

## Roundtable: 'Early Childhood Development (ECD) in Rwanda'

The presentations outline Rwanda's strategic path in Early Childhood Development since 2011, highlighting the gradual expansion of service models, institutional consolidation and the massive increase in coverage (from 16–17% in 2016 to 82% today).

The joint efforts of the public, private and community sectors, alongside technical and financial partners, demonstrate how multisectoral coordination, innovative models (schools, homes, communities, workplaces, model centres) and the professionalisation of stakeholders have made it possible to reach 1.26 million children through 32,691 ECD facilities. The analysis is based on verified figures, key policy milestones, feedback from implementation, and results-oriented financial perspectives.

### The Strategic Framework and the Evolution of ECD in Rwanda

The ECD journey began with the national policy approved in 2011 by the Ministry of Education, which focused access on pre-school-aged children through school-based ECD. From 2013, a separate community-based model was introduced by the Ministry of Gender and Family Promotion in partnership with the *Imbuto Foundation*, broadening the scope beyond schools and paving the way for community-based ECD spaces.

In 2016, building on the success of these initiatives, the government revised the ECD policy with three major shifts, including increased access and the diversification of models:

- Home-based ECD: a house chosen by the neighbourhood accommodates 10–15 children, enabling rapid and low-cost expansion.
- Community ECD: existing facilities (particularly churches) are utilised; most churches approve the use of their premises, leading to the establishment of over 600 centres.
- Workplace ECD: the model extends to production and administrative sites, including an ECD at the President's office and centres on tea plantations.
- Model ECD centres: these serve as technical hubs and resource centres (training, supervision, materials), facilitating improvements in the quality of community and home-based schemes.

This diversification brings the number of ECD types from 1 to 5. In 2020, the creation of the NCDA (National Child Development Agency), resulting from the merger of the National ECP Programme and the National Council for Children, centralises coordination, aligning interventions with all ministries and stakeholders and enshrining access to ECD in the performance contracts of all districts.

Current status by type of facility:

- 2,691 ECD facilities serve 1.26 million children.
- Breakdown by models: 44% of ECD facilities are school-based (primary schools), 43% home-based, 9.4% community-based ECD, and 1.6% model centres.
- Nurseries (for the youngest children) remain few.

- This trajectory reflects strengthened governance, multi-level integration mechanisms, and a coordinated strategy to expand provision, which has enabled access to rise from 16–17% in 2016 to 82% today.

## Contributions from Key Stakeholders and Implementation of ECD Models

- *Imbuto Foundation (founded in 2001)*: active in ECD since 2013. The first model ECD centre was established in Kyota (Eastern Province) in 2013. These centres integrate education, health, nutrition, hygiene, protection and parenting support for children aged 3 to 6; children under 3 are supported through home visits (family coaching by support workers). Following a pilot phase (2013–2015) involving 8 centres, the programme expanded to 15 and then 20 centres across 11 districts. Home-based ECD was introduced to reduce costs (10–15 children cared for in parents' homes), with training and supervision provided by home visitors from the model centres. In 2018, the Foundation had 12 model ECD centres in 11 districts, 300 home-based ECD centres in 12 districts and 7 community centres; an agreement with the districts provides for the handover of the model centres after two years, with the majority of transfers taking place in 2018 and 2020. Currently, there are 18 model ECD centres in 17 districts and 16 model ECD centres in 99 districts managed by the government.
- *Rwanda Education Board (REB)*: is accelerating the professionalisation of pre-primary teachers, increasing their numbers from 2,000 in 2020 to over 100,000, through dedicated departments in teacher training colleges offering qualifications in early childhood and pre-primary education. Since 2020, the education system has been collecting integrated data on children across all ECD settings (home, community, etc.). These milestones – enhancing teachers' skills and improving data – underpin quality and planning. Coordination and governance, through collaborative work between the Ministry of Education, partners, the Ministry of Local Government and the promotion of gender equality, support access and quality.
- *Private sector (Rwanda Mountain Tea)*: operating in six districts, the company produced 47% of the national volume (30,000 tonnes) last year. Having invested in ECD for around 10 years, it runs 12 centres catering for approximately 500 children. The rationale for investment is productivity-driven: high-performing employees need to know their children are safe; the productivity of tea pickers can increase by 20% (from 20 kg to 24–25 kg/day) when childcare is provided. Of its 20,000 employees, 47% are women and 53% are men, many of whom are parents. Ranked among the top 10 companies in Africa for production and contributing 50% of tea export revenues, Rwanda Mountain Tea allocates between \$100,000 and \$50 million to its annual ECD budget. Continuing to create and maintain ECD facilities is presented as essential for increasing production and profits.
- *Home-visiting programme 'Sugira Muryango'*: developed by the Government of Rwanda, the University of Rwanda and FXB Rwanda, this active coaching programme for carers (men and women) has been reduced from 12 to 6 modules. The documented impacts cover the entire spectrum of childcare: increased use of healthcare services, dietary diversity, male involvement, and a reduction in violence against children and domestic violence. Sustained effects

are observed on cognitive, linguistic and motor development, persisting beyond one year and up to four years, including benefits for babies born later and other children in the household. A memorandum of understanding with the NCDA aims to train the *Nchuti Zum Marango* (two per village), forming a large workforce to reach every household living in extreme poverty. Roll-out is underway in five districts, with the aim of covering all 30 districts; the programme is integrated into the government system via the child protection workforce and families identified by the graduation strategy. By the end of the year, 40,000 people will have been reached.

- *Related reforms*: the ‘To I’m in the family’ programme, supported by the First Lady, has placed children from orphanages in foster care and transformed the orphanages into ECD centres. UNICEF, in partnership with the government, highlights the successful trajectory of the ECD system (from the pilot to scaling up) and the importance of strengthening government pillars and generating local evidence on long-term benefits and return on investment, whilst embedding ECD as an outcome of multisectoral contributions with results and accountability frameworks.

## Perspectives on Funding and the Sustainability of Services

The Ministry of Finance emphasises the alignment of ECD investments with national strategies, rigorous prioritisation, effective targeting and value for money. Funding for ECD is presented as an opportunity intrinsic to the implementation of the national strategic transformation and the country’s vision, which requires investment in the early years. Budget sessions dedicated to nutritional performance illustrate this integration; a case for investment in ECD has been established to guide decisions.

Technical partners emphasise resilient systems: investment must be accompanied by clear results and accountability frameworks, and focus on the building blocks of the system and government priorities. Evidence indicates a fivefold return on investment for every dollar invested in ‘Sugira Muryango’, thanks to returns in health, nutrition, hygiene, stimulation, play, male engagement, and reductions in violence against children and within families.

Blended finance is essential here: combining public resources, private sector contributions, community engagement, loans, guarantees and off-budget mechanisms, whilst harnessing the ‘economics of care’ through the professionalisation of carers and the creation of ECD business models.

Sustainability also requires better use of existing resources, improved targeting and strengthened accountability. On the corporate side, a risk is noted: without motivation and the prospect of increased output, private companies cannot simply inject funds. The early stages of the process also revealed an initial difficulty in ensuring that each sector understood ECD, and the complexity of engaging with the financial sector.

## Future visions and strategies for improvement

The recommendations converge on financing and governance levers:

- Diversify sources (‘branded type of financing’) and unlock innovative mechanisms adapted to the Rwandan context.

- Harness the care economy by professionalising carers, equipping young teenage mothers and other carers (knowledge, skills, tools, funding, modelling), to turn them into viable ECD economic models.
- Integrate mobilised resources systematically into resilient systems, with clear mechanisms for expenditure monitoring and accountability.
- Harmonise the efforts of frontline workers (including the Nchuti Zum Marango) to reduce violence and ensure that the most vulnerable benefit from care platforms.
- Strengthen government and local partnerships to facilitate private initiatives, mandating comprehensive solutions to avoid limited outcomes.
- Explore creative avenues for fundraising, including micro-donations linked to tourism ('rounding up to the nearest euro' for children during gorilla visits).

At an operational level, the Ministry of Education plans to support as many community-based ECD centres as possible with qualified teachers, age-appropriate resources, support data and school buildings, whilst emphasising the key role of parents as partners in implementation.