# Rwanda Gikuriro Kuri Bose (GKB) – Inclusive Nutrition and Early Childhood Development (INECD)

## Mid-Project Qualitative Process Evaluation

Photo courtesy of photovoice participant.

January 2025

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This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TRE-24-41 D4I

September 2024

# Acknowledgements

Data for Impact (D4I) would like to thank Cat Kirk, Linda Thumba, Jamie Gow, Elizabeth (Libby) Brennan, Jeniece Alvey, and Kiki Lentz at USAID/Washington and Heather Baily, Silver Karumba, Jean Damascene Nyamwasa, Alphonse Nkusi, Emmanuel Gasana, and Innocent Cyiza at USAID/Rwanda for their support of the Rwanda Gikuriro Kuri Bose (GKB)– Inclusive Nutrition and Early Childhood Development Mid-Project Qualitative Process Evaluation.

We are especially grateful to our research assistants at Research Hub, Ltd., and to Yvonne Umurungi and her staff at the GKB project for their assistance. Our sincere thanks to the gracious people of Rwanda who participated in interviews and group discussions.

## Cover

Early Childhood Development Caregiver and student at a Nurturing Care Center. Photo courtesy of a Photovoice participant.

## Suggested Citation

Stephanie Martin, Julius Namanya, Milissa Markiewicz, Tory Taylor, Patrick Hitayezu, Emma Shyaka, Cynthia Girurugwiro, Patricia Mohoro, (2025). Rwanda Gikuriro Kuri Bose (GKB)– Inclusive Nutrition and Early Childhood Development Mid-Project Qualitative Process Evaluation. Chapel Hill, NC, USA: Data for Impact.

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# Abbreviations

| | |
|---|---|
| ANC | antenatal care |
| CBID | community-based inclusive development |
| CHW | community health worker |
| CRS | Catholic Relief Services |
| DPEM | District Plan to Eliminate Malnutrition |
| ECD | early childhood development |
| FGD | focus group discussion |
| GKB | Gikuriro Kuri Bose |
| IDI | in-depth interview |
| INECD | Inclusive Nutrition and Early Childhood Development (project) |
| MSC | Most Significant Change |
| NCH | nurturing care hub |
| SACCO | Savings and Credit Cooperatives |
| SILC | savings and internal lending community |
| USAID | United States Agency for International Development |
| VNS | village nutrition school |

# Introduction

The United States Agency for International Development (USAID) Gikuriro Kuri Bose (GKB) – Inclusive Nutrition and Early Childhood Development (INECD) project is a five-year (October 1, 2021–September 30, 2026) activity implemented by Catholic Relief Services (CRS) in consortium with Humanity & Inclusion, Umuhuza (local organization), Three Stones International, and University of Global Health Equity, CARITAS, Africa Evangelical Enterprise, Young Women's Christian Association, and Duharanira Amajyambere y'Icyaro. The activity operates in 10 districts in Rwanda.

GKB promotes nurturing and responsive care practices, especially in the areas of health, functioning, nutrition, and early childhood development (ECD) for parents/family caregivers and children in Rwanda. Specifically, GKB aims to improve health and nutrition outcomes among women of reproductive age and improve infant and young child feeding practices. It also addresses child development gaps, improving rehabilitation services, and social inclusion needs for infants and children. The activity focuses on community-level service delivery, community-health facility linkages, and district-level capacity strengthening, including access to programs and services for children and adults with disabilities, in line with Government of Rwanda priorities.

GKB implements an integrated set of inclusive interventions that include the establishment of village nurturing care hubs (NCHs), which provide ECD services and serve as safe places for children to learn, play, and socialize. At NCHs, there are classrooms to support development and early learning for children ages 3–5 years and demonstration kitchen gardens, where parents are given seeds and taught how to develop their own kitchen gardens with the goal of ensuring families' access to vegetables and fruits. GKB also established village nutrition schools (VNSs) where parents bring something, usually from their kitchen garden, to contribute to cooking a healthy meal, such as vegetables, fruits, beans, potatoes, etc. Additionally, some VNS members received hens for home egg production as a source of protein. The goal is for families to learn how to cook healthy food using what's available in their homes. Another key GKB intervention is the establishment of savings and internal lending communities (SILCs) for household economic strengthening and food security, including the purchase of food, clothes, and health insurance. Further, GKB works to strengthen rehabilitation systems by working with the health sector to improve physical rehabilitation services, referral pathways, and linkages with communities to increase early identification of persons requiring rehabilitation services. GKB focuses on inclusive health services at the community level as well as inclusive education for persons with disabilities.

In the community, GKB engages and supports several types of volunteers who work together to implement GKB activities. Additionally, GKB collaborates with healthcare providers and local government officials. This report describes the roles of these individuals in implementing INECD activities, with a focus on identifying, referring, providing inclusive services to, and following up with children with developmental delays or disabilities. It also explores the experiences and perspectives of parents/family caregivers related to accessing INECD services for their children.

The goal of GKB is to ensure the delivery of high-quality, integrated, and inclusive nurturing care services and equip households and communities with the resources and skills needed to provide nurturing care to all children while incorporating physical rehabilitation and assistive technology services as part of the health system. GKB's strategic objectives and intermediate result areas (Figure 1) and theory of change (Figure 2) propose that stronger governance, coordination, and implementation of the National Strategic Plan and key policies and guidelines; improved access to and availability of inclusive, integrated care services; and increased community and household resources and abilities to provide optimal nurturing care will improve the health and nutrition status of women of reproductive age, especially pregnant and lactating women, and enable children to meet their growth and development potential.

**Figure 1. GKB strategic objectives and intermediate result areas**

**SO1: Strengthening governance, coordination and implementation of the National Strategic Plan for National Child Development Agency (NCDA) at national, districts, sector, cell and village level**

- IR 1.1: Increased capacities for planning, budgeting, and supervision of inclusive multi-sectoral services
- IR 1.2: Improved coordination, monitoring and use of data for evidence-based decision-making
- IR 1.3: Improved national level coordination between social cluster ministries responsible for promoting inclusive health, Rehab/AT, nutrition, and ECD
- IR 1.4: Increased capacity of local civil society to advocate and provide technical support to decentralized government institutions for inclusive integrated services
- IR 1.5: Improved ownership of integrated ECD services in INECD supported districts by Government of Rwanda line institutions

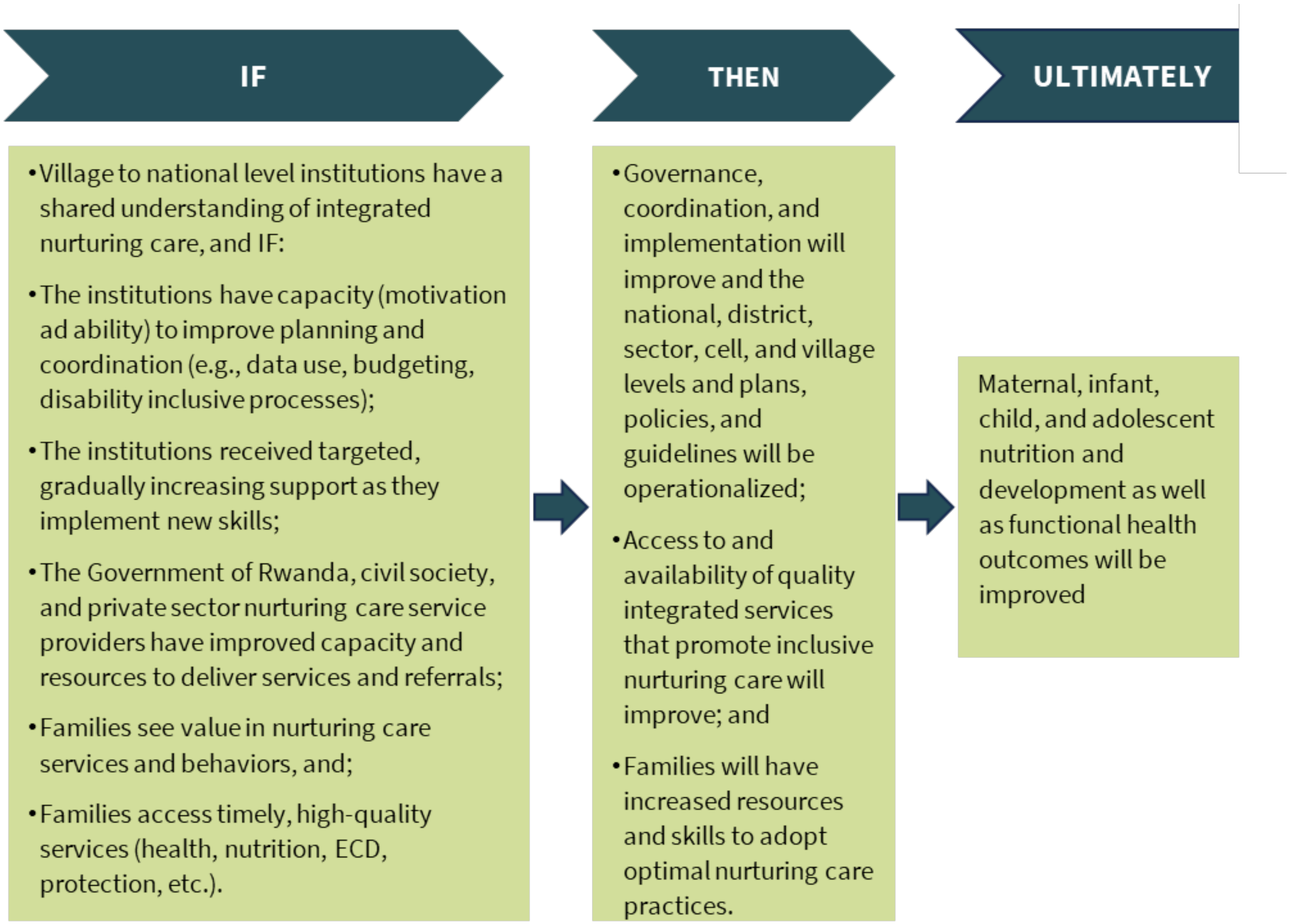
**SO2: Improved access to and availability of quality services that promote inclusive nurturing care**

- IR 2.1: Strengthened quality of inclusive health, nutrition, Rehab/AT and ECD services provided through community-based platforms (Technical capacity and essential ECD/PHC service packages-tools)
- IR 2.2: Improved capacity and supervision of facility and front-line workers for early identification, referral and follow up of child developmental delays, impairment, disability, malnutrition, and other signs of illness
- IR 2.3: Increased capacity and improved attitudes and practices of service providers to effectively counsel and support families with young children about providing nurturing care
- IR 2.4: Strengthened sustainable quality of community and facility-based Rehab/AT services within the health system

**SO3: Increased household resources and skills to provide optimal nurturing care and promote healthy growth and development community and health facilities**

- IR 3.1: Increased capacity, including greater knowledge, skills, and problem-solving ability, of individuals and families to support healthy behaviors that contribute to nurturing care
- IR 3.2: Improved community norms that support healthy behaviors, including male involvement in childcare practices and inclusive health and development
- IR 3.3: Increased family resources to support healthy behaviors and provide nurturing care
- IR 3.4: Increased demand for social services and adoption of improved behaviors including those within health and nutrition, sanitation, and hygiene, ECD, Rehab/AT, child protection and social protection by families with young children

**Figure 2. GKB Theory of Change**



- Village to national level institutions have a shared understanding of integrated nurturing care, and IF:
- The institutions have capacity (motivation ad ability) to improve planning and coordination (e.g., data use, budgeting, disability inclusive processes);
- The institutions received targeted, gradually increasing support as they implement new skills;
- The Government of Rwanda, civil society, and private sector nurturing care service providers have improved capacity and resources to deliver services and referrals;
- Families see value in nurturing care services and behaviors, and;
- Families access timely, high-quality services (health, nutrition, ECD, protection, etc.).

- Governance, coordination, and implementation will improve and the national, district, sector, cell, and village levels and plans, policies, and guidelines will be operationalized;
- Access to and availability of quality integrated services that promote inclusive nurturing care will improve; and
- Families will have increased resources and skills to adopt optimal nurturing care practices.

Maternal, infant, child, and adolescent nutrition and development as well as functional health outcomes will be improved

Source: GKB-INECD

# Evaluation Questions

Data for Impact (D4I) and Research Hub, Ltd., a Rwanda-based research firm, conducted a mid-project qualitative process evaluation to understand the experiences of (1) community-based workers and facility-level providers delivering GKB activities and (2) parents/family caregivers participating in GKB activities. The evaluation sought to answer the following questions, co-developed by USAID, GKB, and D4I, with the main goal of capturing actionable recommendations for GKB in the remaining years of the activity. Each question includes sub-questions focused on integration and inclusion.

1. What has been the experience of facility-level providers (including Community and Environmental Health Officers and Social Economic and Development Officers) and community-based workers (ECD Caregivers, Parents Lumières, Community-Based Inclusive Development [CBID] Volunteers, and Field Agents/Private Service Providers) in providing INECD services since the start of the project?
    a. What training have the various groups received from GKB? How do they define their roles? How have they operationalized their roles (who do they work with and how)? What, if any, additional training or resources are needed going forward?

    b. What has been the experience thus far of providing integrated services to children with developmental delays and/or disabilities alongside children who were not identified to have delays or disabilities at community-based NCHs? How can this be improved going forward?

    c. What has been the experience thus far of identifying, referring, and following up with children with developmental delays and/or disabilities (who may have rehab/assistive technology needs) for integrated services? How can this be improved going forward?

2. What has been the experience of parents/family caregivers in accessing INECD services for children at community-based NCHs? How can this be improved going forward?

    a. What have parents/family caregivers learned from GKB activities (VNS, social and behavior change campaigns, SILCS, etc.) about nutrition, ECD, rehabilitation and assistive technology, income generation, etc.? What could be improved going forward?

    b. What has been the experience of participant families with children with developmental delays and/or disabilities in accessing services related to their delays and/or disabilities thus far? What has been their experience with the community-inclusive service delivery and referral system thus far? How can this be improved going forward?

    c. What do participant families perceive as barriers to receiving INECD and services for those with children with developmental delays and/or disabilities (who may have rehabilitation and assistive technology needs) thus far? What improvements can be made going forward?

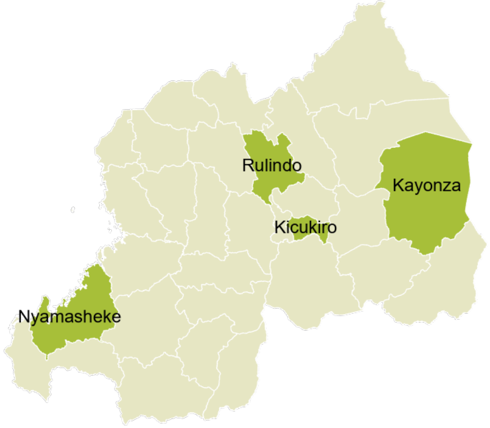
# Methods

This qualitative process evaluation used multiple data collection methods:

- **In-depth interviews** (IDIs) with healthcare providers and government officials
- **Focus group discussions** (FGDs) with community volunteers and with male and female parents/family caregivers of children ages 6–59 months
- **Photovoice**, a visual ethnography method, with caregivers of children with developmental delays and disabilities
- **Most Significant Change (MSC) Workshops**, a complexity aware method, conducted with GKB district staff, healthcare providers, community volunteers, and local government staff

The evaluation was implemented in four districts, one from each province (Eastern, Western, Southern) and the City of Kigali, where GKB operates. These districts (Kayonza, Kicukiro, Nyamasheke, and Rulindo) were purposively selected in consultation with USAID and GKB. Initial selection aimed for representation from districts included in the predecessor activity (Gikuriro, implemented from 2015–2020) as well as those newly added for the current activity, GKB (implementation dates 2021–2026). Project monitoring results were then reviewed to ensure that the selected districts were not exceptional on process and outcome factors such as service reach and engagement with children and adults with disabilities, to

**Figure 3. Evaluation study sites**



better reflect typical intervention settings. Data collection took place in May 2024.

## Focus Group Discussions and In-Depth Interviews

The evaluation team conducted FGDs with male and female parents/family caregivers of children ages 6–59 months[1], and with the following categories of community volunteers who work closely with GKB:

- ECD Caregivers
- Parents Lumières (role model parents)
- CBID Volunteers
- Field Agents/Private Sector Providers[2]

Data was also collected from healthcare providers and government officials that work closely with GKB through IDIs:

- Community Health Supervisors
- District-Level ECD Focal Persons
- Nutritionists
- Community Environment Health Officers
- Social and Economic Development Officers

All respondents were selected purposively by GKB as the evaluation sought to interview participants of the project. Key topics explored for each group of respondents are shown in Table 1. Semi-structured interview and FGD guides were developed for each group of respondents.

**Table 1. Areas of focus by participant type**

| Respondent type | Areas of focus |
|---|---|
| Community volunteers | ● Training received from GKB and key learnings; training needs<br>● Experience with GKB-established groups, such as VNSs and NCHs<br>● Roles and responsibilities<br>● Experience (after GKB training) providing inclusive and integrated nutrition and ECD services; strengths and challenges of the process to date and suggestions for improvement<br>● Experience identifying, referring, providing services, and following up with children with developmental delays and/or rehabilitation/assistive technology needs; strengths and challenges of the process to date and suggestions for improvement |
| Healthcare providers and government officials | ● Training received from GKB and key learnings; training needs<br>● Roles and responsibilities<br>● Experience (after GKB training) providing inclusive and integrated nutrition and ECD services; strengths and challenges of the process to date and suggestions for improvement<br>● Experience identifying, referring, providing services, and following up with children with developmental delays and/or rehabilitation/assistive technology needs; strengths and challenges of the process to date and suggestions for improvement<br>● Linkages with community services |

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[1] Although GKB targets children under 6 months, parents with older infants were selected to ensure they could speak about their experience with infant and young child feeding more broadly.

[2] GKB signed agreements with Field Agents to receive a monthly incentive equivalent to 10,000 Rwandan francs each for a period of one year, after which well performing Field Agents would be certified as Private Service Providers and paid by the SILC group members according to the services delivered to them. Some Field Agents have transitioned to Private Service Providers.

| Respondent type | Areas of focus |
|---|---|
| Parents/family caregivers of children ages 6–59 months | ● Participation in GKB activities and key learnings<br>● Training needs<br>● Experience accessing and receiving inclusive and integrated nutrition and ECD services; strengths and challenges of the process to date and suggestions for improvement<br>● Barriers and facilitators to participation<br>● Barriers and facilitators to adopting recommendations |

## Analysis

FGDs and IDIs were administered in Kinyarwanda and audio recorded. English transcripts were generated directly from the audio recordings by research staff fluent in both languages. The evaluation team developed a codebook *a priori,* before the team started coding, based on the FGD and IDI guides, and all transcripts were coded using Dedoose software. Additional codes were added during the coding process. Initially, each member of the analysis team coded a transcript together with the lead coder to ensure all team members understood and were using the codes similarly. After coding, the team identified themes and conducted a final re-review of the data, relating the analysis back to the evaluation questions.

## Respondents

A total of 209 respondents participated in the FGD/IDI component of the evaluation. Among the community volunteers, 80 were female (average age=31 years, range= 23–68 years) and 46 were male (average age=45 years, range=28–65 years). Among parents/family caregivers, 31 were female (average age=42 years, range= 28-88 years) and 32 were male (average age=45 years, range=29–72 years). Table 2 shows the number of respondents by district.[3]

**Table 2. Participants by district**

| Participants | Kayonza | Kicukiro | Nyamasheke | Rulindo | Total |
|---|---|---|---|---|---|
| Community volunteers (FGDs) | 32 | 31 | 31 | 32 | 126 |
| Female | 14 | 23 | 25 | 18 | 79 |
| Male | 18 | 8 | 6 | 14 | 46 |
| Healthcare providers and district officials (IDIs) | 5 | 5 | 5 | 5 | 20 |
| Parent/family caregivers (FGDs) | | | | | |
| Female | 8 | 8 | 7 | 8 | 31 |
| Male | 8 | 8 | 8 | 8 | 32 |
| Total | 53 | 52 | 51 | 53 | 209 |

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[3] Age and gender were inadvertently not collected for IDI respondents.

## Photovoice

Photovoice is a participatory method that uses photography to empower people and express experiences visually. The objective of the photovoice component of the evaluation was to understand, from parents' perspectives, what their journeys have been like in caring for and accessing services, including GKB services, for their child with a developmental delay or disability.

Sixteen parents, four per district, participated in IDIs where they discussed their child's needs and abilities and what it is like to care for the child. Participants were identified by GKB district staff. An additional objective was for the parents to describe their involvement in GKB activities, such as NCHs or other ECD centers, VNSs, kitchen gardening, cooking demonstrations, and SILCs. Participants were also asked to elaborate on what was working well and where they had experienced challenges participating in GKB activities to allow GKB to adjust programming as needed in the remaining years of the project.

During the IDIs, respondents were loaned a smartphone and taught how to use the phone to take photos. They were asked to take photos that showed their experience caring for and accessing services for their child, such as ECD and nutrition services, with a focus on what is working well and has been challenging, or something else related to the care of their child that they think is important for service providers to know.

Participants were oriented to processes for gaining verbal or written informed consent before taking photos that included people other than their child. They were also instructed on the ethics of taking photos with an emphasis on staying safe, not taking photos that could harm someone's reputation, and making sure the photos they took accurately portrayed the situation and could not be misconstrued.

At the end of one week, FGDs were held in each district with the four participants from that district. Prior to the FGD, participants chose a subset of their photos to be printed for sharing with the full group. One by one, each participant shared their photos and described what was happening in each photo. The group then discussed the photos, explaining how they related to the photos, how the photos made them feel, and what they felt could improve the situation, as relevant.

### Analysis

The IDIs and FGDs with photovoice participants were audio recorded and translated into English text from the recordings. The team developed an *a priori* codebook based on the IDI guide, and Dedoose was used to code the IDIs. The team used thematic analysis to identify patterns and themes in the IDI data. The FGD transcripts were used to match captions to participants' photos and document the group's reaction to each set of photos. Themes emerging from the FGDs were integrated with those resulting from the IDIs.

### Respondents

Thirteen mothers and three fathers were purposively identified by GKB staff and participated in the activity. In 12 households, both the mother and father were present, along with other children (with the exception of one household where there were no other children). Among the remaining four households, one mother was caring for the child on her own and the other three mothers lived with their parents and other members of their family of origin. Parents ranged in age from 23–49, with an average age of 35.

The 16 children whose parents participated in the photovoice activity comprised 12 boys and four girls; all were ages 1–5 years with the exception of one child who was 11 years old.[4]

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[4] While GKB focused on children ages 0-6 for ECD, they explained that exceptions were made for older children with disabilities up to age 11.

## Most Significant Change

MSC is a complexity-aware, participatory method in which individuals tell and document stories of significant change related to interventions. The MSC method is particularly useful when activity outcomes are emergent or difficult to quantify and may vary across participants. It encourages participant-led data analysis by project actors who explain and discuss why they think one change is more important than another.

Workshop participants were comprised of GKB district staff and healthcare providers, community volunteers, and government staff at the cell, sector, and district levels who were purposively selected by GKB staff. Workshop participants were asked to share stories of change related to GKB interventions for two domains.

- Domain 1: Access to and availability of inclusive nutrition and ECD services
- Domain 2: Availability of community and household resources and ability to provide optimal nurturing care to children ages 6–59 months

On the first day of the workshop, participants, in pairs, shared stories for each domain, explaining changes that have occurred as a result of GKB activities, how those changes came about, and what improvements or challenges they had observed as a result of those changes. Then, each pair joined with another pair to create groups of four. Participants then shared their stories, and each group of four selected one story as the most significant for each domain. In most cases, there were 12 participants per workshop (three groups of four), such that three finalist stories for each domain were selected at the end of the first day of the workshop.

On the second day of the workshop, each group of four presented their finalist story for Domain 1, and the full group discussed the three stories and their significance. They then voted and selected one story as the most significant for Domain 1. The same procedure was carried out for Domain 2, such that each district ended up with two MSC stories, one per domain, for a total of eight stories.

### Analysis

The evaluation team analyzed the eight MSC stories through reading and re-reading of workshop transcripts, which include the group's discussion of the MSC story for each domain, to summarize each story and identify key themes.

### Respondents

Table 3 shows MSC workshop participants by district.

**Table 3. MSC workshop participants by district**

| Participants | Kayonza | Kicukiro | Nyamasheke | Rulindo |
|---|---|---|---|---|
| Cell-level official | | | 1 | |
| Community Health Worker (CHW) | 1 | 2 | | |
| CBID Volunteer | 2 | 1 | 3 | |
| District-level health officials and GKB district staff | 3 | 3 | 2 | 5 |
| ECD Caregiver | | 1 | | 1 |
| Field Agent | | 1 | | |
| Health Center Nutritionist | 1 | 1 | 2 | |

| Participants | Kayonza | Kicukiro | Nyamasheke | Rulindo |
|---|---|---|---|---|
| Community and Environmental Health Officer | 2 |  | 3 | 1 |
| Parents Lumières | 2 | 1 |  | 1 |
| Sector-Level Official |  |  |  | 1 |
| Social and Economic Development Officer | 1 | 2 | 1 | 1 |
| **Total** | **12** | **12** | **12** | **10** |

## Limitations

The findings of this midterm qualitative evaluation represent the views and opinions of a subset of GKB participants selected purposively by GKB staff in the four selected districts of Kayonza, Kicukiro, Nyamasheke, and Rulindo, and therefore selection bias is a potential limitation. The findings cannot be strictly generalized to other geographic areas, nor to program participants in the selected areas overall, but lessons documented in this report can nonetheless help inform program design and adaptation. Qualitative inquiries enabled close exploration of the experiences of facility-level providers, community-based workers, local government officials, GKB staff, parents, and family caregivers with the GKB project. However, this design does not provide information about the impact of GKB activities, and findings may be subject to social desirability bias and other sources of error. By design, the MSC method focuses on positive stories. During MSC workshops, there is also the potential for the results to be influenced by popular views and the perspectives of persuasive participants or dynamic storytellers.

## Ethical Considerations

The study (RNEC/115/2024) was approved by the Rwanda National Ethics Committee (RNEC) and the National Institute of Statistics of Rwanda (NISR). It was also reviewed by the UNC IRB (study number 23-2836). All parents who participated in photovoice gave their written consent to participate in the study and for use of their photos by D4I in print publications, posters, display materials, and reports, and on websites.

# Results

## Evaluation Question 1: What Has Been the Experience of Facility-Level Providers and Community-Based Workers Providing INECD Services since the Start of GKB?

### Roles and Responsibilities

This section summarizes the roles and responsibilities of GKB community workers and volunteers, as well as healthcare providers and government officials ,regarding aspects of their work with GKB, as described by each group.

**Table 4. IDI and FGD respondents' roles and responsibilities by position**

| Position | Roles and responsibilities |
|---|---|
| ECD Caregivers | • Manage NCH/ECD centers; supervise preparation of balanced meals for children at the NCH; conduct monthly refresher sessions to educate parents on preparing balanced meals and effective childcare practices; monitor children for malnutrition.<br>• Teach children about hygiene, manners, how to count, etc.; read stories to children; follow a curriculum and daily plan to engage children effectively and ensure they remain interested.<br>• Monitor attendance, noting reasons for absence, and report this information monthly; monitor children to prevent play beyond the NCH/ECD center fences to avoid accidents.<br>• Connect parents/family caregivers to VNSs and SILCs. |
| Parents Lumières | • Organize monthly VNSs to teach parents how to use available resources (e.g., vegetables from their kitchen garden) to prevent malnutrition and improve children's physical and mental development by providing a balanced diet.<br>• Monitor children for malnutrition; refer children with malnutrition for care; submit monthly reports to health centers and sector officials and alert village leaders of new cases of malnutrition; conduct 12 consecutive cooking days at VNS to address malnutrition as needed.<br>• Follow pregnant women and breastfeeding mothers with children under six months; recommend nutritious diets for pregnant women and advise breastfeeding mothers on proper feeding practices to ensure their children thrive.<br>• Teach young women who have reached the age of marriage about proper nutrition.<br>• Be supportive and attentive to children with developmental delays and disabilities to set a positive example for other parents; alert GKB of any persons with disabilities in their village so these individuals can be connected to services.<br>• Encourage VNS members to join SILCs. |

| | |
|---|---|
| CBID Volunteers | • Conduct house-to-house visits to identify children with developmental delays or disabilities and encourage them to attend NCHs.<br>• Report on children with developmental delays/disabilities to the GKB sector leader, Social and Economic Development Officer, and/or health center; advocate to local authorities for assistance for children with developmental delays/disabilities.<br>• Monitor the situation of children with a developmental delay or disability; monitor (monthly or twice monthly) children's growth through anthropometric measurements and refer parents of children with malnutrition to an NCH, health center, or hospital for care as appropriate.<br>• Educate parents on ECD and balanced diets; promote hygiene and sanitation.<br>• During home visits, encourage pregnant women to attend regular check-ups at the health center and provide iron tablets to support the healthy growth of the child in the womb and aid in brain development. Educate women on techniques to stimulate the child's brain during pregnancy.<br>• Support pregnant teenagers to seek medical care at a health center for regular check-ups and hospital delivery to help ensure the safety and well-being of both mother and child.<br>• Facilitate participation in SILCs. |
| Field Agents/ Private Sector Providers | • Establish and oversee multiple SILCs for community members (usually the same people that participate in VNSs); visit new SILCs at every meeting for the first four months to teach them roles and responsibilities. After four months, visit twice a month, then once a month until they withdraw their savings and interest; resolve any conflicts that arise within SILC groups.<br>• Encourage and assist SILC members with saving money in Savings and Credit Cooperatives (SACCOs); link community members to government resources, such as seeds for kitchen gardening.<br>• Submit quarterly reports to GKB on the SILCs' activities.<br>• Visit ECD sites to ensure children are attending and are being monitored for malnutrition; encourage parents of children who attend ECDs to join VNSs and SILCs.<br>• Collaborate with NCHs/ECD centers in distributing seeds for kitchen gardens and support families in establishing and maintaining kitchen gardens.<br>• Mobilize community members to participate in malnutrition screenings. |
| Community Health Supervisors | • Supervise health advisors, nutritionists, CHWs, and Community and Environmental Health Officers who work closely with GKB.<br>• Provide training to nutritionists and Community and Environmental Health Officers who are responsible for training CHWs on treating malaria, pneumonia, and diarrhea; screening for malnutrition; maternal and newborn care; postnatal care; ECD; growth monitoring and promotion; and general hygiene. Evaluate how the trainings are delivered and provide support when needed. |

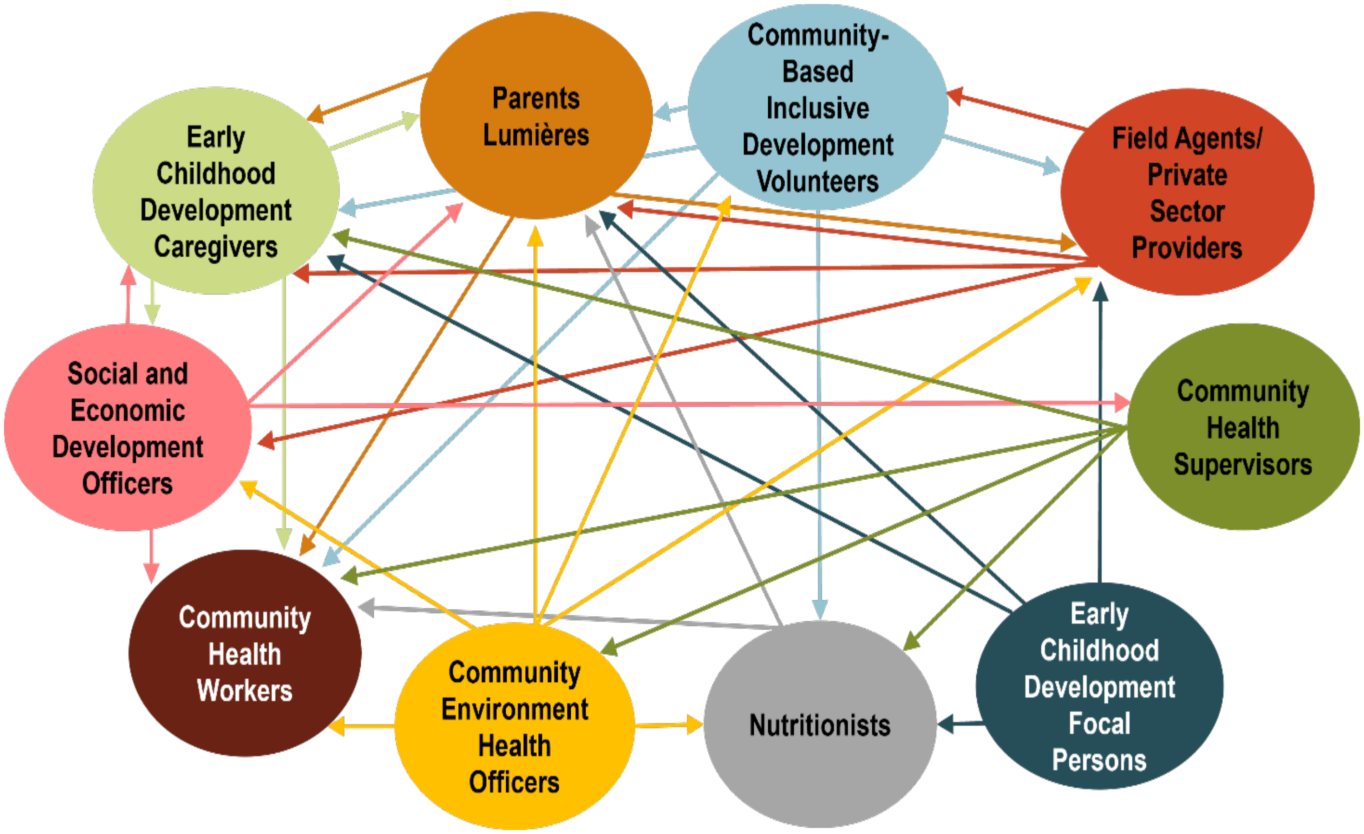
| | |
|---|---|
| | • Monitor the quality of services provided by community volunteers; ensure that the services they are trained to deliver, along with the resources they are provided, are effectively implemented.<br>• Monitor health indicators using CHWs' monthly reports for an assigned set of health facilities.<br>• Participate in community meetings and reinforce messaging delivered by community volunteers.<br>• Serve on the District Plan to Eliminate Malnutrition (DPEM) committee, which focuses on reducing malnutrition and stunting. |
| ECD Focal Persons | • Coordinate ECD activities at the community level, including all activities related to data collection. Data from the ECD centers is collected at the cell level, then aggregated at the sector level, and finally reported to the district level.<br>• Teach parents how to boost their children's cognitive abilities and encourage parents to enroll their children in ECD programs; monitor ECDs (which include community-based, home-based, and school-based ECDs) and organize joint teams, which include GKB staff and other actors, to conduct field visits to the ECDs. Assess whether ECDs have received the provided resources, identify current needs, and explore innovative solutions to any challenges.<br>• Inform the community about how the district plans to protect children as they grow, which includes safeguarding them from stunting, poor nutrition, and any other threats to their well-being.<br>• Purchase Shisha Kibonda (a blend of maize, soya, milk powder, sugar, vitamins, and minerals used to make porridge for children) and distribute it to ECDs. |
| Nutritionists | • Provide nutrition services at the health center and conduct outreach to educate community members on nutrition; identify individuals who have specific nutritional needs and advise them accordingly; provide Shisha Kibondo and refer severe cases to a hospital.<br>• After providing services to children with malnutrition, ensure that a CHW follows up with them.<br>• Conduct malnutrition screening during campaigns, e.g., Health Week; screen patients for malnutrition at the health center, including children and pregnant women, as well as those visiting for immunizations.<br>• Conduct community supervision of VNSs and conduct cooking demonstrations at ECDs on request.<br>• Advise mothers on breastfeeding, complementary and other young child feeding, and hygiene.<br>• Advise cell officials when children with developmental delays or disabilities are identified at the health facility.<br>• Advise cell officials when an issue arises, such as a high number of infections resulting from hygiene issues, so they can promote appropriate messaging at community meetings. |

| | |
|---|---|
| Community and Environmental Health Officers | • Identify children with malnutrition.<br>• Follow up with children identified as having disabilities or developmental delays and encourage them to attend training and other GKB activities; compile monthly reports on people visited for GKB so that they can advocate for children with disabilities and developmental delays.<br>• Collaborate closely with health workers responsible for monitoring individuals with developmental delays or disabilities. Review reports, discuss challenges encountered, and strategize solutions.<br>• Supervise and support CHWs, Parents Lumières (and their associated VNS and SILC), and CBID volunteers; assist with teaching kitchen gardening methods to community members; conduct monthly malnutrition screenings at VNSs.<br>• Train Parents Lumières and CBID volunteers in collaboration with GKB; consolidate monthly reports received from Parents Lumières and CBID volunteers and send them to GKB.<br>• Monitor health center hygiene and sanitation. |
| Social and Economic Development Officers | • Mobilize pregnant women and parents, including those whose children have developmental delays or disabilities, to join GKB activities, such as NCHs/ECD centers, VNSs, and SILCs.<br>• Attend SILC meetings to monitor their savings capabilities, evaluate their methods, and review how they use logbooks to track progress. Ensure that SILC members repay loans so that SILCs run smoothly and avoid disruption or dissolution.<br>• Oversee NCHs/ECD centers and monitor children attending NCHs/ECDs; identify those not attending regularly and inquire about the reason; participate in and monitor VNSs.<br>• Educate parents on ECD and nutrition; refer severe cases of malnutrition to the health center or hospital.<br>• Monitor children identified to have a disability through household visits; educate parents that these children deserve the same opportunities as other children. |

## Working with Other Providers and Volunteers

Respondents described working together with other providers and volunteers. Figure 4 illustrates the close connections respondents reported. The arrows from each provider and volunteer illustrate who they reported working closely with; ECD caregivers, Parents Lumières, and CHWs were the most commonly reported by others.

**Figure 4. Connections and collaborations between providers and volunteers**



### Respondents Describe Their Roles and Experiences with GKB

"Teaching children with disabilities in this [NCH] is a source of joy for us, as seeing them interact with other children brings happiness. However, building familiarity with the other children in the ECD can be complex at times. Yet, once they become acquainted, everything starts to feel normal for them. **–ECD Caregiver**

"We teach children who are not disabled by telling them that disabled children are also human beings like them, and then we bring them together, so they become familiar with each other." **–ECD Caregiver**

"There were parents with malnourished children not because they lacked resources, but because they didn't know that even with limited resources, a child could have a good diet. They taught us that vegetables from a kitchen garden are necessary, and when you explain this to a parent, they create a kitchen garden and learn that silver fish can provide good nutrition for a child when meat is unavailable." **–Parents Lumières**

"I chose to be a CBID volunteer to tackle health challenges in our community and support disabled children who possess untapped potential. Through early intervention and support, we can help these children thrive academically and contribute to society." **–CBID volunteer**

"The formation of GKB groups sets them apart from other existing groups. Unlike traditional savings groups … GKB groups accept any amount members can deposit. This flexibility has significantly benefited members, improving both their well-being and nutrition." **–Field Agent**

"One notable achievement is the establishment of the DPEM, which operates from the village level up to the district level. And it gives hope of sustainability even after the closing of GKB project. The DPEM includes leaders, and it serves as a valuable resource that can continue to benefit us, even in the absence of external support." **– Community Health Supervisor**

"It's crucial for everyone, whether they have a child with a disability, to understand that it's not a catastrophe and that such children deserve equal care and opportunities. Encouraging parents of children with disabilities to participate in village activities like kitchen gatherings and savings programs can provide them with valuable information and support networks. This inclusive approach can foster a more supportive environment for children with disabilities and their families." **–ECD Focal Person**

"When I first arrived, many children with developmental delays or disabilities were neglected … However, now, due to inclusive programs, these children are better cared for. Parents can leave their children at ECD centers while they work, feeling assured that their children are looked after by caregivers." **–Nutritionist**

"In the past, there were instances where children with disabilities were kept at home and not allowed to venture out, but such occurrences seem to have diminished now. Many of them are attending daycare facilities. What I observe is that although we haven't reached an ideal state yet, we're on the right path." **–Community and Environmental Health Officer**

"Through GKB, people are affiliated with groups, and children are connected to ECD centers where they receive education. We also teach people to combat malnutrition and stunting in children by learning how to prepare balanced diets at home …Their mobilization, training, and meetings provide us with the knowledge and skills to improve our children's and families' nutrition." **–Social and Economic Development Officer**

## Training Received and Additional Training and Resources Desired

Participants were asked about the training they received and additional training and resources they need. It also presents each group's report of trainings received from GKB, as well as desired trainings and resources as the project goes forward.

**Table 5. Training respondents have received and additional training and resources desired**

| Position | Training received | Additional training and resources desired |
|---|---|---|
| ECD Caregivers | • Nutrition and ECD; effective childcare practices; conducting anthropometric measurements; crafting children's toys<br>• Caring for children with disabilities | • Refresher ECD trainings and more advanced ECD training<br>• Training on skills for managing ECD centers, making assistive technology, and cultivating vegetables in the |

| | | |
|---|---|---|
| | and creating assistive devices for children using locally available materials. All family members should care for the child.<br>• Supporting positive parenting, encouraging parents to attend NCHs, join SILCs, and treat every child as their own<br>• Hygiene during meal preparation | dry season; certificates on completion of training<br>• Balls and toys, mattresses for children to nap on, and playground equipment, such as swings<br>• Replacement of cooking equipment that is damaged or worn; provision of casseroles for cooking porridge; provision of additional cooking equipment as the number of children attending increases.<br>• Basic foods, such as milk and eggs, since not all families have them<br>• Additional space at NCHs to accommodate more children, metal gates for safety, gas/firewood for cooking, and water taps<br>• Smartphones to facilitate reporting, especially as GKB requests photos |
| Parents Lumières | • How to teach others how to prepare balanced meals for their children<br>• Components of a healthy diet<br>• How to identify and monitor children with malnutrition; how to care for children with malnutrition<br>• How often to breastfeed and when to introduce solid foods<br>• Hygiene and sanitation<br>• Kitchen gardening<br>• Engaging adolescents who are future parents<br>• Importance of the first 1000 days | • Refresher trainings to maintain engagement and motivation and catch-up training for those who did not join the project at the beginning<br>• Training on reporting and measuring children for malnutrition (and provision of measurement equipment), developmental delays and disabilities, and poultry raising<br>• Soaps, sugar, flour, oil, etc.; mats for children to sit on during VNSs; replacement of old or damaged cooking equipment on a six-month basis<br>• Fuel source, such as gas, wood, or charcoal; reliable source of water in the dry season<br>• Indoor kitchens as VNSs are cancelled often in the rainy season.<br>• IDs/badges, and/or t-shirts; rain gear (boots, coats, umbrellas, bags for carrying documents)<br>• Smartphones to assist with reporting and taking photos as requested by GKB<br>• Compensation for their work; increase in travel allowance as it is insufficient after administrative fees for the mobile transfer are applied |
| CBID Volunteers | • How to identify children with developmental delays/disabilities and how to differentiate types of developmental delays/disabilities; use of non-stigmatizing terminology related to developmental delays/disabilities; inclusion; support for children with developmental delays/disabilities; accessing support early<br>• Effectively engaging with and assisting people with disabilities<br>• Child nutrition and malnutrition; how to educate parents on childcare and balanced diets (using available foods); importance of breastfeeding<br>• How to fill forms (e.g., on growth monitoring) | • Refresher trainings to stay updated on new developments<br>• Training related to severe disabilities and autism; more guidance on communicating with non-verbal individuals and children who are blind or deaf<br>• How to cultivate vegetables in the dry season.<br>• Increased transport allowance for visiting health facilities each month; bicycles to carry out their home visits as villages are large and houses are far apart<br>• Smartphones to enable them to report on their work daily, rather than waiting for a monthly meeting<br>• Rain gear; IDs/name badges |

|  |  |  |
|---|---|---|
| Field Agents/ Private Sector Providers | • Establishing and managing SILCs; small business planning; ECD and nutrition; kitchen gardening; gender equality<br>• Proper care during pregnancy<br>• Both husbands and wives should nurture a child to ensure they grow up healthy and emotionally stable; husbands and wives have equal responsibility for raising a family. | • Refresher trainings on all topics and training on developmental delays and disabilities; additional training on small business, conflict resolution<br>• Smartphones to assist with reporting and taking pictures of activities<br>• Assistance with networking for Private Sector Providers<br>• Increase in transport allowance as the number of SILCs they supervise has doubled over time; elimination of delays as long as two months for receiving transport reimbursements through mobile money; new bicycles as old ones (distributed by the Gikuriro project) have become unusable or have been stolen.<br>• Hoes and spades for teaching kitchen gardening methods<br>• ID badges; rain gear |
| Community Health Supervisors | • Training for the DPEM committee on functionality<br>• Nutrition training, including balanced diet, breastfeeding, complementary feeding, and post-natal care<br>• Use of “village boards” which highlight data collected during a malnutrition screening event (number of children classified as green – no malnutrition, yellow – moderate malnutrition, and red – severe malnutrition) to monitor levels of malnutrition<br>• How to identify children with developmental delays or disabilities<br>• Training of trainers for Parents Lumières and SILCs | • Refresher trainings; training on following up and assessing children with developmental delays and disabilities; positive parenting; child scorecards<br>• Transport allowance for conducting supportive supervision and verifying CHWs’ record books; laptop or tablet for recording information in the field<br>• Adequate cooking equipment for VNSs; financial support for ECD Caregivers to increase motivation<br>• Tools for the Information Education and Communication program, such as posters about feeding |
| ECD Focal Persons | • ECD; positive parenting and managing family conflict<br>• How to create toys using local materials<br>• How to support children with developmental delays/disabilities and ensure children are treated equally<br>• Nutrition and hygiene | • Refresher trainings and longer trainings to go more in depth on ECD topic areas; more training on caring for children with developmental delays and disabilities<br>• Vehicle so a district-level team (health, education, etc.) can conduct supportive supervision together or a transport allowance<br>• Mobile phone; gain gear |
| Nutritionists | • ECD; how to stimulate a child’s brain<br>• Child scorecard; how to fill out a growth chart<br>• VNSs and kitchen gardening; causes of malnutrition<br>• Nutrition for newborns, teenagers, pregnant women, and breastfeeding mothers<br>• Causes of malnutrition | • Refresher trainings and catch up training for new staff; training on noncommunicable diseases such as diabetes and cancer in terms of nutritional treatment; training on group formation and management (e.g., SILCs and craft-making groups)<br>• Play equipment for NCHs<br>• Transport allowance for visiting VNSs and Parents Lumières and conducting community outreach; increased transport allowance for Parents Lumières<br>• Funds for printing reports; laptop to transition from paper reporting |

| | | |
|---|---|---|
| Community Environmental Health Officers | • How to identify and follow up with children with developmental delays or disabilities; importance of early detection; how to craft simple assistive technology devices; how to combat exclusion<br>• How to follow up with pregnant women, ensuring they attend regular checkups and give birth in hospitals<br>• Nutrition, including how to provide optimal meals for different demographics, including adolescent girls, breastfeeding mothers, and young children from birth to 24 months; importance of exclusive breastfeeding<br>• VNSs and kitchen gardening<br>• Child scorecard<br>• How to supervise Parents Lumières and CBID volunteers | • Refresher trainings; training on how to manage conflicts that arise in SILCs<br>• Training for cell-level officials on data entry<br>• Assistive technology for persons with disabilities<br>• Laptops with internet connectivity for safekeeping of data; improved efficiency; and for work outside the office, including emergencies<br>• Transport allowance to visit Parents Lumières, VNSs, and CBID volunteers |
| Social and Economic Development Officers | • Nutrition and malnutrition; balanced diet; VNSs and kitchen gardening; hygiene<br>• Record keeping and data collection related to malnutrition, pregnancy, and birth, as well as cases of children with a developmental delay or disability<br>• How to treat a child with disabilities<br>• SILCs, including how to advance male SILCs | • More training on assisting children with developmental delays/disabilities<br>• Provision of more materials to ECDs, such as diapers, writing boards, and accessible toilets for children with disabilities<br>• Increased travel and communication allowance for supervision and outreach<br>• Smartphones for reporting |

## Experience Identifying, Referring, Providing Services, and Following Up with Children with Developmental Delays or Disabilities

This section presents results related to community volunteers, healthcare providers, and district officials' experiences identifying, referring, providing services, and following up with children with developmental delays or disabilities. Results focus on what has worked well, what has been challenging, and participants' suggestions for improvement.

**Table 6. Identifying children with developmental delays or disabilities**

| What has worked well |
|---|
| • Combination of regular (monthly) community screenings for malnutrition, individual screenings at health centers, and home visits for screening. Use of red, yellow, and green categories to classify degree of malnutrition<br>• District-wide screening for malnutrition in collaboration with GKB; screening children during immunization visits<br>• Availability of screening equipment (scales, mid-upper arm circumference tape, length boards) for malnutrition at health centers<br>• Educating parents about malnutrition and developmental delays and educating new mothers on how to engage with |

their children to identify any developmental delays
- GKB training of CHWs, CBIDs, ECD Caregivers, Parents Lumières, and others on how to identify children who might have a developmental delay or disability
- Observing children at play for identification of developmental delays or disabilities
- Sensitizing community members on inclusivity and equality of all children
- House-to-house visits by CHWs and CBID volunteers for identifying children with disabilities; working with village leaders, sub-village leaders, and friends of the family to identify children with developmental delays or disabilities as sometimes family members are ashamed
- Collaboration and information sharing among local leaders, community volunteers, and healthcare providers

**Challenges**

- Parents who do not bring their children for screening for malnutrition
- Parents from certain professions, such as public servants, resist acknowledging their child's stunting because they feel it is shameful
- Parents who hide their child with a disability
- High turnover of CHWs and lack of equipment for CHWs, such as scales, mid-upper arm circumference tape, length boards, etc.

**Suggestions for improvement**

- Increased mobilization of community members by sector and cell officers and village leaders to have children screened for malnutrition
- More comprehensive screening methods rather than just physical checks. Increasing training for caregivers and health workers to recognize early signs of developmental delays and ensuring that all levels of health and community services are involved in the identification process
- Have a nutritionist for each cell, rather than one responsible for 4–5 cells; have all children brought to a health center for any reason evaluated for a developmental delay or disability by a nutritionist
- Advise pregnant women about developmental delays and types of disabilities so that if they encounter any issues, they will feel comfortable seeking assistance from health centers or other sources of support

**Table 7. Referring children with developmental delays and disabilities**

**What has worked well**

- Referral of children with disabilities from the community to a hospital or rehabilitation center for evaluation
- Referral of children with moderate malnutrition to a VNS 12-day feeding program and those with severe malnutrition to a health center or hospital for nutrition services
- Referral to NCHs, VNSs, and SILCs
- Referral of parents to social affairs authorities if they need financial assistance or assistance paying for their health insurance; accompany them on visits to local authorities to advocate on their behalf
- Before referring, building rapport and engaging in conversation with parents and reassuring them that they are not alone
- Changing parents' mindsets about children with developmental delays or disabilities

**Challenges**

- Parents of children with developmental delays and disabilities who fear their child will be bullied by others and are reluctant to send them to an NCH or ECD center
- Parents of children with developmental delays and disabilities who experience shame and do not seek services for their child
- Parents who are reluctant to acknowledge their child's condition or attribute it to supernatural causes
- Parents who live far from an NCH/ECD center, health center, or hospital, or lack health insurance or the ability to pay for specialized medical services

**Suggestions for improvement**

- After identifying a child with a developmental delay or disability, engage with their parents privately to mitigate feelings of shame and ensure they feel supported instead of first reporting their child's condition to others, such as village leaders or health centers

**Table 8. Providing services to children with developmental delays or disabilities**

**What has worked well**

- Educating parents on nutrition and how to prepare a balanced meal; establishment of NCHs, VNSs, and SILCs
- A focus on early intervention
- Financial support from the government and projects like GKB
- Provision of Shisha Kibondo for treatment of malnutrition
- Building rapport with parents/family caregivers and helping parents who feel burdened and depressed to see that with proper care and effort, their child with a developmental delay or disability can have a better life;
- Providing assistive technology and rehabilitative therapy

**Challenges**

- Limited capacity in the country to assess disabilities for severity, identify root causes, and determine appropriate interventions, combined with insufficient financial resources to facilitate access to rehabilitation and assistive technology
- Committees for people with disabilities often fail to reach the grassroots level in villages. This lack of engagement hinders the committees' ability to conduct inclusive advocacy.
- NCH/ECD centers and VNS can make some toys, but they're not always inclusive or adequate for children with disabilities, and ECD caregivers have limited training on how best to support the specific needs of children with developmental delays or disabilities
- Lack of accessible facilities, classrooms/toilets, as well as assistive technology, such as wheelchairs
- ECD Caregivers often have to devote significant time to children with developmental delays or disabilities. When there are only a few caregivers at NCH/ECD centers, this becomes challenging as there are other children who require care. Even when additional staff are brought in to assist with sanitation, feeding, or taking the children to the bathroom, providing the same level of care becomes difficult, as these staff do not have the same training.
- Lack of compensation and transportation and communication allowances for ECD Caregivers results in high turnover
- Lack of kitchens, which results in cancellation of VNS programming when it rains
- Stockouts of Shisha Kibondo
- Parents not attending VNSs when they feel they do not have sufficient food to share even though they are encouraged to participate with what others bring
- Providing hens to some VNS/SILC group members, but not all group members, causes discord in the group

**Suggestions for improvement**

- Having a nutritionist at every health center would allow for better assessment of children with nutritional deficiencies and development of effective strategies to address their needs
- Increased advocacy for children with disabilities so they can access the support and resources they need, including reduced hospital fees or coverage for their care under health insurance. Encourage higher authorities to personally visit individuals with disabilities
- GKB advocacy to local officials to compensate ECD Caregivers, similar to compensation provided to ECD caregivers under the Government of Rwanda Vision Umurenge Program (VUP), a social protection program
- Provision of basic food at VNS, including Shisha Kibondo
- In coordination with the Ministry of Health, establish a partnership with rehabilitation centers and have a healthcare professional visit VNSs or NCHs monthly to educate parents on better caring for their children with disabilities and the importance of visiting rehabilitation centers

| |
|---|
| • Organize parents of children with developmental delays or disabilities into support groups<br>• Offering discreet support to parents, such as providing essential items without public attention, would encourage participation and reduce stigma<br>• Involve community volunteers in decisions about who receives hens in VNS/SILC groups, as they are best aware of who in their group is most in need |

**Table 9. Following up with children with developmental delays or disabilities**

| What has worked well |
|---|
| • Community volunteers follow up regularly and consistently (weekly, monthly) with parents/family caregivers who have children with a developmental delay or disability to monitor/track progress and provide encouragement to parents through home visits and at NCHs/ECDs and VNSs<br>• Ensuring that referrals to health centers and hospitals are carried out; collaboration between community volunteers, local government, and health centers and hospitals<br>• Ensuring that families are following advice on nutrition, ECD, and any instructions given by providers at a health center or hospital; providing continuous support and encouragement |
| **Challenges** |
| • High turnover of CHWs who have primary responsibility for follow up<br>• Insufficient transport allowance for community volunteers for follow up<br>• Concern that some CHWs may complete growth measurement charts without actually assessing children because they have errands to run or agricultural work to do<br>• Parents who decline to adhere to nutritional advice they are given, and in some cases, sell the Shisha Kibondo provided to them or share it among the whole family<br>• Parents become frustrated by frequent follow up visits from community volunteers and healthcare providers when necessary services or assistive technology are neither provided nor affordable. While initially community volunteers are viewed as allies, relationships tend to sour when promises of support are unfulfilled. This is also demotivating for community volunteers.<br>• Parents who become disillusioned or disappointed if they do not see their child with a developmental delay or disability progress<br>• When parents move, children can be lost to follow up |
| **Suggestions for improvement** |
| • Incentives to increase motivation of CHWs. Provision of scales, length mats, and mid-upper arm circumference tape and bags for CHWs to carry growth monitoring documents in the rainy season. More comprehensive training and refresher trainings for CHWs. Provision of hard copy CHW handbooks. Greater engagement with CHWs by GKB.<br>• Would like GKB to take more action on community volunteer reports about the special needs of children with disabilities beyond referral to a health center or hospital, such as provision of assistive technology<br>• Offering discreet support to parents, such as providing essential items like food without public attention, would encourage participation and reduce stigma |

## Evaluation Question 2: What Has Been the Experience of Parents/Family Caregivers in Accessing INECD Services for their Children?

Parents and family caregivers of children ages 6–59 months discussed their experience with GKB during separate focus groups for men and women, with a focus on what was working well and what challenges they were experiencing participating in GKB activities or implementing practices that GKB had trained them on.

While some of these parents/family caregivers had a child identified to have a developmental delay or disability, others did not.

## Nutrition-Related Activities

Nearly all parents and family caregivers (both male and female) were highly appreciative of the training they had received on nutrition,  participation in VNS and cooking demonstrations, and kitchen gardening. Participants reported that they now better understood what constituted a balanced, nutritious meal, whereas previously they thought eating healthy was “chips and rice.” Some reported that  their children were visibly healthier and did not get sick as often as they did before they learned to prepare balanced meals. Additionally, parents/family caregivers appreciated the seeds they received to start their kitchen gardens and explained that they no longer had to spend money purchasing vegetables.

> “What I have seen so far as most useful is the kitchen garden. It is in this garden that we find vegetables and other things to nourish this child for good health. Otherwise, you will see them fall back into malnutrition and get stunted all over again if they are not consistently followed up. We can do all this due to the training we received from GKB.”
>
> –Male parent/caregiver
>
> “Before joining [GKB], my child was underweight, which caused me great concern as he fell below the healthy range. However, thanks to the balanced diet provided by the program, he has gained weight and is now healthy. Seeing this positive change in him fills me with happiness, and I am grateful to the program for making it possible.”
>
> –Female parent/caregiver

### Challenges

Parents/caregivers reported some challenges in engaging with GKB services or implementing what they had learned about nutrition and kitchen gardening, many of which were related to poverty. Some reported that limited space, poor soil, and unexpected frosts had damaged their kitchen gardens. Others explained that they did not have water tanks to see them through the dry season, causing their gardens to dry out, which they worried would result in their children falling back into malnutrition.

> “Poverty makes it incredibly challenging for us to provide proper nutrition for our children. Therefore, we’re in dire need of substantial support from GKB. While the eggs from the chickens are helpful, they are insufficient to address our needs. We require support that enables us to implement the knowledge gained from GKB’s training effectively.”
>
> – Male parent/caregiver

One parent/caregiver reported that the seeds for establishing kitchen gardens were received late in the growing season, and another noted that there was a shortage of seeds and they could not afford to buy them. One parent stated that some of the vegetables they were given seeds for are disliked by children, such as spinach and beets.

With regard to VNSs, some parents/caregivers reported that they were expected to bring their own ingredients or money to purchase them, which was at times a struggle given their financial situation. One parent noted that sometimes there was not enough food for all of the children and suggested that GKB collect a monthly fee from parents to buy food to supplement what is brought by the parents.

### Desired Trainings

One parent/caregiver explained that effectively growing tomatoes requires a greenhouse, which is costly, and stated she would like further training on the best ways to maintain their garden during the summer as well as financial support to build greenhouses to protect vegetables from the intense sun. Another parent/caregiver reported that they had received training on cultivating seeds that grow in shallow soil but felt they needed more training to practice this effectively. Other parents/caregivers expressed a desire to learn how to cultivate mushrooms.

## ECD-Related Activities

Parents/family caregivers reported that GKB's NCHs helped take children out of isolation in their homes and provided them with the opportunity to socialize with their peers, learn how to share, and engage in educational activities. They also appreciated that their child received porridge or milk at NCHs.

Parents/caregivers also liked that they had a safe place to leave their young children when they worked or attended to household chores.

> "My child has learned the importance of sharing and independence through the activities, becoming more sociable and self-sufficient."
>
> –Female parent/caregiver
>
> "The wonderful thing about this program is that when your children participate, they get to know their friends and become sharper in mind from being with other children. Before GKB began, they were dull and isolated in their homes, but now they gather, feast, play games, have fun, and leave with smiles, getting to know each other."
>
> –Male parent/caregiver

### Challenges

Distance to an NCH/ECD center was reported as a barrier to participation by some parents/caregivers who lived far away. Others noted that the NCH/ECD center was only open one or two days a week, and they wished for it to be open every day. One parent/caregiver explained that the NCH facility had become too small to accommodate the number of children attending because "every parent has brought their child to the [NCH]." Other parents/caregivers reported that a lack of water at the NCH made it difficult to follow the hygiene practices GKB had trained them to implement.

> "Implementing early childhood development (ECD) for our children is still difficult because the ECD center is very far away. Our children, who are about 3 to 4 years old, have to pass through a forest to get there, making it impossible for us to send them alone. If the ECD center were closer, it would be much more helpful."
>
> –Female parent/caregiver
>
> "They trained us in hygiene, but we don't have water here at the ECD. In this neighborhood, there is a nearby place where we can connect tubes and get water, if possible. This will help us keep the children clean and on time, as we were trained."
>
> –Male parent/caregiver

### Desired Trainings

One male parent/caregiver reported that he would like to be trained on making toys for children, as some parents had received this training and he had not. Another reported they would like training on gender equality, and a third male respondent stated that they would like training on the health and well-being of a mother and her child during pregnancy, childbirth, and the postnatal period.

## Savings and Lending Internal Communities

Parents/caregivers were enthusiastic about their participation in SILCs, and men were especially happy that GKB created SILCs for men as well as for women. Respondents reported using savings to buy health insurance, household items like salt and soap, and nutritious foods such as fish and legumes. Others used their savings to address emergencies, while several purchased livestock such as pigs, goats, rabbits, and hens, which improved their family's financial situation. Some women reported receiving training on income generation activities, such as making mats and weaving baskets. One parent remarked that financial stress had been reduced in their household, creating a more nurturing environment for children. Parents/family caregivers also reported that SILCs gave them a stronger sense of community, reduced feelings of isolation, and more confidence to share their thoughts and challenges with others. Additionally, SILCs were described as a safe place to discuss financial problems, as they would be handled with discretion.

> "Before the program, I lacked any ambition for self-development … Thee most impactful aspect for me was learning the importance of personal growth. The program taught us the value of joining groups, saving collectively, and accessing loans when needed. Additionally, the financial support provided by the program was invaluable. By combining this aid with our savings, we were able to further enhance our lives. Now, thanks to GKB our children have access to eggs every day, which has significantly improved their nutrition."
>
> –Female parent/caregiver
>
> "The most beneficial GKB activity for me are the savings and lending groups. Participation in these groups fosters social cohesion and trust within the community, as members build relationships and support one another financially … I am thankful for GKB for bringing these savings and lending groups to our village because they promote mutual support among members. Through regular meetings and interactions, we can share experiences, discuss challenges, and provide encouragement to each other."
>
> –Male parent/caregiver
>
> "I really liked the SILCs. Paying health insurance wasn't difficult for us. We got our shares from SILCs, and I was able to pay for my family on time."
>
> –Male parent/caregiver

### Challenges

Parents/family caregivers reported only a small number of challenges with SILCs. A few reported that some members of their SILC received financial aid or other assistance from GKB, such as small livestock, based on criteria they themselves did not meet (e.g., having a child under two years of age, having a child with a disability), which left them feeling disappointed and caused some discord in the group. Others reported that not everyone in their SILC received the same training.

### Desired Trainings

Several female respondents reported that they would like training on various income generation activities, such as sewing clothes or making soap and other cleaning products to improve their hygiene or sell to others. A male parent/caregiver requested training for their SILC group on how to access capital and develop a startup plan.

> "It would be beneficial to incorporate training on soap-making, detergent production, and other cleaning product manufacturing into the program … this would enable us to improve our hygiene practices, create products for personal use, and potentially generate income by selling them in the market."
>
> –Female parent/caregiver

## Inclusivity

While most of the parents/caregivers who participated in FGDs did not have a child that had been identified to have a developmental delay or disability, they were appreciative of the training they had received on inclusivity at NCHs.

### Desired Training

Several male caregivers reported that they wanted to receive training on how to make toys and assistive technology for children and adult community members with disabilities. Another parent desired training on how to talk to children with disabilities.

> "GKB trained us to be inclusive by taking in even those children with disabilities and bringing them to the ECD. GKB showed us that all of this is our responsibility, and we must execute it to get somewhere and take our children out of malnutrition."
>
> –Male parent/caregiver

# Photovoice Results

Parents did not report any difficulties carrying out the photovoice exercise, and some expressed the hope that the information and photos they provided would be used to advocate for services for children with developmental delays or disabilities. One parent volunteered that the exercise made her happy because she "realized that there are some people out there who value my life and who would like to know what I go through." Other parents stated that they felt heartened to find others in their community who were experiencing similar challenges and felt encouraged to "keep pushing."

## Children's Developmental Delay or Disability

All of the parents noticed that their child had a developmental delay or disability and sought care at a health facility or hospital, with the exception of one parent who did not seek care and another parent who was told at birth that the child had an arm with reduced function. Many noticed their child was not reaching developmental milestones or reached them much later than expected, such as sitting, crawling, holding objects, walking, talking, or feeding themselves. Others had issues with chewing and being able to keep food down, and some had eye conditions.

Only five of the parents received a specific diagnosis for their child. One child had a CT scan and was diagnosed with rheumatic endocarditis. Another child was diagnosed with having an extra chromosome based on radiology and blood testing. A third child had an MRI and was diagnosed with a spine issue. The fourth child was diagnosed with a vitamin D deficiency that was affecting his knees (presumably rickets), and another was diagnosed with epilepsy.

## Parents' Experience Caring for Their Child

Some parents reported that taking care of their child was "very difficult," "challenging," or a "struggle." These parents stated that they lacked food for their child, had little or no family support, and could not leave the child unattended due to the extent of the child's disability.

> "It is very challenging. I must wash his clothes every day, and getting food that he is able to eat is challenging. Sometimes he goes days without eating when I have no money to buy him soft foods. My spouse supports me, but he also has financial challenges. He does not own a place where we can plant small foods for home."
> –Mother, Kayonza
>
> "I no longer do anything else; I don't go out to cultivate. All I do is babysit my child. I always stay nearby so that if he gets tired while sleeping, I can change his position, and if he is tired, I carry him on my back. Sometimes, when I need to prepare food for him or his siblings, I lay him down on his stomach, and he continues to scream. That's the life I live."
>
> –Mother, Nyamasheke

Other parents, who had the support of their spouse or others and had fewer financial challenges, had less difficulty caring for their child. When asked about caring for their child, these parents described how they were working with their child at home to improve their condition. Some children were receiving physiotherapy, and parents described how they incorporated the exercises they were taught by the child's physiotherapist into the child's routine at home. One parent explained that they had been trained on physiotherapy exercises by GKB and also on how to make a walking stick to assist the child's mobility, which reduced his dependence on his parents.

Another parent described how she tried to support her child in developing communication skills by asking him to convey what he had learned at school, encouraging him to use gestures and speech.

While some parents reported that their community was accepting of their child, others noted that it varied by person. A few parents reported that their child was treated poorly, while another explained that sometimes parents are blamed for their child's condition.

"We diligently followed the physiotherapist's recommendations for aiding his walking, incorporating exercises into our daily routine … They advised me to find time to exercise with him. Considering the numerous household tasks that mothers typically manage, I chose to do the exercises with him in the morning and evening when I could dedicate focused time to it."

–Mother, Kicukiro

"The experts in physiotherapy taught me how to care for him and how I could help him perform a few active and passive movements to strengthen his muscles at home. I was fortunate to have been trained by Gikuriro, and the things the doctor told me were similar to the training I received from Gikuriro. This was very helpful to me, and I was able to make a gait trainer [wooden stick to assist with walking] for him to teach him how to walk. Today as we speak, before it was challenging for us, but now, when the mother is busy with home chores and I am not at home, our son can use the gait trainer."

–Father, Rulindo

## Experience with GKB

Parents' experiences with GKB activities were overwhelmingly positive, and most participated in several GKB activities. All of the activities were "inclusive" in that parents and their children with a developmental delay or disability participated alongside parents whose children were not identified to have a developmental delay or disability.

### Nutrition Focused Activities

Parents described their participation in GKB nutrition-focused activities, which included developing kitchen gardens to help ensure the availability of nutritious fruits and vegetables, attending cooking demonstrations at GKB NCHs, and participating in periodic VNS where participants gather to learn about preparing nutritious, balanced meals for their children which they then eat.

Some parents explained that their children received porridge at GKB's NHCs or that they received seeds for carrots and greens for their kitchen garden. A few reported they have received hens from GKB for egg production to supplement their children's diet. At VNSs and NCHs, GKB community workers regularly measured children's weight and arm circumference to monitor for malnutrition. Some parents stated that their child was referred to a health facility for a nutrition supplement (Shisha Kibondo).

### Parents Describe Their Experience with GKB Nutrition Focused Services

"We learn how to prepare nutritious meals for our children. To create a balanced diet, we use ingredients such as yams, rice, Irish potatoes (if available), bananas, beans, dried silver fish known as Kayonza, and soybeans. We mix these ingredients together and cook them, sometimes adding legumes for extra nutrition. Once the mixture is fully cooked, you add the appropriate amount of water to achieve the desired consistency, ensuring you don't need to reduce it further. After it has boiled and cooked thoroughly, you grind the meal and allow it to cool before serving it to the children. This ensures they receive a balanced diet."

–Mother, Nyamasheke

"Once a month, we have kitchen gardening classes. Most of us have our kitchen gardens well developed now, so when we attend cooking demonstration classes … we carry food to cook, for example, green bananas, sweet potatoes, and different types of food that we need to cook if we have them. We also cook porridge, and they teach us how to take measurements that will make a healthy porridge. Parent leaders are the ones that teach us."

–Mother, Kayonza

"For the kitchen garden, we learned that if a child is not developing well due to a lack of vegetables at home, it's important to have a kitchen garden. Even though we all live in the same village and eat at the same time, we are divided into groups, each with its own kitchen garden. If you are renting and don't have space for a garden, you can take vegetables from your team's garden. This way, we can cook a balanced diet with a variety of foods supported by the kitchen garden."

–Mother, Kicukiro

"Learning how to cook and prepare meals has been incredibly beneficial. Without this knowledge, I fear my child might not have thrived. Now, I ensure he receives his specific meal, sourcing legumes from our kitchen garden for his regular consumption. I strive to provide him with the best nutrition even before we visit the nurturing care hub."

–Mother, Nyamasheke

Demonstration kitchen gardens at a nurturing care hub. Photos courtesy of Tory Taylor.

## ECD Focused Activities

Parents described the ECD services their children received, primarily at NCHs, where cooking demonstrations are held and demonstration kitchen gardens are located. NCHs were established by GKB for children under six years of age. ECD caregivers, trained by GKB on nutrition, ECD, and caring for children with developmental delays and disabilities, staff the NCHs. In addition to parents explaining that their child was learning new things like counting (e.g., names of body parts, etc.), they reported an improvement in their child's ability to socialize and other children's acceptance of their child.

## Parents Describe Their Experience with GKB ECD Focused Services

“For the children they help them boost their brains abilities, they teach them simple plays, speaking letters, asking them their cell names, they ask them parts of their bodies … since she started going there, there are sometimes when she comes back from the care hub and I ask her what part of her body is head, and she shows me the head, ask her where their arms are, she shows me her arms. She learned all that from the care hubs. There is also an improvement with her socializing with others, because when she started going there, it wasn’t possible for her to go near others, but now there are times she goes near them, they sometimes now ask her, and she answers and other times she doesn’t answer because of fear.”

–Mother, Nyamasheke

“I do take my child to nurturing care hubs so that other children can get used to seeing him and he can get used to being around people too. This project has been very helpful since its initiation. My child joins other children in the nurturing care hub, and he has gotten used to playing with other children. The other children have gotten used to living with him by spending time with him at these care hubs.”

–Mother, Kayonza

“Playing with a child helps to sharpen their mind. Thus, it is beneficial in their cognitive development.
I brought my child to the [NCH] when she could barely speak and didn’t know how to play and I could have not understood what she had said. She wasn’t even used to playing with other children. I felt it was better for her to be with other children rather than staying at home. After attending the [NCH], she began to come home and say some words, though I couldn’t always understand what she meant, I realized she had learned something.”

–Mother, Kicukiro

Toys and books at a nurturing care hub. Photo courtesy of Tory Taylor.

## Savings and Internal Lending Committees

Nearly all of the parents interviewed were part of a SILC established and supported by GKB field agents. They stated that groups helped them buy basic necessities like food, clothes, transport, and healthcare. One parent explained that she and other parents in her SILC had gained self-confidence.

### Parents Describe Their Experience with SILCs

“There is an impact for example when [the group] distribute the profits, I get to go home and when I see that one my child is lacking some clothes, I buy clothes for them, when there might be a shortage of food, I buy food, and sometimes I use the money to buy the health insurance.”

–Mother, Nyamasheke

“I like that we are allocated in SILCs that help us save and improve our lives. These SILCs have helped us support ourselves with the basic needs we have.”

–Mother, Kayonza

“Sometimes we [SILC members] meet and discuss about something else we could do. We talk about how, even though it’s a women’s saving group, we can build self-confidence in us. A woman is not meant just to stay at home; we can be confident, pursue certain profession, and show that we are fearless and capable.”

–Mother, Kicukiro

“The savings groups have been incredibly helpful. Before joining, dealing with issues like needing to take my child to the hospital or not having money to buy sugar were major challenges. However, now I no longer have those concerns because I can rely on the savings group to lend me two thousand (2,000) francs in such situations. Whether it’s for medical treatment or purchasing essentials like sugar for my child, I can turn to them for support. This assistance has made a significant difference, and I truly appreciate it … You can approach either the president of the savings group or Parent[s] Lumières. Explain your situation and request assistance, and they may be able to provide funds from the savings box, which you can repay when you are able.”

–Mother, Nyamasheke

Weekly SILC meeting. Photos courtesy of Tory Taylor.

## Challenges and Suggestions for Improvement

Challenges reported by participants included lack of money to participate regularly in SILCs and not having food to bring to the VNS for preparing meals. One parent found it challenging to remain at the NCH with her child as it prevented her from doing anything else since her child could not stay there alone. Some parents noted that NCHs and VNS lack sufficient cooking equipment such as plates, cups, buckets, and saucepans.

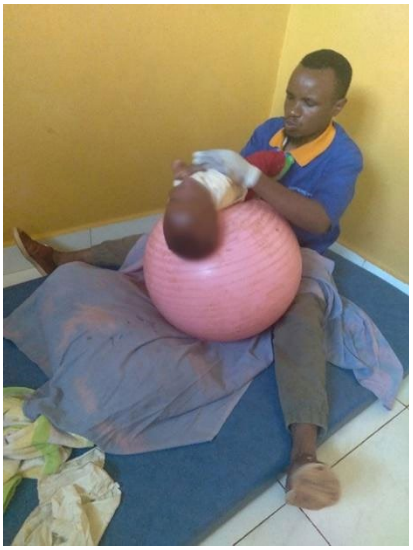
Suggestions for improvement were to expand services to further address the special needs of children with developmental delays or disabilities, provide assistive technology such as wheelchairs, assist with transportation when they are referred to health facilities or hospitals for testing or special services, and assist with other basic home needs such as bedding. One parent suggested that the NCH should have a source of clean water and a fence to be sure children do not wander away, attributes that may not currently be universal. Another suggested increasing the hours the NCHs are open. One parent requested increased advocacy for special needs services. Two other parents highlighted the need to educate the community that children with developmental delays or disabilities should be treated like any other child.

> "Often some projects select [participants] based on familiarity or existing connections. However, in choosing me, this project did not have prior knowledge of my circumstances; they simply chose me, and for that, I am truly thankful."
> –Father, Rulindo
>
> "GKB accepted my child and provides medical care. They give me transport assistance for hospital visits, provide livestock, and offer counseling for parents of children with disabilities, which no one else has done."
>
> –Mother, Rulindo

**The next section presents three of the photos taken and selected for sharing by each parent and summarizes the group discussions of each set of photos. All photos in this section were provided courtesy of the photovoice participants.**

### Mother of Boy, Age 1 Year, 9 Months

“He is always with his mother and doesn’t often interact with the other children since they are usually at school. I was showing that I took him for others so as to interact and socialize.”



“I wanted to show physiotherapy as one of the treatments that he receives.”

“Physiotherapy has helped him. it is quite a progress that he can now make it to walk by holding onto something.”

## Group Reactions

“She is demonstrating her child’s improvement … We can see the progress, indicating that the child has the potential to become someone significant.”

“I feel excited because I could see how the child had morale and eagerness to stand and walk. That excited me so much.”

“I will compliment my fellow participant here. Actually, this photo (child walking while holding on to something) shows that the child is improving as he can make steps/walk while he couldn’t make it before.”

“Looking at the photos, my hope has really been renewed because the healing looks promising. I remember that back then, they referred her to Kigali, and she was worried, asking me if her child was becoming disabled.”

### What would help?

“I would like the support of a wheelchair because this would help him move without having to hold onto something. The wheelchair will help him move all around here without troubles.”

## Mother of Boy, Age 3 Years, 6 Months

“That is his twin sister and she was trying to help him get up. That shows how much care he receives from his sister. She loves him to the extent he is never alone.”

“I was carrying him on my back and I was sitting nearby the road and I wanted to show you that I always have him with me.”

“Feeding him.”

## Group Reactions

“The photos show that she cares for her child and that she never excludes him in her life. Despite being it challenging, she tries her best to take good care of her child.”

“Looking at the photos, it is apparent that this parent never gets time to relax and to carry out other activities. It looks like that this mother has a lot of hardships in her life. I can feel her pain.”

“I can also feel how tough her life is because she can’t make it to do income-generating activities as she always carries him with her.”

“The fact that her child can’t make it to sit or stand and the fact that she always has to carry him on her and the fact that she needs to grind meal for the child makes it relate to my life because we all can’t

## What would help?

“The child weakens and relapses due to the fact that he doesn’t receive enough food. The nurse doing his physiotherapy told me he is at risk because he doesn’t eat properly. We actually have a miserable life because we get clothes and food when we are lucky to get the support of good people. His father left me for giving birth to him with the condition. We [need] a mattress because we have been told that sleeping on an unfavorable bed also causes his body to weaken. I would need support for meal and rent alongside the treatment.”

## Mother of Boy, Age 2 Years, 10 Months

"He was sleeping and when his brother arrived from school, he got excited and so he went to pick him up. This shows how caring the brother is and that I have someone who helps me."

"I was spoon-feeding him the ground meal. You'll notice I'm holding him because whenever he spots food, he eagerly reaches for it. Since he can't feed himself, he expends extra energy trying to grab the meal, prompting me to support him while feeding."

"His grandma arrived and he was excited that he wanted her to pick him up and so you can see that granny carried him. I wanted to show you that I have someone who helps me care for him."

## Group Reactions

"The photos are showing how a child is cared for by all people in the family such as granny who is shown in the photo. The photos show that the child is not isolated or segregated despite him having an issue. The child is not mistreated like it happens in some families where such children are not considered and cared for. What is happening is that he is cared for."

"I felt hope because the same as her, I also have people who help me. There is a hope for our children as we have people who support us."

"My advice to her would be to fiercely advocate for her child and endeavor to foster love and acceptance from others towards him."

"I noticed that the mother is fortunate to have a supportive network of family members, including siblings, the grandmother … While our children share the same condition, I now feel at a disadvantage compared to her because of her strong familial support system. The children are the same but my feeling is that she has more support than I lack."

## What would help?

"This child needs to eat and drink regularly which I can't afford … I would like the support to have food. Before this child was born, I had a stable family and could afford to provide for it, but due to him, we even had to sell our place and relocated into a house that has no doors and windows, just a hangar. I don't have the means to provide for the child."

## Mother of Girl, Age 4 Years, 4 Months


“The child was about to have her weight measured but she didn’t want to … she had fear.”


“They were attending ECD but she isolated herself and was reluctant to participate.”


“She was watching other children playing because she can’t play … she is shy and mute.”

## Group Reactions

**“**The photo at the ECD shows how shy the child is but also it shows how the teacher is trying to help the child as well. She is … shy and isolates but what I would advise her mother to keep encouraging and motivating her so that she can stop isolating from others.”

“It is very sad that this child is never happy in all these circumstances. Look here at the weight scale and how sad she is, who would be happy seeing her this way? The support that she needs is the brain stimulation to become interactive with others. It is sad that she isolates.”

“This child can walk, unlike mine. Therefore, what she needs most is encouragement from her family to help her feel valued and confident in her ability to achieve her goals.”

“The child tries to play with others but can’t make it to speak to them and that is something really hurting to the mother. It’s very agonizing.”

## What would help?

“Support for brain stimulation is needed to help the child feel comfortable and be able to speak. Even if the child can’t be made to speak, she should be taught sign language, so that if you speak one, she will know that is one, that would also be helpful.”

## Mother of Boy, Age 1

“Supporting himself with one hand.”

“At home.”

“I had taken him to the kitchen demonstration classes with me. I was showing him a cup I was using to cool his porridge, and as I did that, he raised his hand trying to ask for it. In the picture, only his right hand is raised. because his left hand [has limited function] and cannot be lifted.”

## Group Reactions

**“**My child also has similar disabilities; his hands have a disability. I feel for this child the same way I feel for mine when I see this; it is sad.”

“Providing care and attention to these children would help them. It is obvious that he will grow eventually, but it would be better if he receives treatment while he is still young, before he grows up.”

“Both my son and this child have similar disabilities; they are both unable to feed themselves using both hands.”

“We do our best within our means to support these children, but we have limited resources for children with special needs. If we could receive extra support, it would make a significant difference in the lives of these children.”

## What would help?

“The livelihood of these children is difficult, and the available medical capacity for such cases is limited. We hope that by sharing these pictures, your team will bring more awareness to this challenge and receive medical support from those capable of helping.”

### Mother of Girl, Age 5


"The teacher asked her to identify a bowl on a board and the child was able to identify it which made me so happy that she can do that."


"With other students in class."


"Standing with other students."

## Group Reactions

"I am happy that we all met here today with the same problems. Because when I'm alone and see my child's situation, I feel sad. So, it is encouraging to know my child is not the only person fighting these disabilities. This coming together as parents with similar challenges and discussing our journey … It encourages me to keep pushing."

"I am happy that I have met with these parents today. Sometimes I isolate myself and feel hopeless due to the societal insults on my child, but today meeting with these parents is encouraging."

"These children are discriminated against in our community in many ways where there are times when they beat them for no reason because those people knows that the children are vulnerable. We would like to ask that there could be some education in the community about such disabilities so that the community can embrace the disabled children just like others. For example, there are some parents that tells their children to not talk or play with our children, and it hurts so badly."

## What would help?

"It would really make a huge change to educate society about embracing children with disabilities because sometimes our children are beaten and mistreated because of how they appear."

## Mother of Boy, Age 4

"I was standing next to him and he was looking up at me trying to smile."

"He was trying to feed himself. His tongue has a problem, which is why, when he eats, he tries to support the food with his hands."

"He was trying to look at the camera but could not because he has a squint, and the disability in his hands is visible. His hands are always facing downwards, as you see."

## Group Reactions

"These children need medical assistance A medical assessment is necessary to first identify the problems they have so that they can inform us. Secondly, we also require special schools for these children tailored to children with disabilities. When they are with other children without disabilities, they are not given proper attention that is required. Special schools for them would help us a lot."

"His physical disabilities are like my son's; they both have similar disabilities of one hand not working properly as well as the eyes also has some problems."

"What I observed on this child is that some of his disabilities are similar to our children's disabilities. When mine is going to swallow food … his food almost comes back out of his mouth. And I see that this child's tongue also doesn't move which is similar to my child's."

### What would help?

"What I think is needed the most is medical care for all our children. Today they do not receive special medical care as they should receive as children with disabilities."

### Mother of Boy, Age 11

“At the Nurturing Care Hub the teacher gave him a piece of chalk to test if he could write on the board like other students.”

“After the teacher taught him how to hold a piece of chalk and write on the board, he was given a stick to point to diagrams on the board that the teacher would say aloud.”

“The lady in the picture with him helps to clean the classes at the [Nurturing Care Hub] and she is the only person that feeds him.”

## Group Reactions

“We all know this child in our community because his disabilities are significant compared to most children, and his physical appearance can sometimes scare other children who are not educated in such cases … It is quite challenging to accept this as our reality, all of us parents with children with special needs.”

“That lady knows that the child has mental and physical disabilities. She cannot watch other students drink their porridge and leave him hungry. She took time to learn how to feed him.”

“When she is not around, the child does not eat. Because it is not easy to feed this child, sometimes the food keeps coming out of his mouth … It takes patience and time to feed this child; you must feed him extraordinarily little at a time. If you give him a lot, the food all comes back.”

“He is a friendly child, and when he notices that you want to support him in eating, he sits in one place to be fed.”

## What would help?

“Local leaders can advocate and educate people in our community on how to treat such children and inform them that they are like other children. These education sessions can be done by visiting different homes or organizing community education events.”

### Mother of Girl, Age 4

"The person you see with my child is a community health worker [CHW] responsible for children with disability, she had a register book where she records children with disability, she was holding my baby's finger to see if there some developments in her."

"This mum holding my child is my neighbor, the message in this photo is that though my child is disabled, neighbors don't avoid her, they love her."

"From what you can see there is another child they are happy playing."

## Group Reactions and Mother's Comments

"The child has multiple disabilities, if there is nobody close to her, her life would be difficult." –FGD participant

"The child was born disabled it happened to her while still in her mothers' womb of which we have no hand over it." –FGD participant

"Accepting it was difficult for me, but different people counselled and comforted me, later on I saw other mothers who have children with similar cases, now I have accepted it, I am okay." –Mother

"I cannot say that life is easy, because working for self-development may not be possible since I spend most of my time taking care of her." –Mother

## What would help?

"Nothing else apart from consulting doctors. Already I have a rendezvous at Rilima Hospital in Bugesera."

## Father of Boy, Age 5

"In this picture he was with his sister going to fetch water. He cannot move alone somebody must hold his hand for direction."

"He was at school, children were at school playing, he stood aside to first understand which game they are playing."

"In this picture he was at school, he uses voices to understand things before he acts. He has to understand first, if it is entering the house, he has to slow down to know where he will pass."

## Group Reactions and Father's Comments

"… you cannot leave him alone, now [that] he started schooling, he cannot go to school alone. Always you have to hold his hand to take him at school. I keep alternating with his mother on taking him to everything that he has to attend." –FGD participant

"His child has [an] eye disability, and we know there is a walking stick for the blind people, this can help him, if the eyes cannot be healed, it is good to teach him how to use that stick and give him that stick." –FGD participant

"[In the picture] with his sister while going to fetch water, the message here is that when he interacts with others, it makes him happy and this helps him not feeling lonely which may cause him being demoralized." –Father

"Obviously at the beginning it is hard to admit it, but you finally have to admit it because he is your child then you start helping him through and showing him affection." –Father

### What would help?

"Even though this boy cannot see but he is wise, if he is taken to schools of blind people, it can help him much, here at the nurturing hub, the teacher doesn't have capacity to follow him up, but in the professional schools of people with such disability, they have specific facilities to help people with such disability."

### Father of Boy, Age 4

"This picture shows her mother holding him, he cannot stand upright because his neck is shaking."

"This photo shows that if he can get neck support , it can be strong."

"Here I wanted to show you a stool that I wanted him to sit on but he cannot sit independently, always he needs a support, you can also see that the neck is falling on one side."

## Group Reactions and Father's Comments

"The photos show that his bones have issues, his backbone must be having issues only doctors can help, it is issue of making his bones strong." –FGD participant

"If he is taken to hospitals, as the time goes by … he can be strong and the brain can normalize, but if he is left like that, the child will grow and weight will increase to the extent the mother will not be able to carry him, if the family members continue laboring to take care of him, there will be no time to participate in development activities." –FGD participant

"At first I could not admit it, I noticed this when a child had reached the stage of turning him, on holding him, I could see that the neck is not strong. I could not admit it. I started taking him to the hospital, I started imagining how I will survive with him when myself too have a limping leg." –Father

It's me who does all house chores, his mother is always carrying him at her back, she is always busy with him." –Father

### What would help?

"Only to take him to the doctors, nothing else."

### Father of Boy, Age 1 Year, 9 Months

"You can see his sister helping him to move doing sport as recommended by the physiotherapist. When he does sports it helps his bones to become stronger and develop."

"Here the child is with his mother. When mother is done with household chores, she is teaching him how to clap hands. Even if he is not talking but you teach him different things and he becomes happy, when you sing the child will know that you are happy, even if he cannot talk."

"The people you see, one is the mother and the second one is the sister to him. To the child who has developmental delay, they need to awaken their brain. When it is done earlier by showing him some flowers or insects. This is what mother and sister are doing."

## Group Reaction and Father's Comments

"The photograph shows that, the child cannot walk, but the family is taking care of him, so that his joints can be strong to walk. Also we can observe from the photograph that the child is free from the sorrow, the family is close to him." –FGD participant

"Already we see that the child has developmental delays, but with the help of doctors this child can recover and live independently … he can be healed and this can help the whole family to be engaged in other developmental activities other than being tied up in taking care of the child." –FGD participant

"I take him to Ndera Hospital to do scanning to check on his brain because he had a problem of stiffness. As he grows, weight increases, his mother is no longer able to carry him over a long distance. We have transport issues taking him to hospital. Due to the fact that he is ever crawling or on the ground all the time his clothes gets torn every other day, he also needs diapers every day." –Father

"I was recommended to go [to the hospital] every Monday for physiotherapy that is sports in kind. From there we had … training of, how to make … this is a wooden tool to support [a] disabled child to walk. I made a long [one] for him plus the trainings I was given by the physiotherapists." –Father

## What would help?

"We need physiotherapy. The doctor is willing to give me transfer to any hospital I may wish to go to, I chose to go to Nemba hospital in Gakenke. I later on told the doctor that I am stopping coming every Monday because of transport constraints."

## Mother of Boy, Age 4

"This is his sister he is with. He likes to fight over books and pens. He wants to write, so she is teaching him to write numbers and lines. He seems interested in learning."

"He is playing with his father. They are playing the same game they play at school. Sometimes his father asks him to teach him what they learn in school."

"He gets happy when his father playfully lifts him in the air. He laughs and he likes things that make him laugh. The more you do things that please him, the more he loves you. He loves his father the most. You can see he is with him. I was nowhere to be seen. He is always after his father."

## Group Reaction and Mother's Comments

"This child is clearly well cared for. He isn't isolated from others … it's evident that this child is looked after … He plays with others." – FGD participant

"He's very comfortable with me and his father. He's happiest when he's playing with his peers. I'm delighted to see him interacting rather than being isolated. It would sadden me if his peers were to exclude him. He's also gentle with others. I'm glad that other children don't push him away." –Mother

"I initially thought he was naturally quiet until he turned two … Despite being happy, he couldn't say a word. When ECD programs were introduced, I enrolled him, not wanting him to stay at home. I thought I was giving the teacher a hard time, but they assured me it was okay … They encouraged me, saying he would improve with time … Eventually, he started saying simple words like "papa" … A few days later, he called my name. I was overjoyed to hear him say "mama." –Mother

"His tests at school were different from others because he heard more than he spoke. For instance, they asked him to identify drawings on paper." –Mother

### What would help?

"It's difficult with limited resources. Taking care of a child like him demands time, but I also must work to provide for us. Balancing everything isn't easy."

### Mother of Girl, Age 4

"My child, who is mute, was dressed for school. She asked me to take her picture."

"She was clearing dishes while we had a visitor wash them. She's always active at home, assisting with chores. When her father returns, she brings him water and helps him with his shoes. This makes me happy."

"She's writing with her classmates. They support her, even though writing is difficult for her."

## Group Reaction and Mother's Comments

"From the photos, it's clear that this child is active at home and dedicated to school. She shows determination despite her challenges." –FGD participant

"I admire her love for her peers and teachers. She's fully involved in school activities, even though she can't speak. It's heartwarming to see her embraced by others." –FGD participant

"It's gratifying to see her help at home despite her condition. I'm proud as a mother to see her understand and respond to my instructions, even without speaking. Her father and I support each other in caring for her." –Mother

"Sometimes, when she's sick, it's challenging to identify the issue immediately. She can only point to where it hurts when asked. Despite her limitations, she communicates her needs well. As a parent, I've learned to understand her cues and provide what she requires." –Mother

## What would help?

"I've heard of schools for children with special needs, but I haven't been able to explore them yet."

## Mother of Boy, Age 3

"This photo depicts a nutritious meal based on the training from GKB, including beans, green beans, carrots, and amaranth."

"This photo highlights the importance of fruits for healthy growth, which we're fortunate to have from our own fruit trees."

"This photo shows my child interacting with neighborhood children, who used to wonder why he couldn't walk. Once he started walking, they were thrilled to join him in play."

## Group Reaction and Mother's Comments

"I noticed his interest in eating and his entrepreneurial spirit. He seems to be enjoying a balanced diet and interacting with domestic animals. I commend his mother for not being ashamed." –FGD participant

"Despite my child's inability to speak, he can say 'papa' and 'mama' and communicate in his own way. He's observant and can indicate when something is wrong, even though he can't verbally express it. While he doesn't signal when he needs to use the toilet, I remain hopeful that he will improve. His delayed development has been explained by doctors, which gives me encouragement for his future progress." –Mother

"I've done everything within my means to support my child. I sought treatment at Kanombe Military Hospital, where he receives regular check-ups and was recommended for physiotherapy. I'm optimistic about his progress, especially after receiving positive feedback from doctors." –Mother

"I ensure he's surrounded by other children, even outside of school." –Mother

### What would help?

"I believe exposing him to school environments will help. He observes other children using the bathroom and will likely learn to signal when he needs to go. Additionally, he imitates sounds and speech, so continued interaction with peers will aid his development."

## Mother of Boy, Age 3 Years, 3 Months

"In this photo, he's actively playing with his peers, demonstrating his love for play despite his challenges."

"In this photo he's dancing with his siblings at home. His life is full of activity, and he doesn't let his disability hinder his joy and participation"

"This photo shows him engaged in classroom activities, repeating what others say. We believe in inclusive education, so we haven't isolated him from his siblings or classmates due to his disability."

## Group Reaction and Mother's Comments

"The photos mainly depicts his school life. It would be helpful to see more of his home life and how he's cared for outside of school." –FGD participant

"At home, he's equally playful, especially with his siblings. Despite not being shown in the pictures, he enjoys playing and running around. His joy comes from his freedom to play and interact with others, both at school and at home." –Mother

"I carry him to prevent him from becoming exhausted, considering how playful he is at school. It's about buying him time to prevent potential problems." –Mother

"Despite treating him like any other child, his disability requires special attention to avoid overexertion. Medications have been delayed, and when available, they're not always the right ones. The challenge lies in accessing timely and appropriate medical services, although community health agents and authorities are involved in the process." –Mother

## What would help?

"Treatment is key. I'm working towards getting him the necessary medical care so he can walk without difficulty."

# Most Significant Change Results

MSC workshop participants included GKB district staff, healthcare providers, community volunteers, and government staff at the cell, sector, and district levels. Workshop participants were asked to share stories of change related to GKB interventions for two domains:

1. Access to and availability of inclusive nutrition and ECD services
2. Availability of community and household resources and ability to provide optimal nurturing care to children ages 6–59 months

Participants from each district MSC workshop selected one story of change for each domain, which are summarized in Figure 5 and described by domain and district below.

**Figure 5. MSC change story overview by district**

| Domain | Kayonza | Kicukiro | Nyamasheke | Rulindo |
|---|---|---|---|---|
| 1: Accessibility and availability of inclusive nutrition and ECD services | New nutrition and ECD services that did not exist in the cell before GKB | GKB trained parents, volunteers, leaders, and built ECDs | A family's changes after GKB kitchen garden training and SILC participation | Identified and provided services for children with stunting and developmental delays/disabilities |
| 2: Availability of resources for optimal nurturing care for children 6-59 months | Positive changes for a child with a developmental delay after attending NCH | Success of kitchen gardens and increased availability of vegetables | A family received chickens from GKB improving children's diets and family finances | A SILC used their money for a business and now supports the VNS with their livestock |

## Domain 1 Results: Access to and Availability of Inclusive Nutrition and ECD Services

This section summarizes the MSC stories for Domain 1 by district.

### Kayonza: Akamaro ka Gikuriro Kuri Bose (The Benefits of GKB in Urugarama Cell)

This story focuses on nutrition, ECD, inclusivity, and girls of reproductive age. Before the implementation of GKB, no initiatives were in place in Urugarama Cell. Since GKB started operating there, significant progress has been made. Mothers of children under age five have been organized into groups, taught how to save (starting with as little in savings as 200 francs), and have received guidance on preparing well-balanced meals, maintaining hygiene, and stimulating their children's mental development.

> "Before the implementation of GKB, no initiatives were in place in the Urugarama Cell. Since GKB began implementing, significant progress has been made."
>
> –Kayonza MSC workshop participant

Girls ages 12–19 who are not in school have also benefited from GKB. GKB has organized savings groups where they also discuss reproductive health. These initiatives aim to prevent early pregnancies.

GKB established an NCH by rehabilitating a facility, installing a fence and a water tank, and ensuring children who attend receive porridge. This has resulted in positive changes within the community. Parents are now aware of the importance of ECD and are encouraged to enroll their children in NCHs. They have also learned how to prepare nutritious meals and stimulate their children's mental development from pregnancy. NCHs/ECD centers also provide a safe environment for children while parents engage in daily activities, knowing their children receive adequate nutrition.

GKB also promoted community participation in VNSs to combat malnutrition. Here, parents learn to prepare balanced meals and monitor their children's growth through regular check-ups. As a result, children have shown significant recovery from malnutrition.

### Kicukiro: The Positive Impact of GKB

This story focuses on different ways GKB assisted the community. GKB provided many trainings for Parents Lumières, ECD Caregivers, parents, and community leaders on how to take care of young children. Topics included how to stimulate children's cognitive development using toys. Before, people did not know that children need toys and that there are some simple ways to provide them, such as hand-crafting balls and toys so that they do not have to be purchased. GKB also established VNSs and kitchen gardens that are used to teach parents how to prepare a balanced diet for children under five years of age. Participants feel that by educating parents on nutrition, malnutrition in the sector has decreased.

> "[GKB] built the ECDs and provided us with tools to use there, which I think there are no other people that have done that for us. It means that when we were taught how to take care of and prepare a balanced diet for children under 5 years of age, we were also given tools to use when doing that. Now parents know how to prepare a balanced diet [and can] teach a fellow parent … so that the fellow parent can also know what to do for their children without requiring a person from somewhere else to do that."
>
> –Kicukiro MSC workshop participant

GKB built NCHs and furnished them with equipment such as child-sized chairs and tables, posters, and toys. Participants indicated that as a result, NCHs cannot be differentiated from more expensive schools. In some cases, GKB also provided customized chairs designed by physiotherapists for specific children with disabilities to provide support when seated. Also, in every NCH, fruit trees have been planted so that in the future children can be provided fruits for free. The NCH also helps working parents who can engage in their jobs knowing that their children are being well taken care of in the community.

GKB established SILCs and provided information that changed the mindset of those who were formerly reluctant to accept a loan. SILC leaders were trained in how to manage the groups, and they now have appropriate recordkeeping books to use for monitoring transactions.

GKB has also championed the rights of people with developmental delays or disabilities. Parents of children with developmental delays or disabilities reportedly used to "hide" their children, but GKB trained CBID volunteers and others on how to identify children with disabilities, and now they are supported in numerous ways. One focus of the training was on common inappropriate terms that were used to describe children with disabilities. After GKB trained ECD caregivers, CBID volunteers, Parents Lumières, and other parents and children's caregivers, they have changed the terms they use to describe people with disabilities, focusing instead on these individuals' strengths. GKB also identified and registered people with disabilities such that now, at the cell level, there are lists of people with disabilities and what services they need, what medical needs they have, and what they have been provided with.

Lastly, GKB established a committee that has the responsibility of following up on each activity and how they are progressing. For example, there are staff at GKB in charge of supporting people with disabilities, others in charge of children diagnosed with stunting, others in charge of ECD, etc. If a problem or concern is raised, committee members come together to discuss how to solve the problem.

### Nyamasheke: The Healthy Growth of the Child is the Development of the Family

This story is about a husband and wife's journey from struggling to feed their children to achieving self-sustainability through guidance from GKB. They believed they had too little land to plant vegetables, but GKB taught them how to leverage the small land they had by cutting down bushes and replacing them with vegetables. Now, they are even able to sell some of the vegetables grown on their small plot of land. They use some of the money to purchase items for home consumption and put some into their savings with their SILC group, which has improved their life. The story emphasizes the transformative power of support from GKB and practical advice on utilizing limited resources effectively. Additionally, the inclusion of both parents in decision making, contrary to gender norms that prioritize men's authority, is noteworthy.

> "[This story] serves as a compelling example for those who underestimate the potential of small land holdings and the affordability of homegrown produce. Emphasizing the importance of having a kitchen garden nearby, the narrative showcases the parent's adeptness in grasping and implementing GKB's teachings effectively."
>
> –Nyamasheke MSC workshop participant

### Rulindo: Dusigasire Ibyagezweho (Maintain Achievement)

Before GKB's arrival, many children under the age of five suffered from developmental delays and disabilities, but the district authorities were not aware of many of these children. GKB helped identify these children, particularly those with stunting and disabilities, so they could be connected with services. These children were then brought to health centers where they received nutritional support, including Shisha Kibondo, milk, and an egg per day through the "One Egg Per Child" campaign. This nutritional rehabilitation program lasts for at least 12 days at the health center. Some children, after receiving treatment, continue receiving support at home. This was accomplished through collaboration among the district, GKB, and the health centers. GKB also provided funds to prepare training guides on how to prepare complete meals to support children's growth and then provided the necessary equipment and trained parents on preparing balanced diets. This knowledge empowers parents to continue supporting their children's growth and development sustainably.

> "The most visible change is that before GKB's project, we knew of only a few children with developmental delays and disabilities due to a lack of assistance. Now, all the children are thriving, and their parents are happy."
>
> –Rulindo MSC workshop participant

## Domain 2 Results: Availability of Community and Household Resources and Ability to Provide Optimal Nurturing Care to Children Ages 6–59 Months

This section summarizes the MSC stories for Domain 2 by district.

### Kayonza: Adahejwe Yagira Akamaro (If Not Excluded They Can Be Productive)

> "This story emphasizes the collaboration between parents and health community workers in sharing information. It vividly illustrates the child's exclusion initially experienced and the positive changes that occurred through collaboration between the parent and the health community worker, leading to the child's enrollment in school."
>
> –Kayonza MSC workshop participant

This story is based on the experience of a child who was born with developmental delays. In 2023, a Parents Lumières informed the parent about GKB's inclusive ECD program, which encourages parents of children with developmental delays to access services at NCHs/ECD centers. The parent immediately enrolled her child, and now, at the age of two and a half, the child can express what bothers or makes them happy. This progress is in large part attributed to consistent care provided by caregivers from Monday to Friday at the NCH/ECD center as well as through interaction with other children.

GKB workers also visit children with disabilities or developmental delays in their homes. Parents provide all necessary information about their child's developmental delay or disability to the NCH/ECD center in which they are enrolled to facilitate targeted service provision. A lesson learned is that children with developmental delays or disabilities can benefit from supportive services, and parents can learn how to better care for children with developmental delays. Additionally, this story illustrates the positive changes that resulted from collaboration between the parent and CHWs at the ECD, which was facilitated by GKB.

A remaining challenge is that some ECD centers lack the equipment or toys to aid the mental development of these children, and sometimes only one of the child's parents has been trained by GKB.

### Kicukiro: Kitchen Garden for All

GKB carried out mobilization and training efforts to educate participants on diverse techniques for establishing kitchen gardens, with the goal of boosting vegetable and fruit harvest yields. This was especially important for participants in urban areas, where space for crop cultivation is scarce. Kitchen gardens leverage even the smallest plots of land for improved harvest yields through innovative kitchen gardening methods. This allows people access to vegetables and fruits, which are crucial for everyday meals yet often expensive.

GKB aimed for each participant's household to have its own kitchen garden. For households with no space for growing crops, techniques that facilitate creating a kitchen garden

> "The impact of the kitchen garden initiative introduced by GKB is significant: every Rwandan citizen should have a kitchen garden. This understanding has spread widely—not only among those directly involved with GKB but also throughout the broader community. In my cell, the availability of vegetables from these kitchen gardens, supported by GKB's provision of seeds, has led to two years without a single case of child malnutrition."
>
> –Kicukiro MSC workshop participant

included using a car tire or a sack to grow vegetables or fruits.[5]

The impact of the kitchen garden initiative introduced by GKB was significant. The belief that every household should have a kitchen garden has spread widely—not only among those directly involved with GKB but also throughout the broader community. Participants credited kitchen gardens  with contributing to two years without a single case of child malnutrition in the community.

Previously, people were reported to neglect kitchen gardening, viewing it as something only for the poor. Now, both rich and poor families recognize its benefits. This shift is believed to be due to the awareness raised by GKB's efforts to improve nutrition. Previously, people thought only wealthy parents could afford to buy fruit for their children. Some GKB-participant households not only have vegetables for themselves but also sell them to neighbors, providing them with some extra income, which they save in their respective SILCs.

## Nyamasheke: Chicken Farming is Helpful in the Family

> "I chose this story [as most significant] because it involved a household dealing with malnutrition and poverty. The government helped by providing a cow … but the family couldn't take care of it. However, when they started small, they managed to improve their situation significantly … the chickens [they were given] … produced eggs immediately, impacting the children's lives instantly."
>
> –Nyamasheke MSC workshop participant

This story involves a family that was suffering from malnutrition and financial instability who were given a cow, but could not take care of it, and it died from hunger. After GKB's intervention, the family received chickens, which were easier for them to manage. The chickens started laying eggs, which the parents fed to their children, helping improve their nutritional status. Initially given two chickens, the family now has 10, and they feed their children eggs and sell the surplus. The chickens provided by GKB can lay eggs every day for two consecutive years. Thus, the eggs not only improve children's health but also boost the families' financial situation. Recently, the father stated that he plans to buy a cow as his life has significantly improved.

This story shows that to achieve big results, one must sometimes start small. The family was initially given something they couldn't manage—a cow. Taking care of a cow requires a lot of effort, which wasn't feasible for the family. Giving them chickens instead, which are easier to manage, had a significant positive impact. This small start paved the way for bigger plans, as the family now feels capable of taking care of a cow. To participants, this demonstrates how starting small can lead to rapid growth.

## Rulindo: Twitezimbere (Development)

This story is titled Twitezimbere because development signifies progress from one stage to another. When GKB began implementation, they created groups called SILCs and taught community members how to save and lend money among themselves. GKB supported each group with 30,000 Rwandan francs. While some might think that is a small amount, with training from GKB, the group decided to start a business making decorative crafts and has reached a level where their crafts are sold both locally and internationally. The

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[5] The sack method involves making holes in the first circle of the sack, then at a distance of 20 cm, making another hole. Starting with carrots in the bottom hole, celery in the next, spinach in the upper hole, and finishing with cabbage. Then, the sack is irrigated. A participant reported that in his village, this technique was not only adopted by GKB participants, but also by other community members who learned from them how easy it is to irrigate and add fertilizer to the kitchen garden, allowing access to four types of vegetables at a time.

income from their craft business helps support the VNS as they buy cooking oil and other necessary items. This development has also enabled the group to purchase livestock such as chickens and rabbits, ensuring a steady supply of eggs and meat for their children, and they no longer have issues providing nutritious meals. The livestock also provide manure to enrich the soil for vegetable gardening, ensuring a continuous and sustainable supply of nutritious food for children. They report that the village has zero cases of stunting, showing the impact of GKB's support.

> "GKB supported each [SILC] group with 30,000 Rwandan francs. In our group, we decided to use this money wisely. Some might think it's a small amount, but with the training and mindset change from GKB, we decided to start a business making decorative crafts. We learned this skill well and reached a level where our crafts are sold both locally and internationally."
>
> –Rulindo MSC workshop participant

The story highlights the importance of economic development in taking care of children ages 5–59 months. Without improving their economic status, children cannot thrive because necessary resources are unavailable. By focusing on income generation, the group developed the ability to provide essential resources for their children. Before GKB's arrival, the village had some resources to help support their children, but due to lack of knowledge, they were not being used effectively. With training from GKB, they learned how to utilize what they had to better support their children's growth.

## MSC Cross-Cutting Themes

This section describes several cross-cutting themes that emerged from the eight stories and related group discussions at the MSC workshops.

### Changing People's Beliefs and Mindsets

GKB's successful efforts to change people's beliefs and mindsets about children with developmental delays and disabilities and inclusivity, nutrition and malnutrition, kitchen gardening, ECD, and participation in SILCs were a major cross-cutting theme. In many cases, changing mindsets was a precursor to behavior change linked to health improvements.

#### *Children with Developmental Delays and Disabilities and Inclusivity*

Workshop participants reported that they have observed a significant shift in the mindset of parents of children with developmental delays or disabilities and others in the community regarding how they view and treat these children. GKB identified children with disabilities and promoted inclusivity, teaching parents that they should treat all children equally and encouraging them to enroll their children in NCHs. Through the participation of children with developmental delays and disabilities in NCHs, others in the community, including their peers, have become more accepting. Participants stated that historically, individuals with disabilities were hidden and marginalized, but now they are treated better.

> "In the past, we often thought that a person with a disability was someone who always needed help, which led to their exclusion … During celebrations, disabled children were often not allowed to participate, even if they could see but had mobility issues … This exclusion was common, and it often led to further marginalization … As a leader, I have witnessed these situations, and I understand that many of us come from families where such practices occurred. However, the mindset has changed dramatically since GKB began educating us. GKB's efforts have shown us the importance of inclusivity and valuing all individuals, regardless of their abilities. These children deserve education and to be included in all activities, just like everyone else. GKB has helped us realize that everyone has value and deserves to be treated with respect and dignity."
>
> –Kayonza MSC workshop participant

### *Nutrition and Malnutrition*

GKB educated community members on nutrition, such as the importance of fruit and vegetables in the diet and preparing complete, balanced meals. Participants reported that previously children were fed sweet potatoes and taro, and "eating well" meant having meat and chips (fried potatoes). Others sold eggs rather than feeding them to their children, due to a lack of understanding about nutrition. Many participants reported that malnutrition and stunting had been reduced in their communities, which they attributed to GKB's interventions.

Participants also explained that GKB helped debunk the myth that malnutrition was caused by witchcraft and can be cured by traditional medicine. Rather, parents were taught that malnutrition can result from lack of a balanced diet, not just lack of quantity of food.

> "Before GKB arrived, children mainly ate sweet potatoes and taro, without the essential vegetables for their growth. After GKB's arrival, kitchen gardens were established, and parents attended village nutrition schools to learn how to prepare complete meals for their children. This has significantly helped the district fight against stunting. This is one of the most significant changes GKB brought, and it's visible to everyone."
>
> –Rulindo MSC workshop participant
>
> "The parent believed the child's condition [malnutrition] was due to witchcraft … She treated the child with traditional medicine. The community health worker (CHW) persistently encouraged her to attend the VNS. When she finally agreed, CHWs assessed the children, publicly identified those with malnutrition, and commended parents who were caring well for their children. This public acknowledgment helped the mother realize that malnutrition, not witchcraft, was the issue."
>
> –Nyamasheke MSC workshop participant

### *Kitchen Gardening*

> "People used to ask for vegetables, claiming they had no land to grow them. Now, everyone grows their own vegetables in small spaces. I used to ask friends and neighbors for vegetables, but now I grow my own."
>
> –Nyamasheke MSC workshop participant

Participants noted that, although Rwanda's National Food and Nutrition Policy[6] recommends kitchen gardens, people viewed them as something for the poor. Others felt that their plot of land was simply too small for growing vegetables. Participants reported that now most families in their communities recognize the benefits of kitchen gardening due to awareness raising and training on kitchen garden methods by GKB.

### *Early Childhood Development*

Participants explained that parents' mindsets about ECD were changed as a result of GKB interventions, which raised awareness about the importance of educational play and socialization for young children, where previously parents focused their care for young children on feeding and bathing.

> "Many mothers, including myself, used to think childcare was just about feeding and bathing. But it involves much more: ensuring full hygiene, communicating to understand their thoughts, giving them time to express themselves, and playing to identify any disabilities. These comprehensive services at ECDs support a child's growth."
>
> –Nyamasheke MSC workshop participant

### *Savings and Internal Lending Communities*

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[6] https://www.moh.gov.rw/news-detail/national-food-and-nutrition-policy

Participants felt that the establishment of SILCs, accompanied by training on related financial literacy and income generation strategies, helped people learn to take calculated risks, rather than shying away from taking appropriate low-risk loans. In addition, through participation in SILCs, some members have opted for collective effort for income generation, such as craft-making and animal husbandry, where previously they would have pursued individual income generation activities that may not have been as lucrative. Participants stated that collective effort has led to remarkable changes, as SILCs have enabled members to work with financial institutions, understand the benefits of saving, and have fostered a sense of community and collaboration.

> "SILCs were so beneficial as people's mindsets were developed. Those that were afraid of taking risks changed and now ask for and use the loans appropriately which shows that in the future, small businesses will be starting to produce … because GKB now tries to introduce these SILC members to different partners such as SACCO [Savings and Credit Cooperatives]."
>
> –Kicukiro MSC workshop participant

## Sustainability

GKB provided startup materials and equipment, training, and/or funds for its interventions with an eye toward these interventions (and their outcomes) becoming self-sustaining when the project ends. Workshop participants noted that GKB trained community members on nutrition (preparing complete, balanced meals), kitchen gardening methods, and provided them with seeds to start their own kitchen gardens. As a result, workshop participants felt that the gardens established by GKB-supported families have the strong potential to provide these families with a sustainable source of vegetables in support of a balanced, healthy diet that helps prevent malnutrition. Additionally, surplus can be sold as a source of income. GKB also provided fruit trees to NCHs, which, when they mature, can become a sustainable source of fruit for families in the community.

Workshop participants stated that VNSs, where cooking demonstrations are held, initially struggled with disorganization and a lack of resources such as cooking spaces and equipment. They reported that GKB has helped improve the potential for sustainability of the VNSs by providing training to Parents Lumières and others, as well as equipment such as plates, cups, and buckets.

GKB provided SILCs with 30,000 Rwandan francs (approximately $23 USD) for startup as well as training on related financial literacy and income-generating strategies, often leading to a sustainable source of income. An example is the MSC story about the SILC group that started a craft business that enabled them to support the VNS by providing cooking oil and other necessary items. This group also purchased chickens and rabbits to ensure a sustainable supply of eggs and meat for their children.

> "What I wanted to add is that GKB not only facilitated our involvement in saving groups, which enhanced our financial capabilities, but it also provided us with fruit and vegetable trees to cultivate. This enabled us to achieve self-sufficiency in food production and even have surplus for the market. In essence, it taught us to find solutions within our community without relying on significant capital."
>
> –Kayonza MSC workshop participant

With regard to the sustainability of the GKB interventions around inclusivity, workshop participants reported that some children with developmental delays and/or disabilities are now enrolled at NCHs and have received medical care, and in some cases, assistive technology. Additionally, their parents have been encouraged to join SILCs. Workshop participants urged GKB to intensify their efforts around inclusivity to ensure current gains are not lost. Some felt more effort should be invested in providing training to local leaders and others who are responsible for implementing inclusive nutrition and ECD activities to ensure they have the knowledge and skills to effectively continue inclusive initiatives when GKB ends.

> “My suggestion is for Gikuriro to intensify its efforts, with leadership actively engaging local citizens, to ensure that even if Gikuriro is no longer present, these children with disabilities won’t regress into exclusion within their families. Rather, inclusion should become ingrained in the daily activities of every citizen, ensuring ongoing protection and support for these children.”
>
> –Kayonza MSC workshop participant

### Collaboration and Community-Health Facility Linkages

Many of the MSC stories involved collaboration among multiple actors, such as community volunteers trained by GKB (ECD Caregivers, Parents Lumières, CBID Volunteers, and Field Agents); healthcare providers; parents; and local government staff at the cell, sector, and district levels. Workshop participants pointed out that community volunteers (CBID Volunteers, Parents Lumières) identified children with malnutrition through regular screenings conducted during household visits and at NCHs and VNSs and referred these children to health centers for care. Children identified with other developmental delays or disabilities were referred to hospitals or other specialized care centers for assessment and, if possible, treatment or therapy.

Workshop participants also highlighted that enrollment of children with developmental delays or disabilities in NCHs and ECDs was a result of collaboration between parents and community volunteers, which was facilitated by GKB, who trained the community volunteers not only on how to identify children with developmental delays and disabilities, but also on the importance of socialization and educational play for the child’s development.

# Discussion

This mid-project process evaluation of GKB collected data from 271 respondents and produced information to answer the two overarching evaluation questions. Respondents were overwhelmingly positive about GKB services and activities but identified actionable challenges related to implementing activities or adopting recommendations and offered suggestions for improvement.

## Evaluation Question 1. What has been the experience of facility-level providers and community-based workers in providing INECD services since the start of the project?

It was common for facility-level providers and community-based workers to describe working together with other providers and workers on inclusive nutrition and ECD services and activities. Facility-level providers and community-based workers reported valuing the training they received related to inclusive nutrition and ECD. However, they identified additional training topics they would like to be covered during refresher and catch-up trainings, as well as additional resources they need to carry out their responsibilities and support families in their communities.

Respondents reported that the NCHs and VNS were working well. However, respondents did note that additional and replacement supplies and resources for NCHs and VNSs are needed. Respondents described positive changes in community attitudes toward children with developmental delays and disabilities, which they attributed to sensitizing community members on inclusivity and the equality of all children. Respondents were overwhelmingly positive about SILCs, sharing several examples of positive experiences for the group. Some Field Agents/Private Sector Providers requested additional training for group management and conflict resolution to improve their facilitation of the SILC.

Respondents described screening and referring children with developmental delays and disabilities as generally working well but noted challenges with following up when community volunteers are not able to provide the support families expect, do not have a transport allowance for follow-up visits, and when families move and children are lost to follow up.

## Evaluation Question 2: What has been the experience of parents/family caregivers in accessing nutrition and ECD services for children at community-based NCHs?

Parents and family caregivers were consistently positive about GKB activities related to nutrition and ECD. They appreciated learning about nutrition, ECD, kitchen gardening, and participating in SILCs. Some parent/family caregiver respondents noted challenges they experienced with carrying out recommendations, particularly related to limited finances and resources and challenges with their kitchen garden. Parents and family caregivers appreciated NCHs and the opportunities for children to learn together and socialize in a safe environment. Some respondents noted that long distances, limited hours, and high enrollment were challenges with NCHs. Respondents described learning about the importance of ensuring inclusivity and equitable treatment for all children. Parents and family caregivers of children with developmental delays and disabilities spoke positively about their experiences with GKB activities and the services they receive. Some noted that not having money to participate in the SILC or food to bring to the VNS limited their participation. Most respondents noted that services were inclusive and community attitudes toward children with developmental delays and disabilities were changing, though some shared concerns that their children may experience stigma. Overall, parents and family caregivers described their children benefiting from their participation in the NCHs.

## Recommendations

The following recommendations reflect respondents' suggestions and the challenges they noted.

1. **Provide regular refresher and catch-up training for community volunteers and facility-based providers.** Respondents recommended additional training on ECD, supporting the specific needs of children with developmental delays and disabilities, early identification of developmental delay and disability, making assistive technology, making toys using available resources, cultivating vegetables in the dry season, raising poultry, and facilitating SILC groups (e.g., group formation, management, and conflict resolution).
2. **Provide additional incentives and support for community volunteers to deliver services.** Participants asked for resources to help them better deliver services. They requested smartphones or tablets for reporting, IDs/badges, rain gear, bicycles, increased travel allowance, and compensation for ECD caregivers.
3. **Provide additional materials and resources for NCHs.** Participants asked for resources and supplies for NCHs, which included balls, toys, playground equipment, and mattresses; cooking equipment, food, fuel, water source, indoor kitchens, and soap; and gardening supplies.
4. **Increase advocacy for inclusion for children with developmental delays and disabilities.** Community volunteers, facility-based providers, and families asked for increased advocacy for support and resources for children with developmental delays and disabilities.
5. **Provide additional support for children with developmental delays and disabilities and their ECD and family caregivers**. Participants asked for resources and supplies for NCHs. They suggested that healthcare professionals visit VNSs or NCHs to train ECD caregivers and parents about providing specific support based on children's needs.
6. **Create support groups for parents and family caregivers with children with developmental delays and disabilities**. Community volunteers, facility-based providers, and families recommended forming groups specifically for parents/family caregivers to provide mutual support, in addition to their participation in SILCs, VNSs, and NCHs.
7. **Ensure resources are provided to families with children with developmental delays and disabilities using discretion so as not to increase stigma.** Several participants noted the importance of providing resources to families with children with developmental delays or disabilities.
8. **Integrate guidance on maternal nutrition while pregnant and lactating as well as content on developmental milestones and ECD into antenatal care (ANC) and home visits with pregnant women.** Participants suggested counseling women during pregnancy about ECD and developmental milestones so they are aware of potential developmental delays and disabilities and participate in screening. Additionally, ANC and home visits provide an opportunity to give pregnant and lactating women guidance on maternal nutrition.
9. **Ensure parents and all family caregivers are trained in ECD and to support children with developmental delays and disabilities.** Parents noted that in some families only one parent or caregiver was trained in ECD and supporting a child with a developmental delay or disability and wanted others in the family to be trained as well. This could be combined with efforts related to gender equity.

10. **Host monthly or quarterly meetings for community-based workers.** GKB can host and facilitate meetings that provide a forum for community volunteers to share experiences, discuss challenges, and solve problems as a group. They can also include focused refresher and catch-up training. Providers can be invited to participate in these meetings to answer community-based workers' questions about specific needs of and support for children with developmental delays and disabilities. These meetings can increase volunteer motivation and strengthen their capacity.
11. **Train providers to distinguish between developmental delays and stunting.** Volunteers frequently used the terms for stunting and developmental delays interchangeably. Similarly, some participants described nutritional interventions to address unrelated developmental delays. Training providers to distinguish between developmental delays and growth faltering would help them provide accurate information to families.

# Conclusion

This report presents findings from the mid-project qualitative process evaluation of GKB. This evaluation was conducted in four districts where GKB is operating and sought to examine the experiences of community-based workers and facility-level providers implementing GKB activities, as well as the experiences of parents and family caregivers participating in GKB activities. Specifically, this evaluation answered the following overarching questions: (1) What has been the experience of facility-level providers and community-based workers in providing inclusive ECD and nutrition services? and (2) What has been the experience of parents/family caregivers in accessing inclusive nutrition and ECD services for children at community-based NCHs? In addition to their experiences, respondents were asked what was working well, what challenges they experienced, and what suggestions they had for improving GKB activities. The evaluation generated learning from qualitative data collected through FGDs, IDIs, photovoice, and MSC workshops. Providers, workers, and families provided overwhelmingly positive feedback about GKB services.

Facility-level providers and community-based workers valued the training they received and described how NCHs, VNSs, and SILCs are working to improve nutrition-related and other caregiving behaviors and support the inclusion of children with developmental delays and disabilities. The providers and community-based workers identified challenges related to limited financial and material resources that influence the services they provide and also requested additional training on a variety of topics to better support families in their communities. They also noted that additional services are needed to better support families with children with developmental delays and disabilities. While facility-level providers and community-based workers described the provision of assistive technology and learning to make assistive technology with local materials, they also reported the lack of assistive technology as a challenge. Providers and volunteers described working closely with other providers and community-based workers in their communities, highlighting strong collaboration around inclusive nutrition and ECD activities.

Parents and family caregivers were generally positive when describing GKB activities in their communities. They appreciated NCHs and VNSs, valued their participation in SILCs, and described improvements in children’s diets, which they attributed to their kitchen gardens. They described positive changes in community attitudes toward children with developmental delays and disabilities, though some parents of children with developmental delays and disabilities still expressed concerns that children experience stigma. Parents and family caregivers offered several recommendations to enhance nutrition, ECD, and inclusion in their communities.

When combined, the findings from these different data sources suggest GKB activities support a high level of coordination and successful implementation of inclusive nutrition and ECD services. Inclusive, integrated services are available and accessible to families, and families are gaining resources and skills to provide nurturing care. Evaluation respondents recommended actions that could further strengthen GKB implementation and outcomes, including additional training and resources for community-based workers, materials and resources for NCHs, and services and support for children with developmental delays and disabilities. Additionally, establishing support groups for parents and family caregivers of children with developmental delays and disabilities and increased efforts to promote inclusion are recommended.

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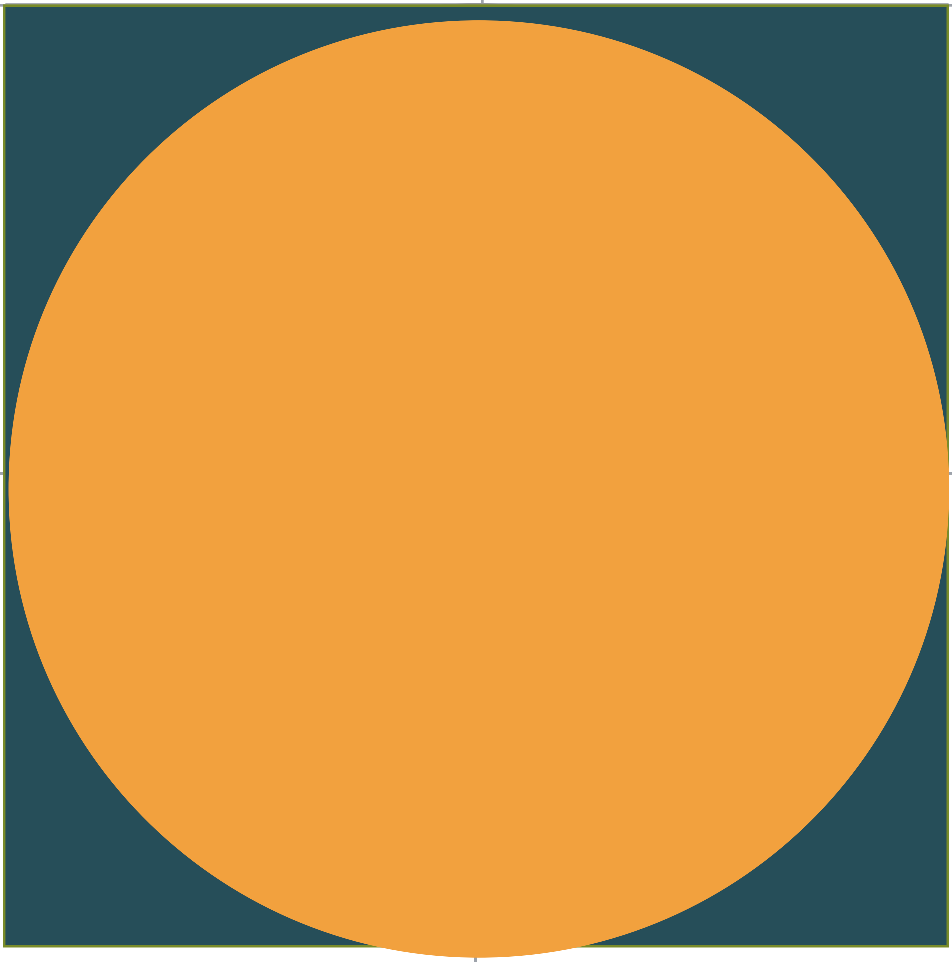

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. TRE-24-41 D4I