October 2024

Rwanda Gikuriro Kuri Bose (GKB) – Inclusive Nutrition and Early Childhood Development (INECD): Mid-Project Qualitative Process Evaluation

Gikuriro Kuri Bose (GKB)

The United States Agency for International Development (USAID)-funded GKB activity is a five-year (October 1, 2021–September 30, 2026) activity implemented by Catholic Relief Services in consortium with Humanity & Inclusion, Umuhuza, Three Stones International, and University of Global Health Equity, with subpartners CARITAS, Africa Evangelical Enterprise, Young Women's Christian Association, and Duharanira Amajyambere y'Icyaro. 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. GKB aims to improve health and nutrition outcomes among women of reproductive age and promote optimal infant and young child feeding practices. It also addresses child development gaps, improving rehabilitation services, and social inclusion needs for infants and children, in line with the priorities of the Government of Rwanda.

In the 10 districts where it operates, GKB implements an integrated set of inclusive interventions that include providing support to families through (1) nurturing care hubs (NCHs), which provide ECD services and serve as safe places for children to learn, play, and socialize; (2) promotion of kitchen gardening to increase access to nutritious foods; (3) village nutrition schools (VNS) that provide participatory cooking demonstrations; and (4) savings and internal lending communities (SILCs) for household economic strengthening and food security. GKB engages and supports several types of community-based volunteers that collaborate with facility-based providers and local government officials to provide inclusive nutrition and ECD (INECD) services. These groups identify, refer, provide inclusive services to, and follow up with children with developmental delays or disabilities. They also engage in growth monitoring and nutrition screening to identify children with malnutrition.

Mid-Project Qualitative Process Evaluation

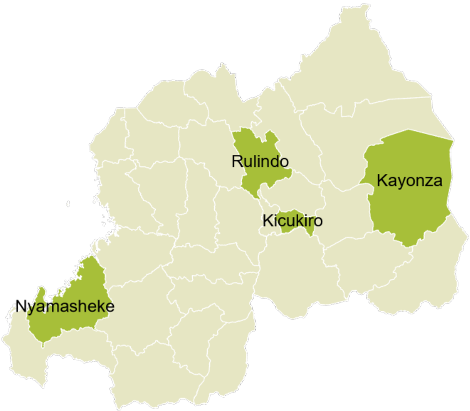
Data for Impact (D4I), in collaboration with local partner **Research Hub, Ltd.,** conducted a mid-project qualitative process evaluation of GKB. The goal of the evaluation was to understand the experiences of facility-level providers, community-based volunteers, and local government officials in delivering and supporting GKB services, as well as the experience of parents/family caregivers in participating in GKB activities to adapt and improve project activities.

Methods

This qualitative process evaluation used multiple data collection methods:

- **In-depth interviews** (IDIs) with facility-level providers and local government officials (20 respondents).
- **Focus group discussions** (FGDs) with community-based volunteers and with male and female parents/family caregivers of children ages 6–59 months (189 respondents from 24 FGDs).
- **Photovoice,** a visual ethnography method, with parents of children with developmental delays and disabilities (16 respondents).
- **Most Significant Change workshops**, a complexity-aware method, conducted with GKB staff, facility-level providers, community-based volunteers, and local government officials (46 respondents across 4 workshops).

Figure 1. Evaluation study sites



The evaluation was implemented in four districts, one from each province (Eastern, Western, and 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. A total of 271 respondents participated in the evaluation. Data collection took place in May 2024.

The evaluation team coded transcripts, identified themes, and conducted a final re-review of the data, relating it back to the evaluation questions.

Key Findings

The sections below present the evaluation questions and a summary of findings for each question.

Evaluation Questions and Summary of Findings: Experience of Facility-Level Providers, Community-Based Volunteers, and Local Officials

What has been the experience of facility-level providers, community-based workers, and local government officials in providing INECD services since the start of the project?

- Facility-level providers, community-based volunteers, and local government respondents were overwhelmingly positive about their experiences providing INECD services with GKB.

What training have the various groups received from GKB? Who do they work with and how? What additional training or resources are needed going forward?

- Respondents reported receiving training in nutrition; ECD; kitchen gardening; identifying and caring for children with developmental delays and disabilities; water, sanitation, and hygiene; and gender equality.
- Respondents reported extensive communication and collaboration with other GKB volunteers, facility-based providers, and local government officials.
- They requested additional training on caring for children with developmental delays and disabilities, kitchen gardening, and SILC group facilitation skills. They also requested materials for NCHs, gardening supplies, smartphones/tablets for reporting, identification/badges, rain gear, and travel allowances.

What has been the experience 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?

- Respondents reported that educating parents about nutrition and balanced diets; establishing NCHs, VNS, and SILCs; and supporting families with children with developmental delays and disabilities at NCHs was working well.
- They desired additional skills/training and support to better meet the specific needs of children with developmental delays and disabilities. They suggested increasing advocacy for support and resources for children with developmental delays and disabilities, providing basic food at VNS, having a healthcare professional visit VNS or NCHs monthly to educate parents on better caring for their children with disabilities, and organizing parents of children with developmental delays of disabilities into support groups.

Figure 2. Child at an NCH

Photo courtesy of Photovoice participant

"We teach children without disabilities by telling them that children with disabilities are also human beings like them, and then we bring them together, so they become familiar with each other."

- ECD Caregiver

"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 gardening 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

What has been the experience identifying, referring, and following up with children with developmental delays and/or disabilities for integrated services? How can this be improved going forward?

- Respondents identified several activities that were working well, including malnutrition screenings; educating parents about malnutrition and developmental delays; training community health workers (CHWs) to identify children with developmental delays and disabilities; sensitizing community members on inclusivity and equality of all children; and information sharing among local leaders, community volunteers, and facility-level providers.
- They reported that referrals to NCHs, VNS, SILCs, and hospitals were generally working well.
- Reported challenges included parents not bringing their children for screening, parents who avoid bringing their child with a developmental delay or disability in public, high turnover of CHWs, and lack of equipment for CHWs.
- While they noted improvements in community attitudes toward children with developmental delays and disabilities, they noted that some parents still worry about experiencing stigma. They also mentioned that long distances to NCHs and health facilities posed barriers to families completing referrals.
- They suggested increasing mobilization efforts for malnutrition screening, additional training for caregivers and health workers to recognize early signs of developmental delays, and counseling during pregnancy about developmental milestones and disabilities.
- They highlighted the importance of following up with families after they are referred to services and providing families with specialized support and care for children with developmental delays and disabilities. To ensure CHWs are providing needed follow up, they suggested increasing incentives for CHWs and greater engagement between GKB and CHWs.

Evaluation Questions and Summary of Findings: Experience of Parents and Family Caregivers

What has been the experience of parents/family caregivers in accessing INECD services for children at NCHs?

- Similar to facility-level providers, community-based volunteers, and local government officials, parents and family caregivers were highly positive about their experiences with GKB activities.

What have parents/family caregivers learned from GKB activities about nutrition, ECD, income generation, etc.? What could be improved going forward?

- Parents and family caregivers appreciated learning about nutrition through trainings, VNS, cooking demonstrations, kitchen gardening, and receiving seeds to start kitchen gardens, but for some, limited resources made it challenging to adopt recommended practices.
- Parents and family caregivers valued the NCHs, but for some, long distances to NCHs and only being open a couple of days each week made it challenging to send their children regularly.
- Parents and family caregivers also appreciated trainings related to inclusivity.
- Respondents were very enthusiastic about SILCs. They reported that they

"There has been a shift towards inclusivity. Previously, children with disabilities were marginalized, kept away from schools and isolated. With the introduction of ECD programs, disabled children started attending schools and participating in community activities … They are no longer isolated."

- 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

Figure 3. Child playing with peers

Photo courtesy of Photovoice participant

"Before the program, I lacked any ambition for self-development … The 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

would like additional training on income-generating activities, but otherwise had very few suggestions for improvement.

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

- Parents with children with developmental delays and disabilities reported that their experiences with GKB activities were very positive. Some reported their children received physiotherapy and noticed physical improvements in their children. They appreciated their children being included in NCHs and the opportunity for them to socialize with other children.
- Parents with supportive spouses and networks and fewer financial challenges reported less difficulty caring for their child, whereas parents with little to no family support reported more difficulty. Respondents' experiences with stigma in their community varied widely.

What do families with children with developmental delays and/or disabilities perceive as barriers to receiving INECD services? What improvements can be made going forward?

- Parents and family caregivers reported that they would like services to be expanded to help meet their child's specific needs, the provision of assistive technology, assistance with transportation to testing or services, and support for other home needs, such as mattresses.

"Playing with a child helps to sharpen their mind … I brought my child to the [NCH] when she could barely speak and didn't know how to play and I could not have 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

"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

"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

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 delays and disabilities, 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 allowances, 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 of 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 VNS 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**. Respondents recommended forming groups specifically for parents/family caregivers to provide mutual support, in addition to their participation in SILCs, VNS, 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 respondents 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 early child development into antenatal care (ANC) and home visits with pregnant women.** Participants suggested counseling women during pregnancy about early childhood development 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 both parents and all family caregivers are trained in ECD and support of children with developmental delays and disabilities.** Parents noted that in some families only one parent or caregiver was trained in INECD 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 volunteers.** 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 and local government officials can be invited to participate in these meetings to answer community-based volunteers' questions about specific needs of and support for children with developmental delay 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 and specific support to families.

> "My suggestion is for GKB to intensify its efforts, with leadership actively engaging local citizens, to ensure that even if GKB 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."
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> – MSC Workshop Participant

To view the full GKB Mid-Project Qualitative Process Evaluation report, click here.

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. FS-24-718.