in their community efforts such as intended ECD centers, homes and schools. By reference to the globally known definitions, the participants were being explained the difference among key words that explain this processes towards inclusion: Exclusion, Segregation, Integration and Inclusion.¹¹

❖ **National Standards for ECD service delivery**

The national minimum standards provided a practical guidance for the implementation of the ECD program at service provision level. This session has explored all the standards, discussing how they can be met in their community. Interestingly some standards were found to be set very high. Participants have also suggested the inclusion the standards on a bathing and laundry area. This is because children might get dirty during play or might have an impairment and care givers might need to change them and wash their clothes. Participants found also a gap in standards on dining area which does not appear in the existing standards.

❖ **Implementation of the ECD Program**

In accordance to the nation ECD policy, and Minimum standards, participants were explained ways they can implement the ECD program as parents. They were explained some practical way this can be achieved: (1) Initiation of Home Based ECD service center “Urugo Mbonezamiurire”, (2) Community ECD center or (3) Center based ECDs, Ibigo Mbonezamikurire. The session was characterized by interactive discussions among participants, arguing the feasibility of a Home based ECD center and what it involves to operate. Within the discussions, participants found relevant also to include in the ECD, some package on Unity and Reconciliation due to the design of a home based ECD.

¹¹ See <https://www.refworld.org/docid/57c977e34.html>



❖ **Community stakeholder's Meetings**

Towards the end of the training, participants were tasked to conduct outreach visits in their respective cells, which they represented, and discuss the training content with stakeholders. They were also tasked to discuss possible implementation plan of the ECD program in each cell. The meetings were organized in each cell for executive secretary of the cell, village leaders, community health workers and inshuti z'umuryango (friends of family). They stakeholders were sensitized on their role in ECD and they made a joint plan for an implementation of ECD program by initiating a Home based ECD, an ECD community center or a center based ECD. Their plan were presented during the training closing workshop in presence of local district and sector leaders, and stakeholders who provide inputs on how the plans can be implemented in effective way.

❖ **Training outputs**

The training has left the participants with basic knowledge and understanding of ECD program and their role in translating the training content into practice in their community of residence. Even though the trainees represented a wide range of parents' categories from older to young mothers, some of them did not know that the caring of the child start from the conception. In the following box, we read the translated feedback of one mother during a written feedback to evaluate the training.

" I learned that a child under 3 years of age can stunt and the recovery after that period is not possible. I learned that early stimulation of the child's brain from the mother's womb helps the child to develop well after birth and also the maltreatment of a pregnant mother can result in negative impact to both the mother and the child. The training has gathered all of us together for relevant subjects. Initially I thought the ECD center is for rich people but we are now going to do community mobilization in our respective village and we hope we will reach our goal with support from our local leaders." One of the trainees' feedback during post training evaluation

It is also important to highlight that this training informed on the development of parents training manual, which has been developed by the author during the training processes, collecting all the pieces of information that parents wanted to know. The training manual is in Kinyarwanda and is contextualized with practical parents' guidance and pieces of advice on each milestone, with sensitivity to caring a child with an impairment.

5.2. Community visits at cell level

After a 13 days of an intensive training, the trained local facilitators were given three weeks to reflect on the subjects, have some time to mobilize local resources, discuss with other parents, ask support from the local leaders, or do any other means that would contribute to initiation of ECD services either Home based ECD services, or a center-based ECD services. It was agreed in the training that, 8 Home based ECD services and 2 center based ECD services would be initiated¹². The visits were conducted at each cell to meet the trained local facilitators, local cell leaders and parents, in order to provide any technical and moral support to the initiation of ECD services. The following were the findings of the visits:

❖ Nyabigega site

In Nyabigega, the trained local facilitators who are at the same the lead caregivers, did not find any parent who might be interested in availing his house to serve as a Home based ECD center. For this reason, they are still in a process to find a better place where they can initiate an ECD service center. The initial idea of having a Community based ECD at cell office is still a way forward even if they seems to have mobilized a number of interested parents. Furthermore, parents agreed to not work on rotation basis. They agreed to raise monthly contribution for each parents to cover all the necessary expenses for taking care of the child. During the visit, parents were advised to own this initiative, pulling together their resources without holding an open eye to external support. (Donor-dependency syndrome)¹³. Parents were also advised to consider in-kind contribution for those parents who might not have contribution fees but might have the food to contribute. This is to insure that ECD services are inclusive and do not leave behind those with very low socioeconomic status. They initially planned to initiate 3 sites for Home based ECD services but currently, they are still struggling to initiate the first one at the cell office before they consider the duplication of the practice.

¹² Those include Home based ECDs sites: Kaziba, Nyabigega, Kabeza, Gahuzamiryango, CECA/Rwesro, Munini, Byimana and Bwiza and 2 center based ECDs sites: Nyabikokora and Gahama.

¹³ Donor dependence syndrome is such thinking that people should be supported even if they do not show their contribution because they are poor, considering them as passive recipient of the charity.

❖ Gahama site

Parents in Gahama cell are not yet widely mobilized due to unavailability of what they are expecting to serve as ECD center. Some years back ago, residents from this cell have constructed a cell office which was not fully completed because they were moved to a modern construction and the old constructed cell office have not yet being used. Community members have identified that old building as a potential resource that can be very helpful for this initiative. However, the building has some materials which are sector properties and the whole building is locked. They advocated for the free of this building and they are waiting the sector administration to release the building so that it can be renovated and be used as a center based ECD. They were advised to make change on door direction, add a protection fence to the building in the renovation activities for the safety and security of children.



The construction was made to serve a public interest in Gahama cell. It is a good community resource that can be renovated, and used as an ECD center. However, despite the community willing to own this initiative, the renovation activities might need an external support.

Observation of the author

❖ Kirehe site

In Kirehe cell, the parents and village leaders have been sensitized on ECD, but similar to other settings they haven't found yet a suitable site for a Home based ECD. Parents and local trained facilitators were advised to keep the awareness raising events on different issues affecting young children in general as they were trained, but also to try find if there could be any infrastructure that can be used. In the same cell, there is parent, potential ECD service provider who demonstrated a will to host a number of few children at his house. The local facilitators were advised to approach that parent and link with local sector leaders for guidance and effective ECD service provision.

❖ Nyabikokora site

The Nyabikokora cell has an opportunity to be the site for the model ECD center which is under construction with support from the Partnership Rhineland-Palatinate/Rwanda.

Parents and the community in general are sensitized, and the community is waiting with curiosity to see this ECD providing services to the children. Parents and local facilitators agreed to contribute with small quarterly fees for the caregivers and food for the children. For the benefits of the children, parents would feel more supported if the center would operate from the morning till evening, a practice which is qualitative but not practiced in some, if not many ECD centers in Rwanda.

It is important to point out that the new constructed model ECD center however, seems to be designed in a pedagogical model¹⁴, with less focus (or no focus) on young children and pregnant women. In accordance to the national minimum standards, the local facilitators were trained in a parents-centered approach on ECD service provision. In order for this ECD to provide quality model services to the community children, it is advisable to consider sleeping and dining area services as well as parental meetings and education for pregnant women. This would be among the good quality elements for a model ECD center.

Important pieces of advice on Nyabikokora model ECD center under construction

- ✓ Nyabikokora ECD seems to be appropriate for younger children and parenting programs. This is because there is no much outdoor play space, and the critical milestones are in early ages. (Before 3 years). Thus, the model center needs to consider a kitchen, store, sleeping and parenting facilities.
- ✓ The center is closed to the main road, there is a need for considering a fence for the safety and security of children.
- ✓ Consider appropriate, age-related toys, play and furniture. Strongly advisable considering sitting on mats/carpet in the stimulation room and chairs in the dining room.
- ✓ Considering accessibility of services from the construction until service delivery for children with mobility, visual, hearing and/or intellectual impairments.

¹⁴ A model that focus only on numbers and literatures in ECD. This model sees ECD as a class room rather than a parents-centered service provision. Most of these kind of ECDs in Rwanda close before noon time, and consequently do not provide important services such as sleeping, nutrition, parenting education and others.



❖ **Bwiza site**

The Bwiza site is located in Bwiza village, Nyabikokora cell. The proposed site is located within the local community church building. The parents in the village are aware on the ECD program but they do not have an understanding of what it is and how they can be involved. They understand the role of **having a child care scheme in their community but there is still a need to sensitize the local village leaders and other influence people in this community for a stronger support from every stakeholder.** **The church building might be a good resource in this community but the parents were** advised to find a Home first for a Home based ECD, or if there is no other facility, look for a support from the local cell and sector leaders to work together in finding out how the church can be used in the best interest of the child. Local facilitators encouraged also to keep rising awareness in this community through different existing platforms such as umuganda, umugoroba w'ababyeyi and inteko y'abaturatione.

❖ **Rwesero site**

Rwesero cell local facilitators have raised the awareness among the parents and local leaders. There is a moral support from the cell leadership in finding a suitable solution for the initiation of an ECD services facility in the cell. Similarly to **other sites, both local facilitators and leaders are still nor finding a place where they can initiate ECD services provision center.** The **identified local community church is very busy almost** the whole week with different services and make impossible to be used as an ECD facility. Generally families are poor and their house sanitation status do not meet the requirement of a Home based ECD. **The cell leadership is thinking to mobilize resources in the community to build their own ECD center.** However, they were advised not to wait the construction of a facility but also use existing platform to increase awareness and education on different issues tackling the healthy development of children.



6. Challenges

Based on the findings from the community visits, there is a common challenge to find an appropriate setting as per national minimum standards that can be used as either an ECD center or Home based ECD. **Most of the identified community resources do not meet sanitation and safety requirements.** Despite a demonstrated good will from local leaders, parents, and facilitators, this challenge constitute a main barrier to the initiation of the ECD services facilities. Pieces of advice they received, were focusing on using available community platforms to do community education on how to promote a healthy development of a child in accordance to the training they have received. **Nonetheless, this does not guarantee an implementation of an integrated ECD program in the community.**

7. Recommendations

To the knowledge of the author, the role of parents/caregivers in ECD program is vital for a successful implementation. This piece of work in Kirehe sector on parents' involvements and capacity building constitute a backbone of the systemic implementation of the program in a sustainable way. In the best interest of the child, the following recommendations have been formulated to the most important key stakeholders:

7.1. Partnership Rhineland-Palatinate/Rwanda

As the main partner of the district on this project in Kirehe sector, the partnership Rhineland-Palatinate/Rwanda has played an important role in mobilizing resources for the construction of a model ECD center in Nyabikokora cell as well as initial training aimed to build the capacity of parents and their involvement in the ECD program implementation in the sector. In order to use effectively and efficiently the trained resource persons in each cell, the partnership Rhineland-Palatinate/Rwanda **should consider extending its support to each of identified ECD site in each cell with at least a basic start-up kit of resources for the renovation of identified existing facilities.** This would increase parent involvement by completing the necessary food, and some workforce as needed. It also highly recommended that the partnership Rhineland-



Palatinat/Rwanda consider the pieces of advice indicated in the box on the section of Nyabikokora site field visit by the author.

7.2. Local Government Kirehe district and Kirehe sector

The local government structures from the district to the village level, have a major role to play in order to sustain the initiated dynamic ECD initiatives in each of Kirehe sector's cells. Kirehe district should provide support to this initiative by availing/identifying adequate community resource infrastructures that can be used to serve as ECD centers either Home based or center based ECDs. Local government should also continue supporting trained parents by providing a window for raising awareness to the general population during community events and platforms such as during Umuganda, Umugoroba w'ababyeyi, Inteko z'abaturage, etc.

Local leaders should help parents and community in general to develop Home grown solutions and have ownership of ECD activities. Parents and community in general should not be passive recipients of the charity. This ownership mindset should be emphasized for the sustainability of initiated services. In this regards, the parents from this sector might benefit much from a learning visit in another district where Home based ECDs are operational and dynamic for them to learn and come with ideas that will help them to do the same practice.

It is important to recommend Kirehe district to consider author's pieces of advice as stipulated in the box in the section on Community visits, Nyabikokora site.

7.3. To the National ECD program

The national ECD program (NECDP) is the overseeing central structure to coordinate the implementation of an integrated ECD policy. The NECDP has produced a considerable number of good resources to empower the stakeholders on ECDs and has produced minimum standards to be applied. This project in Kirehe sector has informed some gaps in the standards¹⁵ which might need the revision in consideration of low

¹⁵ Gaps were identified in the standards on Toilet requirement, and seems the standards are very high compared to low resourced settings. there is no standards on dining area, bath, and laundry facilities while parents feel this should not miss in the standards



resourced settings such as rural area. During parent training, it was also noticed that the existing training manual is focusing on the policy. It is strongly recommended that specific manuals providing caregiver/parents practical guidance in a specific child milestone, considering inclusion of key guidance for parents who have children with developmental delays and disabilities should be put in place. This would help different centers across the country to promote the capacity building and involvement of parents in ECDs. Parents should be empowered to manage the ECDs and providing full day services including sleeping, enough play, eating and parenting services.

8. Conclusion

This assignment to empower the local community on their involvement and build their capacity in matters related to ECD in Kirehe sector, could be informative on practical way that the national ECD policy can be implemented at grass root level. Similar initiative around the country can bridge the gap between policy and its implementation at front line level in different Rwandan communities. There is a very strong political will but the implementation at community level need another milestone in transforming the policy into practice. This is not a single step activity, rather, it is a whole journey of a multidisciplinary and multi sectorial dimension scope of collective work where every stakeholder at each level has to pull in his contribution.

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