

**REPUBLIC OF RWANDA**



**MINISTRY OF EDUCATION**

**INTEGRATED EARLY CHILDHOOD DEVELOPMENT STRATEGIC PLAN**

**2011/12 – 2015/16**

**Kigali 2011**

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## ACRONYMS AND ABBREVIATIONS

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ARV	Anti Retro-Viral (Drugs)
CDLS	Commission de District de Lutte Contre le SIDA
CHW	Community Health Workers
CRC	Convention on the Rights of the Child
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
ECD	Early Childhood Development
ECI	Early Childhood Intervention
EDPRS	Economic Development and Poverty Reduction strategy
EMIS	Education Management Information System
EPI	Expanded Programme on Immunisation
ESSP	Education Sector Strategic Plan
FAWE	Forum for African Women Educators
FBO	Faith-Based Organisations
GBV	Gender Based Violence
GDP	Gross Domestic Product
HIV/AIDS	Human Immune-Deficiency Virus/Acquired Immune -Deficiency Syndrome
IGA	Income Generating Activities
IMCI	Integrated Management of Childhood Illnesses
INES	Institut National d'Enseignement Supérieur
Ruhengeri	
KIE	Kigali Institute of Education
MDG	Millennium Development Goals
MIFOTRA	Ministry of Public Service, Skills Development, and Labour
MIGEPROF	Ministry of Gender and Family Promotion,
MINALOC	Ministry of Local Government, Good Governance and Social Affairs
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MININFRA	Ministry of Infrastructure
MINISANTE	Ministry of Health
MINITERE	Ministry of Natural Resources
MIS	Management Information System
NCDC	National Curriculum Development Centre
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-To-Child Transmission (of HIV/AIDS)
PTA	Parent Teacher Association
RNP	Rwanda National Police
ROI	Return on Investment

RRP+	Réseau Rwandais des Personnes Vivant avec le SIDA
SWAP	Sector-Wide Approach
TTC	Teacher Training Colleges
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme

# 1. BACKGROUND AND OVERVIEW

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## 1.1 INTRODUCTION

ECD is defined as “**the processes by which children from pre conception to six years grow and thrive physically, mentally, emotionally, morally and socially**”. In other words, ECD is the holistic development of a child during the first years of life in a socio-cultural context (physical, social, emotional, spiritual, moral, intellectual development). Each child develops in a holistic manner. He or she requires nurturing care from parents, legal guardians and other caregivers, stimulating play and early learning opportunities, good health care, a nutritious and balanced diet, clean water, a hygienic environment, love, safety and security to grow up socially well-adapted and emotionally balanced. (Integrated ECD White Paper August: 2009).

Early Childhood Development therefore does not simply refer to a facility, site or crèche. It is a range of services provided to young children to enhance their holistic development, to ensure they are well cared for and effectively protected.

Evaluations of quality ECD programs globally have demonstrated that investments in ECD are among the most cost-effective investments a country can make and that ECD returns to investment are higher than for any other age group intervention. Further to this, investment in ECD enhances the child’s survival, growth and development and this is especially so for the marginalized and disadvantaged children.

ECD is thus an important element for Rwanda to achieve its vision of becoming a middle-income country by 2020 through its contribution to the development of a strong human capital base of innovative and industrious people who can work efficiently in different spheres of the economy. It is expected that in the short, medium and long term, the ECD Policy and its Strategic Plan will yield high levels of economic and social returns on investment. This integrated approach to ECD will help Rwanda achieve the objectives and targets of Vision 2020 and the EDPRS for overcoming poverty, expanding economic and social development, and achieving a durable peace and prosperity.

## 1.2 PURPOSE OF ECD STRATEGIC PLAN

The purpose of the National ECD Strategic Plan is to provide a detailed roadmap and framework for the effective implementation of the National ECD Policy. The strategic plan seeks to ensure implementation of quality integrated services for all children especially the disadvantaged and marginalized.

An integrated approach to ECD calls for inter-sectoral coordination on the part of the Education, Health, Nutrition, Sanitation, and Child Protection sectors. ECD forms the foundation of Basic Education programmes of MINEDUC; maternal and child health, nutrition and sanitation services in MINISANTE and MININFRA; and social protection services in MIGEPROF,

MIFOTRA and RNP and other agencies and groups. The Strategic Plan develops an implementation framework, which includes Institutional arrangements required to manage and guide this approach.

### **1.3 PROCESS OF DEVELOPING THE STRATEGIC PLAN**

National consultations were the major avenue through which views from local communities, districts, provinces to national level were sought in the development of both the ECD Policy and Strategic Plan.

At the national level, an ECD Task Force composed of representatives from concerned ministries and NGOs: MINEDUC, MINISANTE, MIGEPROF, MINECOFIN, MINIJUST, MINALOC, MININTER, MININFRA, MINAGRI, Imbuto Foundation, Save the Children, Care international and the One UN supported the development of both the ECD Policy and Strategic Plan. In addition to this, a Steering Committee composed of MINEDUC (lead), MINISANTE and MIGEPROF in collaboration with UNICEF was established to guide the policy developmental processes.

The detailed results framework contained in this document was the product of a Results Based Management workshop in 2010 which brought together representatives, including at the Director level, from the key concerned Ministries, coordinated by MINECOFIN.

At the decentralised level, a large number of citizens and local leaders, participated in ECD consultative workshops, including Vice-Mayors in charge of Social Affairs, PTA representatives, district health officers, pre-primary teachers and head teachers, religious leaders, child welfare and protection officers, representatives of institutions in charge of child development and others from social mobilisation and civil society institutions operating in the districts, officers in charge of maternal-child care in health centres, officers in charge of security and child protection (i.e.: Rwanda National Police, gender desk). The total number of participants was: 249.

## 2. ANALYSIS

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### 2.1 CURRENT SITUATION OF ECD SERVICE PROVISION

A detailed analysis of the current situation of service provision for children between the ages of 0-6 is contained in the ECD Policy. Efforts need to continue to ensure that all maternal-child health care provides a fully integrated service and is expanded at the community level in order to further reduce infant, child and maternal mortality and morbidity. Nutrition services for pregnant and lactating mothers, infants and young children will see further improvements and expansion to overcome remaining maternal and child malnutrition rates. Quality and effective services need to be maintained at decentralised levels to promote HIV free infants and children. Recent improvements in the environment of care and support for HIV infected infants and children at community level needs to be maintained and built upon to ensure that they reach their full potential. A continued focus on improved water and sanitation facilities and hygiene practices at ECD Centres, pre-primary schools, and health centres needs to be prioritised.

Community early care and development centres (day care centres and crèches) are not accessible for the majority of mothers working outside the home. The existing centres are often unregulated and are managed without adherence to quality standards. Only a small number of experimental ECD centres use an integrated, community-based approach to ECD, with promising initial results in areas such as Muhororo in Ngororero District. Less than 10% of children from 3 to 6 years of age are able to access some form of early learning opportunities, usually privately operated pre-schools, and these services lack an overarching or uniform application of standards, curricula, learning materials.

The National Skills Audit Report of January 2009 stipulates that, *“In the pre-primary category, there are no managers; no trained pre-primary teachers and no administrators. The gap is reported at almost 100%.”* It continues, *“...the lack of pre-primary teachers undermines the foundation of the entire education system and the achievement of Education for All, EFA goals. Pre-primary schooling is critical to early childhood development and is the basis for all subsequent education and training.”*

Once quality services for infants and children are in place, impressive and rapid results can be achieved. The primary focus needs to be on expanding access to and improving quality of:

- Pre-primary education for children from 3 to 6 years to prepare for school;
- Antenatal, post-natal preventive and basic health care services which improve child survival rates;
- Nutrition services, which improve children’s physical development;
- Services for the prevention of mother to child transmission of HIV (PMTCT) and paediatric HIV care and support services.
- Water and sanitation services, which provide a hygienic environment for children.

## 2.2 ANALYSIS: STRENGTHS WEAKNESSES THREATS AND OPPORTUNITIES

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>▪ Political will to strengthen Early Childhood Education in Rwanda.</li> <li>▪ Rwanda has strong formal commitment to the implementation of ECD Policy.</li> <li>▪ Effective immunisation campaigns.</li> <li>▪ High level of breastfeeding.</li> <li>▪ Community willingness to participate in all types of ECD services.</li> <li>▪ Rwanda has developed many strong policies and strategic plans in ECD areas.</li> <li>▪ Strong commitment to OVC, gender-based violence, and protective services.</li> <li>▪ Initial work proceeding to develop national indicators, targets and MIS.</li> <li>▪ Strong commitment to family planning.</li> <li>▪ Policy support for lowering infant, child and maternal mortality.</li> <li>▪ Strong demand for parent`s education.</li> <li>▪ Health policies promoting antenatal care and delivery.</li> <li>▪ Many policy statements call for improved hygiene, water and waste management.</li> <li>▪ Policy calls for school nutrition and health services.</li> <li>▪ Policy calls for children with disabilities to attend inclusive Primary Schools.</li> <li>▪ General concern exists regarding children with developmental delays, malnutrition and disabilities.</li> <li>▪ Increasing demand and interest in early care centres and Pre-Primary Education.</li> <li>▪ Pre-Primary Teachers currently serving.</li> <li>▪ NCDC developed some ECD curricula and learning materials.</li> <li>▪ Nutritional rehabilitation services have been promoted.</li> <li>▪ EDPRS developed to overcome poverty.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rwanda lacks an ECD Policy and ECD Strategic Plan and organisational structure.</li> <li>▪ Traditional parenting practices largely lost due to war, genocide and displacement.</li> <li>▪ Traditional stories increasingly forgotten or not used. Lack of written culture.</li> <li>▪ Need to ensure continuous services.</li> <li>▪ Maternal malnutrition reduces impact.</li> <li>▪ Lack of a structure and support for ECD programme planning at local levels.</li> <li>▪ Rwanda`s policies lack a framework for ECD coordination and service integration.</li> <li>▪ Lack of implementation capacity for achieving goals of OVC and GBV policies.</li> <li>▪ Lack of effective data gathering, trend lines, and statistical analysis for ECD indicators.</li> <li>▪ Inadequate family planning education.</li> <li>▪ Lack of enough health centres, hospitals and medical personnel.</li> <li>▪ Virtually no parent education in Rwanda.</li> <li>▪ Poor utilisation of antenatal care, lack of antenatal education, and home deliveries.</li> <li>▪ Poor attention to personal, home and school hygiene, water and waste management.</li> <li>▪ Insufficient water provision in the communities and homes</li> <li>▪ Pre-primary schools generally lack nutrition and health care or referral services.</li> <li>▪ No policy exists regarding inclusive education for Pre-Primary Schools.</li> <li>▪ No ECI programme exists for identifying and assessing children 0 to 3 years who have delays, malnutrition and/or disabilities.</li> <li>▪ Seriously inadequate supply of early child care centres and Pre-Primary Schools.</li> <li>▪ Capacity building of Rwandan higher education institutions in ECD just started.</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>▪ ECD offers high Return on Investment.</li> <li>▪ Strong national leadership for ECD in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Policy makers may not focus on ECD`s ROI.</li> <li>▪ Change of leadership might possibly threaten</li> </ul>



<p>Presidency, Primature and ECD ministries.</p> <ul style="list-style-type: none"> <li>▪ Increasing interest in investing in ECD on the part of international donor partners.</li> <li>▪ Strong consensus among stakeholders and citizens exists regarding importance of ECD.</li> <li>▪ Effective decentralisation processes in place in Rwanda.</li> <li>▪ Rwanda has rebuilt its economy and infrastructure in record time.</li> <li>▪ Awareness at high levels of the need for pre- and in-service training.</li> <li>▪ Private sector and civil society commitment to ECD fields is notable.</li> <li>▪ Private sector and civil society have given significant resources to ECD.</li> <li>▪ MINEDUC should provide leadership for developing standards, guidelines, teacher training and M&amp;E.</li> <li>▪ Rwanda has the opportunity to lead the East African Community in ECD.</li> <li>▪ Good grid of mass media in Rwanda.</li> <li>▪ Improved higher education institutions could partner to train ECD personnel.</li> <li>▪ Debt reduction could help to finance ECD.</li> <li>▪ Strong tradition of policy development in Rwanda.</li> <li>▪ Interest in developing standards, guidelines and regulations.</li> </ul>	<p>ECD Policy implementation.</p> <ul style="list-style-type: none"> <li>▪ Donor partners are awaiting ECD Policy and Plan and expect rapid action.</li> <li>▪ Key decision makers might ignore the consensus and not increase investments in ECD.</li> <li>▪ Lack of ECD guidelines and training for District, Sector, Cells and <i>Imidugudu</i>.</li> <li>▪ Global financial and business recession may limit funds for social development.</li> <li>▪ Lack of professors and trainers of trainers in all ECD fields.</li> <li>▪ Private sector and civil society may lack adequate Government partnership.</li> <li>▪ Government may have become overly dependent on private sector and civil society resources.</li> <li>▪ MINEDUC might not provide enough leadership for ECD, standards, guidelines, teacher training and M&amp;E.</li> <li>▪ Possible lack of use of mass media for ECD.</li> <li>▪ Debt reduction funds may not be used for ECD.</li> <li>▪ Inadequate policy implementation could lead to unfulfilled promises.</li> </ul>
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### **2.3 KEY STRATEGIC ISSUES**

Five key strategic issues were identified through stakeholder consultations and the SWOT analysis, and the following issues form the basis of the Strategic Results Framework, detailed in the next section.

1. Limited access to equitable ECD services for all children up to 6 years of age
2. Need for improved quality of all ECD services catering for children up to 6 years, their families and communities
3. Weak partnership, collaboration and coordination among sectors and key ECD stakeholders
4. Need for advocacy and social communication for increased involvement and ownership among key stakeholders
5. Inadequate system for documentation, monitoring and evaluation of the ECD program

### **3. STRATEGIC FRAMEWORK**

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The following Vision, Goal and Objectives respond directly to the recommendations of participants in nationwide consultation workshops. They also meet major prevailing problems and needs identified through the Situation Analysis and the three expert studies.

#### **3.1 VISION STATEMENT**

The Vision of the ECD Policy is that all infants and young children will fully achieve their developmental potential: mentally, physically, socially and emotionally. The national vision for the integrated development of infants and young children covers the period from pre-conception and antenatal education and care to 6 years of age.

The focus of the ECD Strategic plan is to contribute to the achievement of the overall vision and goals of the ECD Policy to improve, expand, strengthen and promote integrated services for the development of Rwandan children to their full potential. The ECD Strategic plan will guide all stakeholders during the operational planning process, as well as in implementation of services and programmes for children between the ages 0-6. The ECD Strategic Plan is a reference document for the development of an ECD monitoring and evaluation system and will be used for resource mobilization for ECD.

#### **3.2 GOAL**

The goal of the ECD strategic plan is to guide the implementation of the integrated ECD Policy. The Goal of the ECD Policy is to ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mothers, fathers and communities become nurturing caregivers through receiving integrated early childhood development services.

#### **3.3 OBJECTIVES**

The ECD Policy and Strategic Plan outline strategies, activities indicators and timeframe for the achievement of the following overall policy objectives:

1. To improve birth outcomes, reduce infant and maternal mortality and high fertility rates through the expanded use of family planning; pre-conception services; HIV prevention and care services and antenatal education; health and nutrition care services; and the increased use of medically attended births as well as neonatal care.
2. To improve parents' and legal guardians' knowledge, skills and resources to support the development of their children, with an emphasis on infants and children up to 6 years of age who are living in poverty.
3. To ensure infants and toddlers receive nurturing care and developmental services, and that young children from 3 years to primary school entry are well developed and prepared for success in school and life.
4. To prevent and reduce stunted growth, and improve child development outcomes for the most vulnerable children and children with special needs.

5. To reduce malnutrition and children under-5 child mortality and morbidity through preventive measures and basic maternal-child health care and nutrition services, with emphasis on neonatal and post-natal care and maternal-child nutritional rehabilitation services.
6. To reduce the incidence of childhood illnesses and diseases due to unclean water, poor hygiene and unhygienic waste disposal.
7. To ensure that all newborns are registered, the rights of all young children are respected, and orphans and vulnerable children from birth to 6 years are identified and receive well-coordinated child protective services of high quality.
8. To provide comprehensive ECD services of high quality through developing culturally appropriate and state-of-the-art curricula, training manuals, educational materials, teaching aides, and pre-and in-service training for teachers, community facilitators and supervisors of ECD programmes and services.
9. To monitor and evaluate the organisation, coordination processes, programmes and services of the ECD Policy, and to promote the preparation of research studies on key child development issues.
10. To sensitise local authorities, opinion leaders, parents, communities and journalists about the importance of children's early development, ECD Policy provisions, and their roles in assisting with planning, implementing, and overseeing essential children's services.

### **3.4. STRATEGIC APPROACH**

Initiatives to achieve the objectives of the ECD Policy will begin simultaneously at all levels, from *Imidugudu* and Districts to central level. The following initiatives will be initiated immediately after Policy is adopted:

1. Pilot **Community-based Integrated ECD Centres** will be designed during 2011/2012, and implemented and evaluated in each District and Sector during the lifetime of the Strategic Plan. The Centres will be designed to go to scale rapidly in all Sectors.
2. Activities for planning, field-testing and producing high-quality curriculum and materials development for ECD will be conducted from 2011 onwards.
3. Concurrently, pre- and in-service training systems will be planned and once all curricula and materials are in place, training services will begin in (2011– 2012).
4. Pre-primary standards, regulations and guidelines will be developed in 2011/2012 with the goal of improving educational quality throughout the country.
5. Pre-primary programmes will integrate health, nutrition, sanitation and protection services in their ECD package.
6. Once prepared, pre-primary school improvement activities will be conducted in all Administrative Sectors from 2011/2012. Pre-primary expansion will begin in 2012.
7. Inter-sectoral ECD agreements, partnerships, monitoring, evaluation and reporting activities, and policy advocacy and social communications will begin in 2011.
8. ECD Action Plans and Budgets will be prepared and implemented annually.

Once underway, these initiatives will be coordinated, expanded and reinforced by means of implementing the framework outlined below.

### **3.5. STRATEGIC RESULTS FRAMEWORK**

The following table is a comprehensive results framework which will guide implementation of the ECD Plan and act as a Monitoring and Evaluation tool to assess progress towards achieving the objectives of the ECD Policy. The results chain of the Framework is organised into four Strategic Objectives (Outcomes), which will be achieved over the course of the five-year Strategic Plan. Output-level results for each Outcome contain specific activities, with indicators, targets, timelines and budgets, with the responsible actor identified for each activity. The detailed results framework is the product of a workshop which brought together representatives, mainly at the Director level, from the key concerned Ministries, including MINECOFIN.

### **3.6 FINANCING THE IMPLEMENTATION OF THE RESULTS FRAMEWORK**

The Ministry of Education has been tasked with providing leadership for ECD though all concerned Ministries will contribute through their own budgets. Financial support for ECD needs to be phased in over a 5 year period. Essentially, a “mosaic” of greatly increased financial and in-kind volunteer support will be required in order to rapidly expand and improve ECD services.

**Government support** includes a commitment to expand current budgets in all relevant ministries for integrated initiatives supporting children between the ages of 0-6 as outlined in the ECD Policy. For Government-supported ECD centres of all types, it will contribute to pre-primary teacher/caregiver motivation, as well as the provision of some construction materials; training opportunities for caregivers as well as learning materials and toys. Government will also support the on-going development of ECD curricula and learning materials and provide an oversight function through monitoring and evaluation of all ECD centres to ensure they are adhering to quality standards. Finally, government financial commitments extend to supporting awareness raising and communications exercises to support an increasing demand for and understanding of the importance of ECD nationwide.

**Community participation** will include fees for ECD services depending upon parents’ income levels; management and oversight activities of ECD centres; provision of supervised volunteer caregivers; support for the construction and maintenance of ECD centres. Combining both in-kind and financial support, such contributions will play a significant part in the successful functioning of community-based ECD centres.

**Civil society, faith-based and private sector partnerships and contributions** mechanisms and agreements for shared responsibility with Government will be developed. Percentages of partner support will be established to achieve long-term, sustainable collaboration. Development partner organisation such as UNICEF will also provide financial support in developing standards, both for the infrastructure associated with ECD centres as well as for the quality and content of ECD programmes provided through the centres.

**International partnerships:** (ONE UN, multilateral and bilateral donors, and international NGOs) will be rapidly expanded to assist with developing Integrated ECD Centres nationwide, with a phased reduction of external assistance as national contributions increase over time.

<b>STRATEGIC OBJECTIVE 1: Operationalize policy and institutional framework to support the implementation of ECD at all levels</b>												
<b>EXPECTED RESULTS</b>	<b>ACTIVITIES</b>	<b>RESP</b>	<b>PARTNERS</b>	<b>INDICATORS</b>	<b>Targets</b>	<b>2011 /12</b>	<b>2012 /13</b>	<b>2013 /14</b>	<b>2014 /15</b>	<b>2015 /16</b>	<b>ESTIMATED COST Rwf</b>	
Disseminate the ECD Policy and Strategic Plan	Official launch and dissemination of the Policy and Strategic Plan after Cabinet adoption	MOE	MOH, MIGEPROF, MINECOFIN, NGOs, MINALOC, FBOs, CBO's,	Official launch held Dissemination of summary brochure	80% of stakeholders						20,000,000	
Joint operational action plans developed and costed	Produce detailed ECD Annual Action Plan	MOE	MOH, MIGEPROF, MINECOFIN, MINIJUST, MINALOC, One UN NGOs FBOs, CBO's, Districts	Detailed action plan developed. Number of stakeholders including ECD in their action plans	70 of stakeholders						6,000,000	
	Cost the detailed action plans	MOE		Action plan costed							0	
	Mainstream ECD costing into the sector budgets and performance contracts	MOE		% of stakeholder budgets that include ECD	70% of stakeholders						10,000,000	
	Develop MoU between concerned Ministries	MoE		All concerned Ministries	MoU signed	100% of involved Ministries						0
Guidelines developed to support smooth implementation	Produce ECD Standards and Guidelines based on International best practices	MOE	MOH, MIGEPROF, MINECOFIN, MINALOC, One UN NGOs FBOs, CBO's, Districts	Standards and Guidelines developed	Standards and Guidelines adopted						12,000,000	
	Disseminate ECD Standards and Guidelines	MOE		% of stakeholders at dissemination meetings	70% of stakeholders						10,000,000	
National institutional framework established to define roles and responsibilities	Develop TORs for National SC, TC, secretariat, Task Force and ECD focal points		MINALOC, MINECOFIN, MIGEPROF	TORs developed	ToRs in use						500,000	
	Constitute National ECD SC, TC, Secretariat, Task Force and ECD focal points	MOE		MINALOC, MINECOFIN, MIGEPROF, MINIJUST	Steering, TC, Secretariat and Focal points established	100% coordinating bodies established						0
	Conduct induction program for members of all committees	MOE			Induction program conducted for all teams	100% of teams inducted						2,500,000
	Organize Regular Meetings for SC & TC, Secretariat, Task Force and	MOE			Number of quarterly reports	4 reports						2,500,000

	Focal Points										
Multi-sectoral ECD implementation team at district level established	Develop TORs for district multi sectoral ECD implementation team through a consultative workshop	MOE	MINALOC, MINECOFIN, MIGEPROF	TORs developed	ToRs in use						500,000
	Appoint appropriate persons to the district multi-sectoral team	MOE	MINECOFIN, DISTRICT	Number of active participants	30 teams appointed						0
	Conduct induction program for district multi-sectoral team	MOE	MOE, MIGEPROF, MOH, DISTRICT	Number of people inducted	100						20,000,000
	Advocate for budget provision for ECD at district level		MINECOFIN, MOE, NGOs MINALOC,	Increased district ECD budget allocations	20% increase overall						0
Multi-sectoral ECD implementation team at sector level established	Develop TORs for multi sectoral sector team through a consultative workshop	Distr team	National ECD Task Force	TORs developed	ToRs in use						500,000
	Appoint appropriate persons to the multi-sectoral sector team	Distr team	National ECD Task Force	Number of active participants	1,800						0
	Conduct induction program for sector multi-sectoral team	Distr team	National ECD Task Force	Number of people inducted	80% of appointed						70,000,000
Capacity Building of community ECD centre management teams	Village meetings to agree upon members of management teams	Sec. team	District ECD Committee, ECD Task Force	Number of management teams established	420						0
	Develop manual for ECD centre management teams	MoE		ECD Centre Management Manual	In use in 70% of ECD						6,000,000
	Conduct capacity building workshop for management team	Sec. team		Number of people trained	70% of those appointed						50,000,000
Communication strategy developed and implemented	Develop ECD Communication strategy	MOE	MOH, MIGEPROF, MINECOFIN, MINALOC, One UN, FBOs, NGOs,	Communication strategy developed	Strategy implement						15,000,000
	Organize Seminars and sensitization campaigns on ECD and protection of children against violence	MOE		Number of seminars organized	1 seminar and campaign per year						18,000,000
	Contribute to Radio/TV talk shows, develop flyers, newspapers articles etc	MOE		No of media coverage	Quarterly media coverage						48,000,000
<b>Total for Objective 1</b>											291,500,000

STRATEGIC OBJECTIVE 2: Increase equitable access for all children 0-6 years to adequate early stimulation, effective & relevant education, sufficient nutrition, adequate health care and protection												
EXPECTED RESULTS	ACTIVITIES	RESP	PARTNERS	INDICATORS	Targets	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	ESTIMATED COST	
Family ECD package (stimulation, nutrition, child protection and primary health care) adapted and included into existing health and nutrition programs for infants and toddlers.	Adapt and Integrate comprehensive family ECD package into existing health and nutrition programmes	MoH	MoE, MIGEPROF, MINECOFIN, NGOs MINALOC, One UN,	# of Health Centres implementing the integrated ECD package	70% of Health Centres						10,480,000	
	Train community health workers on use of ECD package	MoH	MoE, UN, NGOs MINECOFIN	# of CHW trained	90% of CHWs						900,000,000	
	Integrate family ECD package into training for health professionals	MoH	MoE, MINECOFIN, One UN, NGOs	Integration of ECD package into health professionals training.	70% of health training programmes						0	
	Sensitize community leaders, parents and future parents on the importance of ECD and protection of children.	ECD Secretariat	MoE, MIGEPROF, MINIJUST, One UN, NGOs, FBOs, MINALOC	# of sensitization sessions/campaigns organized	1 session in each sector per year							133,606,578
	Scale up Mother and child primary health care services in community.	MoH		# of ECD with operational Mother and child primary health care services	20% increase							257,760,000
	Develop screening tools to identify children with special needs and developmental delays	MoH	MoE, MIGEPROF, One UN, NGOs, MINALOC	Tools developed	Tools in use in 50% of health centres							6,000,000
Integrated ECD centres established in each sector.	ECD facilities and equipment provided countrywide (Community based, school based, Health centre-based, centres for children in vulnerable circumstances*).	MoE	MoE, MIGEPROF, MINALOC, MoH, MINECOFIN, One UN, CSOs, MININFRA, DPs MINAGRI	# equipped ECD established % of malnutrition rate decreased	One ECD centre per sector						5,000,000,000	
ECD pre and in service training system established (accreditation and professional development).	Support establishment of ECD programme at KIE	MoE	NGOs, One UN	ECD programme at KIE	Students enrolled in the programmes						5,000,000	
	Support establishment of ECD Unit in TTCs	MoE	KIE, Districts, TSC	# of TTC with ECD Unit	ECD Unit functional							
	Conduct training courses for caregivers and preschool teachers on ECD	MoE	Districts, NGOs, One UN, MINECOFIN	# of training sessions conducted, # of trainees	70% of caregivers trained						22,500,000	
	Establish a mechanism to approve all ECD training courses provided.	MoE	KIE/	Training accreditation system developed.	90% of all trainings being used						0	

					accredited							
	Setting professional standards for tutors	MoE	KIE/	Standards Developed	Standards in use							2,000,000
	Production of textbooks and tutors' guide	MoE	KIE, NCDC	Textbooks and guides developed	Textbooks and guides in use							250,000,000
Improved quality of ECD service provision in ECD centres (3-6 year old)	Curriculum Review and Development.	MoE	NCDC	Curriculum Revised	Reviewed Curriculum in used in 70% of centres							27,500,000
	Materials development guide developed	MoE	NCDC, KIE	Materials Development Guide	Guide in use in 70% of centres							9,000,000
	Integration of ECD supervision, mentoring and monitoring support into induction programme for all Sector Officers	MoE	Districts, NGOs, One UN, MINECOFIN	Number of sector officers inducted on ECD supervision and monitoring.	70% in each sector							6,000,000
	Support ECD Nutrition Programme	MOH		% of malnutrition rate decreased	45% reduction							3,608,640,000
	Incorporate intervention programmes for children with special needs and developmental delays into ECD programmes.	MoE	MoH, NGOs	# children assessed, identified and receiving special services	70% of identified children receiving services							20,000,000
	Train community on child rights and protection, including protecting children against violence..	MIGEP ROF	MoE, MINIJUST, BAR ASSOCIATION, CSOs, DPs NHRC,	# of stakeholders trained	70% of communities with ECD centres							85,920,000
	Provide legal support to children in need	MINIJUST	MIGEPROF	# of children supported	50% of children identified receiving support							0
	Provide psychosocial care to children	MoH	MoE, MIGEPROF development partners CSOs,	% of children assisted	50% of children identified receiving support							0
	Initiate IGA to ECD centers	MINILOC	MIGEPROF	# of IECD IGA activities	One IGA per ECD centre							5,370,000,000
	Conduct study tours to best IECD	MOE	MINIJUST, CSOs, DPs, BAR ASSOCIATION	# of study tours conducted	2 per year							37,500,000
<b>Total for Objective 2</b>											<b>9,439,060,000</b>	



**STRATEGIC OBJECTIVE 4 Evidence Based Programming and Effective Monitoring and Evaluation**

<b>STRATEGIC OBJECTIVE 3 Strengthen effective public-private and international partnership supporting the integration of services, scale up &amp; sustainability of ECD interventions in all imidugudu in Rwanda</b>											
<b>EXPECTED RESULTS</b>	<b>ACTIVITIES</b>	<b>RESP</b>	<b>PARTNERS</b>	<b>INDICATORS</b>	<b>TARGETS</b>	<b>2011 /12</b>	<b>2012/ 13</b>	<b>2013 /14</b>	<b>2014 /15</b>	<b>2015 /16</b>	<b>ESTIMATED COSTS</b>
Effective Coordination and resource mobilisation mechanisms to bring together Public and Private sector partners	Establish a National Forum to bring together Public, Private and development Partners on ECD.	MoE	MoH, MIGEPROF, MINALOC, MINECOFIN, One UN, NGOs	# of meetings	Once a year						26,000,000
	To develop and validate an operational TOR for the Forum.	MoE	MoH, MIGEPROF, MINALOC, MINECOFIN, One UN, NGOs	TOR document	ToR Validated and in use						1,560,000
	To put in place an ECD national Secretariat	MoE	MIGEPROF, MoH	An operational Secretariat	Secretariat functional						3,284,000,000
	Develop fundraising package to mobilize resources for ECD scale up.	ECD Secretariat	MoH, MIGEPROF, MINALOC, MINECOFIN, One UN, NGOs	Package Available	Package used to raise funding						20,000,000
	Develop MoUs with Public and Private actors, civil society, FBOs and development partners outlining commitments to support ECD.	ECD Secretariat	MoH, MIGEPROF, MINALOC, MINECOFIN, One UN, NGOs	MoU developed and signed	MoU signed by all partners						0
<b>Total for Objective 3</b>											<b>3,331,560,000</b>

EXPECTED RESULTS	ACTIVITIES	RESP	PARTNERS	INDICATORS	TARGET	2011 /12	2012/ 13	2013 /14	2014 /15	2015 /16	ESTIMATED COSTS
Strategic M & E and Research Plan developed and operationalized	Develop and validate M&E/research plan including ToRs	ECD TC	MINECOFIN, UN, MINALOC, NGOs, MIGEPROF, MoH	M&E Research plan in place	Research plan in use						7,500,000
	Implement the M&E / research plan	TC	MINECOFIN, MINALOC, MIGEPROF, MoH, NGOs, UN	# of reports	One Report per year						120,000,000
	Disseminate and publish key findings including through the Forum	ECD Secretariat	MINECOFIN, MINALOC, MIGEPROF, MoH, NGOs, UN	# of quality reports produced	Once a year						75,000,000
Data management, information and reporting systems established	Develop ECD indicators for Rwanda	ECD Secretariat	MINECOFIN, MINALOC, MIGEPROF, MoH, CSOs, Development partners	indicators agreed upon	Indicators in use						25,000,000
	Ensure that the indicators are integrated into national information system (DEVI INFO, EMIS, IMIS)			Number of reports produced with accurate ECD data	One report per year					0	
	To develop community based data collection tools			format produced	One format					2,000,000	
	Conduct a midterm review of the ECD Strategic plan			Progress of SP and recommendations	One at mid term					44,000,000	
M&E capacity building system implemented	Develop and implement district and Community capacity building plan based on capacity gap analysis	ECD secretariat	MINECOFIN, MINALOC, MIGEPROF, MoH, NGOs, UN	Capacity building plan document developed	Capacity building plan in use						0
	Build capacity of the Ministries and NISR on management/use of data to support decision making	ECD secretariat	Development partners	# of people trained	30						5,670,000
	Build capacity of the District ECD committees on management and use of ECD data to support decision making	ECD secretariat	MINECOFIN, MINALOC, MIGEPROF, MoH, NGOs, UN	# of people trained	60 (2 per district)						11,340,000
Feedback mechanism to district and communities established	Ensure adequate functioning of data flowing mechanism (from district to community vice versa and from district to central level).	ECD secretariat	Development partners	Upwards reports	Once a year						0
	Support debates on community ECD performance to allow self-assessment	ECD secret	Development partners	# of self-assessment sessions	2 sessions a year						10,256,000
<b>Total for Objective 4</b>											300,766,000
<b>Grand Total</b>											<b>13,362,886,000</b>

*PART TWO*

**IMPLEMENTATION ARRANGEMENTS**

## 4. IMPLEMENTATION ARRANGEMENTS

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### 4.1 Leadership and Coordination

The ECD Policy and its Strategic Plan implementation will be governed by both political and operational structures. At the political level, a **Steering Committee** composed of a core group of Ministers will provide overall leadership and guidance on the implementation of the Strategic Plan and the achievement of the ECD Policy Actions. The Ministers of Education, Health, Gender and Family Promotion, the Minister of Local Government and the Minister of Finance will constitute the core group.

The work of the Steering Committee will be supported by an ECD **Technical Committee**, composed of senior technical staff from each Ministry, who will meet on a regular basis to agree upon specific actions and which will report to the Steering Committee on progress and plans. The Technical Committee will work closely with the **ECD Secretariat**, which will be established to work full time on the implementation of the ECD Policy and Strategic Plan. The ECD Secretariat will act as the key operational body which ensure the maximum level of coordination and integration of services for children between the ages of 0-6. The exact functions of the ECD Secretariat are detailed below.

The ECD Secretariat will be established to implement and manage the ECD Policy. This expert multi-sectoral team will be coordinated by and will report to MINEDUC. These reports will be submitted to PM Office after approval by the Steering Committee.

#### **The ECD Secretariat will have the following functions:**

1. Serve as the **Secretariat** for the ECD Steering Committee and help in the coordination of the Inter-Sectoral Technical Committee.
2. **Coordinate the decentralised ECD structures, including two-way vertical coordination and horizontal coordination for sharing innovations.**
3. Prepare the **Annual National ECD Report** and the **Annual National ECD Action Plan, which will be integrated into sector plans.**
4. Promote and establish sustainable sectoral and inter-sectoral **ECD agreements and partnerships** between Government, civil society and private sector organisations.
5. Ensure the design, drafting, field-testing, and production of **ECD Learning Resources** is conducted in partnership with NCDC and other partners.
6. Guide the development of **Pre- and In-Service ECD Training Systems** through maximising the use of existing institutional resources and establishing effective partnerships with institutions of higher education.
7. Design and manage the **ECD Monitoring and Evaluation System** and coordinate **Applied Research Projects** in the area of ECD.
8. Prepare and implement the **Annual Plan for Policy Advocacy and Social Communications**, and plan and convene an annual one-day **National ECD Forum**.

### **Ministry Capacity for ECD Programming**

As well as strengthened coordination across all sectors, the various Ministries will commit to strengthening human resource capacities and the number of staff working on initiatives targeting children between the ages of 0-6 years.

### **Partnership Agreements**

The Government views collaboration with civil society and private sector organisations as fundamental for maximising the use of the knowledge, experiences, skills and commitment of all Rwandans involved in ECD activities. To ensure good working relationships are developed and maintained among Government and civil society and private sector partners, formal **Partnership Agreements** will be essential. These Agreements will specify the roles and responsibilities of each partner. They will include adherence to established programme and personnel standards and regulations regarding finances, fees, personnel, coordination, monitoring, reporting, and expectations for collaboration with communities and Government entities. The ECD Secretariat and potential partners will work together to prepare draft formats for Partnership Agreements. This process will be totally transparent, and as needed, additional regulations will be developed over time.

Integrated and well-coordinated services can enhance capacities of each sector to create effective ECD services. The ECD Policy and accompanying Strategic Plan include strategies and programmes for: 1) providing integrated services at the community level to fill major gaps in current services for young children, parents and legal guardians; 2) Improving services through designing better programme coordination; and 3) Expanding and improving existing sectoral programmes.

### **National ECD Task Force**

Upon the adoption of the ECD Policy, a **National ECD Task Force** will be established and chaired by the Ministry of Education. This forum, which will bring together government and non-government stakeholders, will consider ways to provide technical, financial and material support for the achievement of the objectives of the ECD Policy. Through nationally led donor coordination, the ECD forum will seek to avoid unnecessary duplication, promote strong synergies for ECD investment, and help to ensure that key ECD services are made available where they are most needed.

### **Decentralised Levels**

Because ECD is mainly community-based and Rwanda has a decentralised structure of governance, the following decentralised organisational framework will be needed.

**District Inter-Sectoral ECD Committees** will be established and linked to *District Action Forums*. They will be composed of local authorities and representatives of civil society and private sector groups. Each District will decide which person or agency will convene the District Inter-Sectoral ECD Committee. This could be the Vice-Mayor in charge of Social Affairs or another respected local leader. The District Inter-Sectoral ECD Committee will approve: 1) Comprehensive ECD Annual Plans, and 2) Regular ECD Reports from the Administrative Sectors, Cells and *Imidugudu*.

They will ensure that a **Comprehensive ECD component is included in the Annual District Plans** and compile **Quarterly District ECD Reports**, based on input from Administrative Sectors, Cells, and *Imidugudu*. Reports will be transmitted to the central ECD structures in Kigali. These District Inter-Sectoral ECD Committees will be closely linked with District-level Committees for Child Protection, Education, Health and Sanitation. Care will be taken to avoid unnecessary duplication and support ECD service expansion and improvement in each District.

### **Administrative Sectors**

Each Administrative Sector will establish an **Integrated ECD Services Committee**. These Committees will implement, coordinate and report on the progress, challenges and needs of all ECD services in their Administrative Sectors. They will also prepare **regular ECD Reports** and **Comprehensive Annual ECD Plans** that are based on prior consultation with all *Imidugudu* in their jurisdiction. These reports and comprehensive plans will be sent to their Districts.

*Each Administrative Cell will work closely with each Umudugudu* in its jurisdiction, to create an **Integrated ECD Services Committee**. This Committee will participate in and help to conduct all local ECD services, such as integrated parent education and support, ECD Centres, pre-primary schools, and health and nutrition, sanitation and protection services. It will provide volunteer support for facilities building and maintenance. In addition, it will conduct community oversight activities; prepare **Quarterly ECD Reports**, and **Annual Cell and Imidugudu ECD Plans**. Training will be provided for these activities to help ensure Committees will be effective.

## **4.2 ROLES AND RESPONSIBILITIES**

Management of early childhood development services and programs rely upon a coordinated approach involving all of the above stakeholders, each understanding their roles and responsibilities. The ECD Policy describes the various roles and responsibilities of each stakeholder in great detail, though the following is a summary guide.

- √ Parents/caregivers are primarily responsible for providing a loving, nurturing and stimulating environment for their infants and young children.
- √ Government is responsible for providing an enabling environment for ECD. It will ensure that essential high-quality services are in place at all levels and especially help vulnerable parents and communities provide good ECD services for their infants and young children.
- √ Communities are responsible for leading, managing and overseeing the development of ECD services for their infants and young children. Communities must engage actively in coordinating essential services.
- √ Civil society and private sector will continue to assist communities and Government through the development of partnerships and agreements that will help to ensure high service quality.

The Capacity of each stakeholder from central to community level will be strengthened and provision for induction and training is contained within the Strategic Results Framework. This training and induction program will be implemented at all levels in order to ensure that responsible personnel, from the ECD centre caregivers, to ECD community management teams, up to Sector, District and National level coordination bodies are fully equipped to support the achievement of the Goals and Objectives of the ECD Policy and Strategic Plan.

## 5.MONITORING AND EVALUATION

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### 5.1 MONITORING AND EVALUATION STRUCTURE

The comprehensive results framework will act as a Monitoring and Evaluation tool to assess progress towards achieving the objectives of the ECD Policy. The results chain of the Framework is organised into four Strategic Objectives (Outcomes), which will be achieved over the course of the five-year Strategic Plan. Output-level results for each Outcome contain specific activities, with indicators, targets, timelines and budgets, with the responsible actor identified for each activity. The Fourth Strategic Objective – Evidence Based Programming and Effective Monitoring and Evaluation – is concerned with putting in place an M&E system which will promote the improved management of ECD related data, capacity building of stakeholders in the area of M&E and research as a well as a mechanism to disseminate monitoring and evaluation findings.

Progress on indicators listed in the Results framework will be gathered from Management Information Systems (MIS)of MINEDUC, MINISANTE, MIGEPROF. These Management Information Systems will be supplemented where necessary in order to include relevant ECD indicators needed to assess the achievement of the ECD objectives. A discrete number of additional indicators will be used to assess other ECD Policy outcomes.

**The National ECD Secretariat** will take the lead in implementing and managing the monitor and evaluate initiatives contained within the results framework. The Secretariat will develop annual Monitoring and Evaluation plans and reports, providing updates on progress towards achieving the specific targets outlined in the results framework.

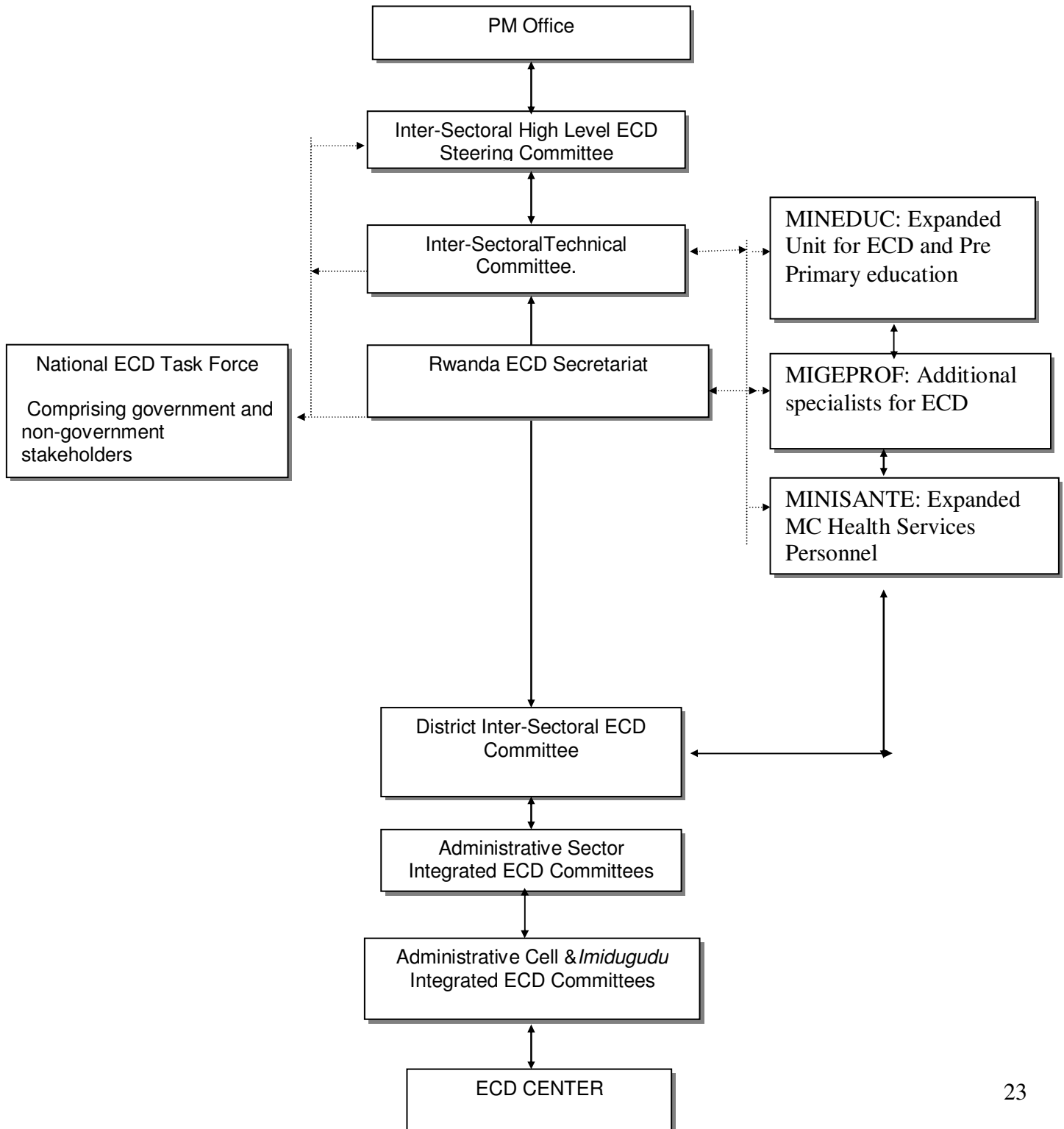
#### *Parent and Community Oversight Activities*

In addition, parent and community oversight of all educational and developmental services for children's services from birth to age 6 will be implemented throughout the nation. Parents and Community Oversight Committees will be developed at the Administrative Cell level.

#### *Annual ECD Action Research Plan*

Along term strategic Research, Monitoring and Evaluation Plan is attached to the Strategic Plan in Annex 1. This plan will support the generation of evidence on the impact of ECD on education and health outcomes as well as its contribution to economic growth and development overall. An Annual ECD Action Research Plan will be developed by the Secretariat, which will include help coordinate all ECD-related research within the framework of the long term research plan. The Secretariat will coordinate the commissioning and supervision of such research initiatives.

## Coordination Chart for Implementing the Early Childhood Development Policy





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## ANNEX 1: Long term strategic Research, Monitoring and Evaluation Plan

	2012 (EDPRS1 Eval)	2015 (MDG Eval)	2020 (V2020 Eval)	2025 (EDPRS3 Eval)	2030 (ECD Summative Evaluation)
<b>Research/Studies</b>	(2014) Study of cognitive and psychosocial development among children 0-6 EECs and NEECs				
<b>Monitoring/Survey</b>	Number of EECs  (2011) Baselines survey of family and community child care practices	Number of EECs entering Primary  (2014) Follow up survey of family and community child care practices + Satisfaction	Number of EECs graduating from Primary and Secondary	Number of EECs in selected fields of specialization	Number of EECs in selected production sectors
<b>Evaluation</b>		Comparative enrolment, retention and success rates: EECs versus NEECs  (2013) Evaluation of impact of ECD on community development	Comparative enrolment, retention and success rates: EECs versus NEECs  Impact of ECD intervention on child survival and development		Impact of ECD on productivity, economy and Rwanda regional positioning

This Research, Monitoring and Evaluation Plan was developed a Results Based Management workshop in 2010 which brought together representatives, including at the Director level, from the key concerned Ministries, coordinated by MINECOFIN.