[Sugira Muryango]

ANNUAL REPORT
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I. ACRONYMS AND ABBREVIATIONS

- ASQ—AGES, STAGES, QUESTIONNAIRE
- BC—BOSTON COLLEGE
- BCC—BEHAVIOR CHANGE COMMUNICATION
- CBV—COMMUNITY BASED VOLUNTEER
- CHW—COMMUNITY HEALTH WORKER
- CP—CHILD PROTECTION
- CPW—CLASSIC PUBLIC WORKS
- CG—CAREGIVER
- COP—CHIEF OF PARTY
- CRT—CLUSTER RANDOMIZED TRIAL
- CUG—CLOSED USER GROUP
- ECD—EARLY CHILDHOOD DEVELOPMENT
- EPW—EXPANDED PUBLIC WORKS
- HSPH—HARVARD SCHOOL OF PUBLIC HEALTH
- IRB—INTERNAL REVIEW BOARD
- JADF—JOINT ACTION DEVELOPMENT FORUM
- LODA—LOCAL ADMINISTRATIVE ENTITIES DEVELOPMENT AGENCY
- GBV—GENDER BASED VIOLENCE
- GOR—GOVERNMENT OF RWANDA
- MDAT—MALAWI DEVELOPMENT ASSESSMENT TOOL
- MIGEPROF—MINISTRY OF GENDER AND FAMILY PROMOTION
- MINALOC—MINISTRY OF LOCAL GOVERNMENT
- MINEDUC—MINISTRY OF EDUCATION
- NECDP—NATIONAL EARLY CHILDHOOD DEVELOPMENT PROGRAM
- NISR—NATIONAL INSTITUTE OF STATISTICS RWANDA
- PI—PRIMARY INVESTIGATOR
- PIH—PARTNERS IN HEALTH
- PS—PERMANENT SECRETARY
- RPCA—RESEARCH PROGRAM ON CHILDREN AND ADVERSITY
- RNEC—RWANDA NATIONAL ETHICS COMMITTEE
- RCT—RANDOM CONTROL TRIAL
- SM—SUGIRA MURYANGO
- SP—SOCIAL PROTECTION
- UNICEF—UNITED NATIONS CHILDREN’S FUND
- VUP—VISION 2020 UMURENGE PROGRAM
- WASH—WATER, SANITATION, HYGIENE
2. ACTIVITY OVERVIEW

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Strong Families, Thriving Children “Sugira Muryango”</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Contract/Agreement] Number</td>
<td>AID-696-A-16-00003</td>
</tr>
<tr>
<td>Name of Prime Implementing Partner</td>
<td>Boston College</td>
</tr>
<tr>
<td>Name(s) of Sub-recipient(s)/Sub-awardee(s)</td>
<td>FXB—Rwanda</td>
</tr>
<tr>
<td>Activity Start Date</td>
<td>June 20, 2016</td>
</tr>
<tr>
<td>Activity End Date</td>
<td>June 29, 2020</td>
</tr>
<tr>
<td>Reporting Period</td>
<td>October 1, 2018 - September 30, 2019</td>
</tr>
</tbody>
</table>

USAID funding is part of a consortium of funders (World Bank, ELMA, Network of European Foundations, WellSpring), which allows Boston College (BC) School of Social Work and its local partner, FXB Rwanda to test the effectiveness of a family-based home visiting early childhood development (ECD) program. The program will be delivered by community-based volunteer workers to beneficiaries of the Government of Rwanda’s (GOR) flagship social protection program, Vision 2020 Umurenge Program (VUP). The Sugira Muryango family strengthening intervention, is a preventive, family-based model that uses home visiting and active coaching to encourage responsive parent-child interactions and discourage violence and harsh punishment towards children to promote healthy early childhood development. The intervention is designed to target families living in extreme poverty, namely, Ubudehe 1\(^1\) (the GOR poverty classification system). A four-arm cluster randomized trial (CRT) will enroll n=1,048 VUP-eligible families with children aged 6-36 months to compare outcomes among children and parents in households receiving:

1) Classic VUP public works (control)
2) Expanded VUP public works (control)
3) Combined Classic VUP public works with Sugira Muryango (treatment)
4) Combined Expanded VUP public works with Sugira Muryango (treatment)

A cost analysis will provide practical information on the feasibility and cost of integrating Sugira Muryango into VUP programming and a process evaluation will produce useful implementation tools for dissemination and scale-up. The following potential conditions for households to be assigned to are (assigned on a grouping, explained further in randomization section):

1) Classic VUP public works (control)
2) Combined Classic VUP public works with Sugira Muryango (treatment)

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\(^1\) The GOR has carried out a re-categorization of Ubudehe from categories 1 through 6, to currently align with a four category system, thus Ubudehe 1 and 2 under the old system now encompasses only Ubudehe 1. Roughly, nationally 375,000 households fall in Ubudehe category 1 under the revised classification.
The overall study aims are to (1) assess the effectiveness of Sugira Muryango in promoting responsive parenting, reducing violence and harsh punishment towards children, and promoting early child development through the behavior change of caregivers of vulnerable households; (2) assess the interaction between Sugira Muryango and the VUP public works models (cash-for-work)—classic and the new expanded public works and (3) assess costs, barriers, and facilitators of integrating the Sugira Muryango intervention into VUP programming via a mixed methods analysis. Findings from this operational research will influence the country-wide expansion of evidence-based ECD services linked to the social protection system of Rwanda. The findings will also contribute scientific knowledge about violence prevention for children living within contexts of adversity and key implementation science elements around lay facilitators. Throughout sub-Saharan Africa, integrating scalable, cost-effective ECD and violence-prevention programs into poverty-reduction and other social welfare programs has great potential for promoting early child development and reducing familial violence in a range of culturally diverse, low-resource settings. This data will support and advance the Rwandan Government’s vision for comprehensive decentralized ECD to help eradicate poverty and violence against children.

3. ACHIEVEMENTS AND CHALLENGES

3.1 Executive Summary

During fiscal year 2019 Sugira Muryango successfully completed Phase II study activities and endline assessments of 1,029 households out of 1,049 households at baseline and out of 549 households who received the intervention, 536 households completed the 3-month post intervention booster visit and 533 completed the 6-month post intervention booster visit. Additionally, we had a 100% (118) retention rate Community Based Volunteers (CBVs) for the 3-month post intervention booster visit and 117 CBVs were trained and delivered the 6-month post intervention booster visit.

We continued to strengthen our government relations at the national level through the participation in developing the national parenting curriculum, quarterly meetings with the Sugira Muryango advisory board chaired by the National Early Childhood Development Program and local level through dissemination events at the District and Sector offices. Our engagement with government stakeholders led to letters of support from MIGEPROF, MINALOC and the Mayors of Nyanza, Ngoma and Rubavu as well as a verbal commitment from the National Commission for Children to transition to scale in FY 2020. Additionally, the program manager served on the Scientific Advisory Committee and assisted in the development of the Call for Papers and registration protocols for the inaugural NECDP Conference in June of 2019. Manuscripts for the 37-household pilot and cluster randomized trial preliminary results were submitted to journals and are currently under review.

The expansion of Sugira Muryango to all Ubudehe 1 households in Nyanza, Ngoma and Rubavu began in August 2019 with funding through LEGO Foundation, ELMA Philanthropies, Wellspring, Grand Challenges Canada and Echidna Giving. In total $5.9 million in funding has been secured to expand the program to 10,000 Ubudehe 1 households.
through the Friends of Family workforce, provide training to local government officials and build research capacity specifically around gender, father engagement and implementation science in Rwanda.

3.2 Cluster Randomized Trial

Phase II activities ended in September of 2019. During FY 2019 we held two booster visits and completed endline data collection.

Completed the 3-month booster training for 116 Community Based Volunteers

In November 2018, we held a 1-day booster training for our CBVs in Nyanza, Ngoma and Rubavu. The purpose of the booster training was to refresh the CBVs on the curriculum, Risk of Harm (ROH) reporting, referrals and to share experiences from the field. The afternoon was reserved for one-on-one meetings with the CBVs and their supervisor and role-playing activities. The aim of the one-on-one meetings was to review their households and discuss strengths and weaknesses of the CBV during the intervention and how they can improve targeted delivery.

The training opened with each CBV discussing the successes and challenges in their homes. The purpose of this exercise was not only to share experiences but also to train the CBVs on how to provide targeted training for each individual family based on areas where they are still experiencing challenges. Based on the challenges mentioned during this exercise our expert seed team members tailored the training to address these challenges. In Nyanza and Ngoma district the two main challenges were identified as nutrition and conflict whereas in Rubavu the main challenges were identified as hygiene and conflict. This is reflective of our supervision visits and review of the household workbooks and audio recordings.

As mentioned in the FY 2018 annual report we had several risk of harm cases present at midline data collection. To ensure we are supporting our households to the best of our ability we included additional risk of harm training in our booster training. For this exercise we presented two different risk of harm cases reflecting what we’ve seen in the field. Both cases were multi layered with either suicidality, nutrition and health or intimate partner violence, health and nutrition. CBVs were asked to read each vignette and discuss what is happening within these households and what are the next steps. In all three districts the CBVs identified the risk of harm cases and referrals for each household.

The structure of the 3-month booster visit remained the same as the intervention modules:

- Check-in: Ask the family what they have practiced since their last visit, what has worked, what has not worked, what are some of the things they are still struggling with.
- Topics for discussion
- 15-20 minutes of play through active coaching
- Check-Out: What did they enjoy about the visit? What did they learn? What will they continue to practice until the next visit?

In response to household requests during the pilot and intervention takeaway cards were created for each module with key messages and an image which correlates with the messaging for caregivers who may have a low level of literacy. These key takeaway cards were reviewed
for content and CBVs role played with partners during the afternoon one-on-one meetings with supervisors. During the home visit CBVs used the cards as topics for discussion and provide added emphasis on the topics which the home identified as a challenge during the check-in.

Completed the 3-month booster visit for 536 households

Immediately following the 3-month booster training the CBVs delivered the intervention. Out of the 540 households who completed the intervention 4 households did not complete the intervention. Two of the households moved out of their respective districts therefore delivery of the intervention is not possible. The remaining two households moved out of their sectors and were recently located. Delivery of the intervention for one household occurred the last week in Nyanza and the final household received the 3-month booster visit the first week of February in Ngoma. Following the completion of the 3-month booster the Expert Seed Team held telephone supervision with their CBVs to discuss the households, referrals and risk of harm (ROH) cases.

Completed the 6-month booster training for 117 Community Based Volunteers

In March 2019, we held a 1-day booster trainings for our CBVs in Nyanza, Ngoma and Rubavu. The purpose of the booster training was to refresh the CBVs on the curriculum, ROH reporting, referrals and conduct one on one intensive meetings with the CBVs to address any concerns the Expert Seed Team and Program Manager identified during data cleaning. Between the 3 month and 6-month booster the Expert Seed Team and Boston College Staff noticed inconsistencies in the telephone supervision entries and workbook notes. The Expert Seed Team conducted intensive one on one meetings with the CBVs to clarify any reporting confusion and also to ensure the families have been properly referred and referrals have been followed up.

The structure of the 6-month booster visit remained the same as the intervention modules:

- Check-in: Ask the family what they have practiced since their last visit, what has worked, what has not worked, what are some of the things they are still struggling with.
- Topics for discussion
- 15-20 minutes of play through active coaching
- Check-Out: What did they enjoy about the visit? What did they learn? What will they continue to practice? Explain the intervention has now ended and the CBV will no longer visit the home.

Completed the 6-month booster visit for 533 households

Immediately following the 6-month booster training the CBVs delivered the intervention. Out of the 536 households who completed the intervention 2 households did not participate in the 6-month booster due to the death of C1 and 1 household in Ngoma shifted to Uganda. Two of the households moved out of their respective districts therefore delivery of the intervention was not possible. Following the completion of the 6-month booster the Expert Seed Team held telephone supervision with their CBVs to discuss the households, referrals, ROH cases as well as discuss any outstanding questions about the families.

Endline Data Collection

Endline data collection was carried out over six weeks from August 19, 2019 to September 30, 2019. Two weeks were spent in each district, and districts were surveyed sequentially.
starting in Rubavu, Nyanza then Ngoma. All data collection was completed in one district before data collection in the following district began. The MDAT and anthropometric team followed behind the team completing the surveys at the household by two days, so that the MDAT survey was completed after the surveys at the household.

**Households**
Data collection was conducted at endline in 1,029 of 1,049 households in the baseline sample. No household reports were conducted for 20 households for the following reasons:
- 5 children passed away
- 9 households moved outside the districts
- 3 Caregivers not found
- 1 Primary caregiver passed away
- 1 household refused to participate
- 1 household could not be located

**Children**
The final endline child dataset includes 1,062 of the 1,085 children in the baseline sample. 20 of the 23 children not surveyed at endline were part of households not surveyed. One household is missing all child surveys, there is only a CGRH and CGRS with the partner of the primary caregiver. One child who was not surveyed because he was determined to be overage at baseline, but this household has a second child eligible. One child moved outside the area at endline, but a second child in this household remained in the area and was interviewed.

The Report on Child is missing for 13 children; 3 children did not complete the MDAT; and 2 children did not complete the Anthropometrics for the following reasons:
- Report on Child
  - 3 Caregiver not available or could not be found during visit.
  - 1 Child overage at baseline
  - 1 Child was sick
  - 3 Household/child moved outside area
  - 7 Caregiver moved outside area
- MDAT
  - 2 Household/Child moved outside area
  - 1 Child overage at baseline
- Anthropometrics
  - 1 Household/Child moved outside area
  - 1 Child overage at baseline

There were 36 households in the baseline sample with two eligible children. At midline, in two of the 36 households one child was not surveyed: in one household one child moved outside the districts in the study, in the other household one child was dropped because they were overage at baseline. At endline, in one of the households, one child was not surveyed because they moved to Kigali with the primary caregiver. Therefore, there are 35 households in the endline sample with two children surveyed.
Caregivers
The final endline caregiver dataset includes 1,660 caregivers: 979 of the 1,049 primary caregivers in the midline sample, 410 of the 508 partners of primary caregivers in the midline sample, 22 new primary caregivers at endline, 28 new partners of primary caregivers at endline, and 215 additional caregivers. Additionally, we also interviewed 6 out of 16 caregivers that were the primary caregivers of the child at baseline, but not at midline. Between baseline and endline, some households moved, declined to participate, or were otherwise not able to be surveyed for the following reasons:

- Caregiver not available or could not be found
- Caregiver moved outside area
- Caregiver has a mental disability and was not able to be surveyed
- Caregiver passed away

Attrition
In addition to attrition of households, there is attrition of caregivers and children between waves of data collection. Figure 1 and Figure 2 outlines the attrition of caregivers and children between waves of data collection. The numbers used for baseline here are the number of caregivers and children in the 1,049 households in the baseline dataset, not the number surveyed at baseline. There was one primary caregiver, a number of partners of primary caregivers, and one child in the 1,049 households who were not able to be surveyed at baseline.

Figure 1
### Figure 2

<table>
<thead>
<tr>
<th>Respondent Type</th>
<th>Baseline</th>
<th>Midline</th>
<th>Endline</th>
<th>Attrition # (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>1,085</td>
<td>1,078</td>
<td>1,062</td>
<td>23 (2.1%)</td>
</tr>
<tr>
<td>Primary Caregivers (P3 &amp; P1)</td>
<td>1,049</td>
<td>-</td>
<td>985</td>
<td>64 (6.1%)</td>
</tr>
<tr>
<td>Partners of Primary Caregivers</td>
<td>508</td>
<td>-</td>
<td>410</td>
<td>98 (19.3%)</td>
</tr>
<tr>
<td>(P4 &amp; P2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Caregivers (P5/G1)</td>
<td>-</td>
<td>269</td>
<td>215</td>
<td>54 (20.1%)</td>
</tr>
</tbody>
</table>

### Dissemination of CRT Findings

Boston College is currently undergoing baseline-endline data analysis. Dr. Theresa Betancourt will be in country February 25th to disseminate findings to country level stakeholders.

### Manuscripts

In FY 2019 we submitted 2 manuscripts for publication and were at the final stages of submitting a 3rd manuscript. In March 2019 former Research Associate Dr. Dale Barnhart submitted a manuscript for the 37-household pilot study entitled “Randomized pilot of a home-based intervention delivered by community-based lay workers in Rwanda to promote early childhood development and reduce violence” to The Journal of Family and Child Studies. Findings found Sugira Muryango children experienced significantly greater ECD engagement than children in control families and marginally significant reductions in exposure to violent disciplinary methods. Sugira Muryango caregivers reported greater shared decision-making between parents and marginally significant improvements in family unity and anxiety. Conflict within intervention households halved between baseline and follow-up. Satisfaction was high. This randomized pilot demonstrates that Sugira Muryango can be delivered by community-based lay workers, improves access to nurturing care and stimulation among children living in poverty, and may reduce intra-family conflict.

Our second manuscript entitled “Sugira Muryango home-visiting intervention for vulnerable families: A cluster randomized trial” was submitted to Pediatrics in June of 2019. Findings from baseline to midline found families receiving Sugira Muryango improved significantly on responsive caregiving using the Home Observation for Measurement of the Environment (Cohen’s d=0.78; p<0.001) and the Observation of Mother-Child Interaction (Cohen’s d=0.29; p<0.001) and showed decreased violent discipline (OR:0.34; 95% CI: 0.22, 0.51) compared with usual care. Children in families receiving Sugira Muryango also had a 0.44 higher increase in food groups consumed in the past 24 hours (Cohen’s d=0.34, p<0.001), increased care seeking for diarrhea (OR=2.2, 95% CI: 1.5, 3.1) and fever (OR: 3.3, 95% CI: 2.3, 4.8), and improved hygiene behaviors such as proper treatment of water (OR: 3.6; 95% CI: 2.4, 5.5) compared with UC. Sugira Muryango was also associated with a decreased intimate partner violence (OR=0.67, 95% CI: 0.33, 1.3) and caregiver depression and anxiety (OR=0.9, 95% 0.58, 1.4).

The aforementioned manuscripts are currently still under review by their respective journals.
Pending for submission is a third paper entitled “Inter-generational impacts of trauma and stress through parenting” led by post-doctoral fellow Dr. Sarah Jensen. Using longitudinal data from CRT caregivers (n=732) of children aged 6-36 months, examine associations of caregiver life-time trauma, daily hardships, mental health, and emotion dysregulation with parenting behaviours using the Parent Acceptance-Rejection Questionnaire. Cumulative trauma is associated with higher levels of internalizing (anxiety and depression) and PTSD symptoms which, in turn, predict less accepting and more rejecting parenting behaviours. Caregiver internalizing is associated with more rejecting parenting while caregiver PTSD is associated with both low acceptance and high rejection. Caregiver internalizing and PTSD symptoms are strongly associated with emotion dysregulation which accounts for large portions of the effect of mental health symptoms on parenting behaviours. Indirect effects suggest that while caregiver trauma and hardships have no direct effects on parenting both do affect parenting indirectly via poor caregiver mental health and emotion dysregulation. Caregiver internalizing and PTSD symptoms are important mechanisms through which caregiver trauma and hardship affects children via parenting behaviours. Emotion dysregulation is a shared mechanism linking caregiver mental health problems with low acceptance and rejecting parenting styles. Findings highlights the importance of screening and treatment of mental health problems among trauma and stress exposed caregivers. Emotion dysregulation is indicated as a key target for prevention of adverse effects of caregiver mental health on children. Common elements-based intervention may offer a relatively inexpensive model with potential to reach vulnerable populations.

**Adverse Event and Risk of Harm Reporting**

An adverse event is any occurrence observed during research which suggests that a participant may be at risk for, or may have experienced physical, mental or sexual harm. This information may be directly reported by the participant or may be observed, e.g., bruising as a sign of physical abuse. Specific survey questions automatically triggered action according to the risk of harm protocol. As noted in our FY 18 report, we experienced a number of challenges at Midline data collection in regards to the reporting of ROH cases in a timely manner by data collectors. At endline we placed an FXB staff member within the Laterite team to ensure the proper response and timely reporting of ROH cases. In these cases, enumerators were required to enter additional information at the end of the survey regarding participant risk and action taken in the field. They were further escalated to their field supervisors immediately and, in cases of a genuine risk to the participant or others surrounding them, were reported to Kalisa Godfroid a Senior Program Officer of the FSI/ECD Sugira Muryango Program. These flags noted in the survey were monitored in real time by the Laterite Senior Field supervisor, flagged in a Google Sheet that recorded actions taken and other comments, and were reviewed daily by the research team to ensure that the protocol was followed and escalated as appropriate. Cases of severe acute malnutrition encountered during the anthropometries measurements and development delays encountered during the MDAT were also recorded in this Google Sheet and reported to Kalisa Godfroid. All risk of harm flags and their responses were communicated to Boston College using this Google Sheet. A summary of the type of ROH Cases identified at endline are as follows:
- 20 Suicidality cases
  - 4 Caregivers were identified as active suicidality cases
  - 5 Caregivers thought about suicide in the past week
  - 4 Caregivers thought about suicide in the past month
  - 7 Caregivers thought about suicide in the past 6 months
- 6 Households were in active conflict and involved intimate partner violence
- 1 child was identified in severe malnutrition
- 1 child was identified as high risk and endangered

Challenges, Lessons Learned and Proposed Solutions for Expansion

As Sugira Muryango begins expansion to 10,000 households many challenges and lessons learned have been identified from the CRT and will be applied to the expansion program. Solutions to many of the challenges we faced during the CRT and will face with the expansion of the program have been made in consultation with national and local government as well as lessons learned from other organizations implementing similar programming.

Government Engagement

Challenge: Weak government engagement at the national and local level.

Background: From the inception of Strong Families, Thriving Children “Sugira Muryango” engagement with government at the national level was minimal which lead to perceived conflict of the program’s alignment with government priorities as well as line ministry. Although the Sugira Muryango program held a meeting with stakeholders at MIGEPROF in the spring of 2017 and attend the Technical Working group meetings under NCC the program was unable to secure a letter of support. With the subsequent establishment of the National Early Childhood Development program challenges persisted as the program transitioned under this department due to the lack of collaboration with the government and letter of support from a line ministry.

At the local level FXB Rwanda staff were not based in the districts and similar to the national level letters of support were not received from the Mayors of Nyanza, Ngoma, and Rubavu. The main cause of this challenge was the lack of presence the Sugira Muryango program had in the district as the FXB Rwanda staff were based in Kigali. This led to challenges in community stakeholder mapping and support from District and Sector level officials.

Solution:

The creation of the Sugira Muryango advisory board under the direction of NECDP has strengthened our communication and collaboration about the Sugira Muryango CRT but also has been instrumental in the planning of the program’s expansion. The quarterly advisory board meetings have continued into FY 2020 and a two-day government workshop was held in January 2020 to revalidate our curriculum and materials for the expansion program. Through the advisory board we were able to secure letters of support from MIGEPROF, MINALOC and Memorandum of Understanding with NCC.
At the district level in July of FY 2019 we held dissemination events at the District Level to present disaggregated data as well as discuss the expansion of the Sugira Muryango program. In September of FY 2019 we continued our dissemination events at the Sector level. For the expansion program we have recruited, hired and trained 39 staff members from the districts and have imbedded them at the District level and at the Sector government offices. Through having staff from the districts in which the Sugira Muryango program is being implemented will allow for increased communication and presence in the communities. At the conclusion of new staff training the sector level associates continued dissemination events at the Cell Level which included the attendance of village leaders.

Household Enrollment

Challenge: Accuracy of the VUP household lists and enrolling only VUP eligible households

Background: During the CRT we encountered discrepancies with the VUP lists obtained at the sector level where by some households were enrolled in the VUP program but were not Ubudehe 1 households as such a small percentage of our households were Ubudehe 2 and 3. Additionally, many village officials expressed other Ubudehe 1 households in the village need the Sugira Muryango program.

Solution: For the expansion program we will utilize the Social Categorization Household list available through LODA to identify Ubudehe 1 households. Additionally, the expansion program all Ubudehe 1 households will be eligible to participate not just the households identified as VUP eligible. As mentioned above we have received a letter of support from MINALOC which will enable us to access the official government lists.

Workforce

Challenge: Utilization of paid community-based volunteers as interventionists

Background: At the inception of the CRT the Friends of Family (IZU) volunteers were a new workforce as such we were unable to utilize them. In lieu of using an existing workforce CBVs were recruited from each village following the same protocol and selection criteria as the IZUs. However, by recruiting and incentivizing a separate workforce from the government this decreased the sustainability of the program.

Solution: For the expansion program we have entered into agreement with NCC to utilize the IZU workforce in Nyanza, Ngoma and Rubavu. By utilizing this pre-existing government work force it will increase the sustainability of the program and enable the IZUs to continue to apply the knowledge they gained in trainings and during the intervention to help other households in the community.

Quality Improvement/Fidelity Monitoring/Feedback Loops

Challenge: Timely and efficient feedback loops from the Expert Seed Team to the CBVs

Background: For the CRT we utilized four types of quality improvement mechanisms; 1. Fidelity monitoring via taped audio sessions, 2. Weekly Telephone Supervision, 3. Group-based Supervision and 4. In-Person Supervision. The most problematic supervision was the
recording of sessions for fidelity monitoring. Due to the limited number of supervisors and other forms of supervision the expert seed team members were unable to keep up with the volume of audio tapes. Further, challenges persisted in the field collecting the audio files from our lead CBVs which delayed feedback to the CBVs.

Solution: Following similar home visiting models we will hire Cell Mentors to shadow the IZUs in the home 2 times a month which will allow for prompt quality improvement cycles. Additionally, brief run chart data on caregiver’s presence, length of session, occurrence of the play activity and a referral checklist will strengthen our quality improvement cycles.

Reporting Discrepancies

Challenge: Multiple reporting mechanisms for CBVs

Background: For the CRT there were three different ways CBVs captured information from the home visit. The CBVs engaged in weekly telephone supervision, taped each session and also captured notes in a workbook. Due to the multiple avenues of reporting many CBVs neglected to discuss challenges in the home during their telephone supervision because they though their supervisors were listening to their audio recordings or that capturing notes in their workbooks was sufficient. These discrepancies led to Risk of Harm cases not being identified and responded to in a timely manner.

Solution: In the expansion program there will be two levels of supervision, in-home supervision whereby the Cell Mentors will shadow the IZUs twice a month to ensure the program is being implemented as intended and weekly Promoting Lasting Anthropometric Change and Young Children’s Development (PLAY) collaborative meetings facilitated by the Cell Mentors where challenges in the households will be discussed.

Identification of Risk of Harm

Challenge: Lack of Risk of Harm Reporting during the intervention

Background: Approximately 95% of our Risk of Harm cases being reported were through data collection and the flagged survey questions. Although CBVs were able to identify ROH cases successfully during the training difficulties in identifying and reporting ROH cases occurred when delivering the sessions.

Solution: For the expansion program we have increased our ROH reporting to include health and severe malnutrition. Additionally, we have strengthened our training and curriculum utilizing the IZU training materials provided by NCC. During the intervention ROH protocol will be reviewed at each PLAY collaborative meeting to ensure the safety of households during the intervention. Through the usage of RedCap, data collection software, and an increased presence of staff in the district we anticipate quicker quality improvement cycles which should increase the identification and reporting of Risk of Harm cases.

Tracking Referrals

Challenge: Identification and tracking of referrals during the intervention
Background: During the intervention the CBVs were able to successfully identify a number of referrals in the home and connect households to pre-existing services within their communities however we were unable to capture if the referral was completed or what is causing a referral not to be completed.

Solution: For the expansion program we are implementing a household checklist for the top 10 referrals identified in the CRT. This check list will be completed at Modules 1, 4, 8 and 12 to ensure the households needs are being met and referrals are being completed. These forms will be entered in Redcap allowing District and Coordination office staff the ability to monitor referrals and assist as needed.

FXB Sugira Muryango Staff (Expert Seed Team)

Challenge: Staff based at the FXB Coordination office in Kigali

Background: With the staff based in Kigali it did not allow for proper engagement with local authorities and increased the cost of delivering the program as the Expert Seed Team spent a significant time in the field for training, supervision and in response to Risk of Harm cases.

Solution: For the expansion program we are recruiting staff at all levels for our expert seed team; cell, sector, and district to strengthen our government engagement, decrease program costs, ensure effective supervision and improve quality feedback cycles.

3.3 Government Engagement in FY 2019

Participated in the National ECD Parenting Curriculum Workshop

We participated in the writing of the National ECD Curriculum Workshop in late 2018 and early 2019. Rwanda’s National Parenting Curriculum “is a comprehensive, culturally-relevant, development-centered resource that will ensure all Rwandan parents gain the competencies to support their children’s holistic optimal health and development. Recognizing that parenting is a dynamic activity that must adapt and develop as children grow the curriculum is grounded in research and evidence of children’s life-cycle needs. Aligned with the national policies and strategies, the Rwandan National Parenting Curriculum is an inclusive document, relevant to all Rwandan families, including the most vulnerable.” During a series of workshops, we provided input and writing to refine the module themes, cross cutting themes and peripheral themes. These workshops were attended by several organizations including Save the Children, Right to Play, World Vision, UNICEF, NECDP, SOS, CRS and others. The National Parenting Curriculum was approved in April 2019.

Sugira Muryango Advisory Board Meetings

The Sugira Muryango Advisory Board meetings continued in FY 2019. Our advisory board is led by the National Early Childhood Development Program and comprised of representatives from Ministry of Gender and Family Promotions, Ministry of Local Government, Rwanda Bio Medical Center, University of Rwanda, and National Commission for Children. Our first advisory was held in December 2018 we presented preliminary analysis of our primary
caregiver and behavior change data, discussed the measurements used, and our referral and ROH process. The following suggestions were noted for future dissemination:

- **Child development outcomes**: At this meeting we did not present on child outcomes as the time between baseline and midline data collection was only three months and recently received our midline dataset. We prioritized analysis of behavior change over developmental outcomes. We are now looking at child development outcomes but do not anticipate much change due to the short amount of time between assessments.
- **Disaggregated data by District**: For future presentations they would like the program to present the full data set but also provide them with disaggregated data by district. As we are holding district level meetings to present the disaggregated data this will not be a problem. We agreed the program will submit a supplemental slide deck that shows the data by district at the conclusion of the meeting.
- **Outcomes by dual and single headed households**: They would like to see if there is a difference between single headed households or dual headed households where the father is present. We agreed this is an analysis we can run for NECDP in three strata, single headed, dual headed father is present more than 15 days a month, dual headed father is present less than 15 days a month.

Our second advisory board meeting was held in February 2019 with Dr. Betancourt in attendance. Dr. Betancourt provided the board with updated analysis in addition to discussing the possibility of expanding the Sugira Muryango Program. NECDP and MIGEPROF agreed verbally to endorse the expansion of the program in the three districts we are currently working in and requested close collaboration with MIGEPROF to develop a sustainable model for the program which could be absorbed into their government system through a phased process. FXB Rwanda and Boston College received a letter of support from MIGEPROF in May of 2019, please see Appendix B.

Our third advisory board meeting was held in July of 2019 with the specific aim of beginning to lay the foundation for a Memorandum of Understanding (MOU) between NCC, NECDP and FXB Rwanda. A presentation was given to the members of the advisory board as well as additional staff from the National Commission for Children on the expansion program and the utilization of the Friends and Family Workforce. At the conclusion of the meeting it was determined the MOU should only be between NCC and FXB Rwanda as it is an agreement for the utilization of the Friends and Family Workforce. Additionally, a site visit was scheduled to visit with program stakeholders in Rubavu District the first week of August and attended by Immaculee Kayitare from NECDP and the NCC Focal Point for Rubavu District.

**National Commission for Children**
In February 2019, Dr. Betancourt, the Executive Director from FXB Rwanda and the Program Manager met with the Executive Secretary for the National Commission for Children, Dr. Claudine Uwera, and Marius Uwurukundo to discuss the feasibility of utilizing the Friends of Family workforce for program implementation. After presenting the preliminary results and discussing the expansion of the Sugira Muryango program Dr. Claudine agreed in principle to allow our program to utilize their workforce. The next steps from this meeting and to begin the process to formalize this agreement is to develop an Action Plan in conjunction with Marius
and NCC. The draft one district scale up action plan was submitted to Marius for review on April 5th and a revised draft of the three district scale up was submitted on July 17th.

Following up from the last advisory board meeting for FY 2019 a meeting was held with Dr. Claudine Uwera, Marius Uwurukundo and members from UNICEF’s Child Protection office to discuss the feasibility of utilizing the Friends of Family Volunteers. Concerns were raised by NCC and UNICEF in regards to the intensity of the Sugira Muryango program delivery and length of training as IZUs have other commitments such as full-time jobs, their own families to tend to and other families in their village who may need their support. At the conclusion of the meeting it was agreed FXB Rwanda and Boston College would adapt the training and program delivery to better fit within the NCC structure and align the program where possible. Marius provided FXB Rwanda with a number of materials regarding the IZUs following the meeting and the process in which to formally request the utilization of the workforce. A revised action plan was submitted to NCC which provided more detail in regards to adaptions being made to the program to better suit the availability of the workforce.

**District Engagement**

As mentioned in section 3.2 local government engagement was one of our main challenges in the CRT. To alleviate the same challenges in the expansion program government engagement at the district level began in July of 2019 prior to the launch of the program. BC along with FXB Rwanda held dissemination events to announce the launch of the expansion program and disseminate initial findings from the CRT. Present at these events were the Sector Executive Secretaries, focal points for NCC and NECDP, and various other government officials. Separate meetings were held with the district mayors prior to the meeting as they had existing commitments. Government officials were provided with a 1-page program informational sheet which summarized the CRT initial findings and provided an overview of the expansion program. Following the District Level meetings, meetings were held at the Sector level in all districts in September 2019. Led by Project Officer Stephanie Bazubagira and supported by Kalisa Godfroid, she presented the expansion program to Sector Officials as well as Cell Executive Secretaries. The program was well received and a number of Cell Executive Secretaries talked about their experience with the program during the CRT and the impact it had on households in their area.

**3.4 Sugira Muryango Expansion Program**

Through a consortium of funders led by LEGO Foundation the Scaling of the Sugira Muryango program launched in August of 2019. To date RPCA and FXB have raised 4,975,000 USD to reach all Ubudehe 1 households in Nyanza, Ngoma, and Rubavu districts of Rwanda. RPCA and FXB will expand SM by testing a multi-level implementation strategy using a Collaborative Team Approach (CTA) referred to as the Promoting Lasting Anthropometric Change in Young Children’s Development (PLAY) Collaborative. We will align SM with government programming and a new delivery platform using the government-linked child protection lay-worker workforce, the Inshuti z’Umuryango (IZU), to deliver SM. We will examine barriers and facilitators to using this new workforce and test a new plan for expanded
use of technology to facilitate an established protocol of supervision, fidelity monitoring, and knowledge sharing across levels of the PLAY Collaborative sites.

The PLAY Collaborative, which incorporates elements of the Breakthrough Learning Collaborative methodology proposed by the Institute for Healthcare Improvement (IHI, 2003; IHI, 2017), will transition the evidence-based SM program to ownership by local stakeholders through the development of a cross-site Seed Team that will assume a leadership role in ongoing training, supervision, and fidelity across a regional set of IZU interventionists and their supervisors. As the in-country SM experts with a strong presence in our target districts, FXB staff will lead the development and activities of the Seed Team, which will work across our three target districts to oversee intervention delivery while establishing regional teams of IZU interventionists, Cell Mentors, and Sector Associate Trainers who will embed SM in local community and government structures. The PLAY Collaborative model will enhance cross-site learning and encourage targeted problem-solving using evidence-based Plan-Do-Study-Act cycles for identifying, solving, and tracking problems. The use of run-chart data drawn from implementation science strategies and a focus on building policy, training and supervision structures will help to sustain SM and engage stakeholders across multiple layers of the ecology of ECD programing and delivery in Rwanda. For example, daily and weekly metrics can identify IZU interventionists who are not meeting identified targets (too few home visits and low fidelity to protocol etc.), allowing for Cell Mentors to provide necessary support, and track whether the provided support improves IZU performance, thereby enhancing SM delivery and quality. The shift to local expertise and ownership through training, supervision, and technical and leadership skill building is important for long-term sustainability and scalability, as reliance on remote expertise in low-resource settings is neither feasible nor sustainable.

Summary of Expansion Funding

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<tr>
<th>Funder</th>
<th>Prime</th>
<th>Amount</th>
<th>Aim</th>
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<tr>
<td>Grand Challenges Canada</td>
<td>FXB</td>
<td>$275,000</td>
<td>General Program Implementation and M&amp;E</td>
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<td>LEGO Foundation</td>
<td>RPCA</td>
<td>$3,200,000</td>
<td>General Program Implementation and M&amp;E</td>
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<td>ELMA Philanthropies</td>
<td>FXB</td>
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<td>General Program Implementation and M&amp;E</td>
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<td>Wellspring</td>
<td>RPCA</td>
<td>$500,000</td>
<td>Support additional staffing at the district and national level to monitor referrals and risk of harm cases over the course of 2 years</td>
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<td>Echidna Giving</td>
<td>RPCA</td>
<td>$900,000</td>
<td>Support 2 Research Associates who will focus on Gender and Implementation Science over the course of 3 years.</td>
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<td>Oak Foundation</td>
<td>RPCA</td>
<td>$1,400,000</td>
<td>Support capacity building at the University of Rwanda, program implementation and strengthen father engagement</td>
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Concept note submitted and under review
## APPENDIX A: INDICATORS

### Sub-Component 1: CUSTOM

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<tr>
<th>Capacity Building</th>
<th>Indicator Title</th>
<th>Disaggregation</th>
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<th>Comments</th>
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<td>Number of community based lay volunteer “coaches” trained on an early childhood</td>
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<td>ECD</td>
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<td></td>
<td>Number of women</td>
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<tr>
<td>ECD</td>
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<tr>
<td></td>
<td>services</td>
<td>Number of girls</td>
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<th>Achieved Q3</th>
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<td>Intermediate Results</td>
<td>Indicator Code (If Standard Indicator)</td>
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<td>Indicator Name</td>
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<td>IR4: Cross-Cutting “Science, Technology, Innovation, and Research”</td>
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<td>ES. 4-1f</td>
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<td>Number of service providers trained who serve vulnerable persons</td>
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<td>ES. 4-2b</td>
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<td>Number of USG assisted organizations and/or service delivery systems that serve vulnerable persons strengthened</td>
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APPENDIX B:
GOVERNMENT LETTERS OF SUPPORT
Executive Director
FXB Rwanda Coordination Office
KIGALI

Subject: Endorsement of Sagira Muryango Research Program

Dear Sir,

Referring to the scaling up of ‘Sagira Muryango Research Program’ aiming at promoting positive parent-child relationships and fosters child development through the home visiting interventions, to be implemented by FXB in Rubavu, Ngoro and Nyarutsi Districts;

The Ministry of Gender and Family Promotion do recognize the work of Sagira Muryango and therefore endorses it.

With regard to allowing you to work with ‘Imushu z’Umuryango’ (Friends of family) and District staff in charge of social protection; we would advise you to respectively engage the National Commission for Children (NCC) and District Management to discuss the collaboration modalities in the implementation of the program in the three districts mentioned above.

We thank you for your continuous collaboration and we look forward to successful implementation of Sagira Muryango Research Program.

Sincerely,

Amb. Solute NYIRAHAHIMANA
Minister of Gender and Family Promotion

Cc:
- Coordinator, NECDP
- Executive Secretary, NCC

KIGALI
Dear Sir,

RE: Recommendation letter Sugira Muryango Program

Referring to your letter requesting for endorsement letter of Sugira Muryango Research Program, the Ministry of Local Government recognizes Sugira Muryango Research Program implemented by FXB Rwanda and Boston College in Rubavu, Ngoro and Nyamata Districts.

Being member of MINALOC’s Social Protection working group and based on the program’s achievements and the endorsement of this program by other Government institutions including the Ministry of Gender and Family Promotion and the Districts in which the program is implemented, MINALOC also recognizes the work of Sugira Muryango in promoting positive-parent child relationships and child development from 0 to 36 month’s children in the above districts.

In addition, the Ministry allows the program to train local government employees at the village, sector and district level, as well as to work with the Ministry’s staff in charge of the social categorization lists of Vulnerable.

We look forward to collaborating with you for the success of this program.

Sincerely,

Prof. Niyaka Anastase
Minister

CC:
- Hon. Minister of State in charge of Social Affairs

KIGALI
REPUBLIC OF RWANDA

SOUTHERN PROVINCE
NYANZA DISTRICT

15 January 2019

Ref. No. 012/0F/10-1.01.01

Mr. Emmanuel Habiyarimana
Executive Director
FNR-Burundi
SN 20/01, 11 Rue Foiré
Kigali, Rwanda

Dear Mr. Habiyarimana,

I am pleased to write this letter of support for the scale-up of Sigma Maruyama, a Group Families, Thriving Children initiative implemented by FNR-Burundi in the District of Nyarutarama, Rwanda. The scale-up and the collaboration with the Rwanda Ministry of Education and the Ministry of Gender and Family Promotion have ensured a harmonized relationship of collaboration and we are pleased to continue this relationship in the future.

In accordance with Rwanda’s National ECD Policy goal, “To ensure all children realize their potential, are healthy, well-nourished and safe, and their mothers, fathers, and caregivers function effectively through targeting integrated early childhood development services,” we are committed to the improvement of early childhood development services within the Nyarutarama District. Based on the results of the pilot and impact evaluation of Sigma Maruyama, we believe this program’s district-wide scale-up will result in achieving significant targets for our population in early childhood development, address challenges with household conflict and intimate partner violence, and enhance the benefits of family planning.

In this regard, the District of Nyarutarama is pleased to provide the follow-up logistical and programmatic assistance to Sigma Maruyama:

- Identification of eligible households for the program using the VVP.
- Inclusion of local government officers in the Collaborative Team Approach used for program implementation;
- A validated data collection tool to identify community resources in referral process;
- Referrals for those high-risk households;
- Training spaces.

Again, we look forward to continued collaboration with FNR-Burundi as we implement the scale-up of Sigma Maruyama, Group Families, Thriving Children.

Your efforts to address children’s health at this critical time are very well supported.

Emmage VITALINDA
Mayor of Nyarutarama District
REPUBLIC OF RWANDA

EASTERN PROVINCE
NGOMA DISTRICT

Ngoma, on 30/05/2018

Ref: /07.05.05

Mr Emmanuel HABYARIMANA
Executive Director of FXB RWANDA
Kigali

Dear Sir,

Re: Support letter for Sugira Muryango Program.

I am very pleased to write this letter in order to acknowledge the support of Sugira Muryango Program (Strong families, thriving children) implemented by FXB Rwanda in Ngoma District. FXB is a reputable partner in Ngoma District, so we want to continue this relationship in the future.

In accordance with Rwanda National ECD Policy goal, “to ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mothers, fathers and communities become nurturing caregivers through receiving integrated early childhood development services”, we are committed to give our full support to improve ECD program to address children’s health at this critical time. Based on impact of the Sugira Muryango pilot program, we believe this program will assist in achieving ECD’s critical targets by addressing challenges with household conflicts and emphasize the benefits of shared parenting.

It is in this context that Ngoma District is hereby providing the following assistance to Sugira Muryango:
- Identification of eligible households;
- Inclusion of local government offices in “Collaborative Team Approach” used for program implementation;
- Training spaces;
- Monitoring and Evaluation of this program.

We look forward the scale-up of Sugira Muryango: Strong Families, Thriving Children.

Sincerely,

NAMBaje Aphrodite
Mayor of Ngoma District

Website: www.ngoma.gov.rw /E-mail: ngomadistrict@ngoma.gov.rw / P.O.Box: 01 Kibungo
WESTERN PROVINCE
RUBAVU DISTRICT
B.P. 173 GISENYI
E-mail: rubavudistrict@rubavu.gov.rw

EXECUTIVE DIRECTOR
FXB Rwanda

KIGALI-RWANDA

Dear Sir,

Re: Supporting Letter for Sugira Muryango

It is my great pleasure to write this letter for supporting the project “Sugira Muryango” implemented by FXB in our District. Rubavu District and FXB have a good relationship and are enjoying the good collaboration that will continue in the future.

In accordance with the Rubavu situation in our District where we have 46% of kids who are facing with the stunting and Malnutrition, and based on the Rwanda National ECD Policy goal to ensure all Rwandan children achieve their potential, are healthy, well-nourished and safe, and their mother, father and community become nurturing caregivers through receiving integrated early childhood development Service. Based on the result of the piloting phase in our district and the impact of Sugira Muryango, we believe that, this program will scale up in achieving the critical targets in our district in early childhood development by addressing different challenges faced by vulnerable household.

Your efforts to address children’s health at this critical time have our full support.

Your Sincerely

HABYARIMANA Gilbert
Mayor of Rubavu District

CC:
- Governor of Western Province / KARONGI
- President of District Council / RUBAVU
- The Ag. Executive Secretary of District / RUBAVU