

**Evaluation of the
Government of Rwanda and
UNICEF Country
Programme of Cooperation
(2018-2024)**

Final Report

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ACRONYMS

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
COVID-19	Coronavirus disease 2019
CO	Country Office
CMT	Country Management Team
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Comprehensive Programme Review
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
C4D	Communication for Development
DHS	Demographic and Health Survey
DHIS	District Health Information System
ECD	Early Childhood Development
ECE	Early Childhood Education
EDPRS 2	Economic Development and Poverty Reduction Strategy
EISI	Evidence Information Systems Integration
ERG	Evaluation Reference Group
ESARO	Eastern and Southern Africa Regional Office
FGD	Focus Group Discussion
FIC	Fully Immunized Children
GDP	Gross Domestic Product
GenU	Generation Unlimited
GEROS	Global Evaluation Reports Oversight System
HSSP-4	Health Sector Strategic Plan Four
HIV	Human Immunodeficiency Virus
INGO	International Non-Governmental Organization
IR	Inception Report
KAP	Knowledge, Attitudes and Practice
LNOB	Leaving No One Behind
MDG	Millennium Development Goal
MIC	Middle-Income Country
MICS	Multiple Indicator Cluster Survey
MTR	Mid-Term Review
NAIP	National Agricultural Investment Plan
NCD	National Child Development
NST1	National Strategy for Transformation
OSC	One Stop Centre
OECD/DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee
PF4C	Public Financing for Children
RAM	Results Assessment Modules
RCO	Rwanda Country Office
RCP	Rwanda Country Programme
RDHS	Rwanda Demographic and Health Survey
RRF	Results and Resource Framework

RWF	Rwandan Franc
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
TBA	Theory-Based Approach
TGE	Total Government Expenditures
TMM	Tubarere Mu Muryango/Let's Raise Children
ToC	Theory of Change
ToR	Terms of Reference
UFA	Utilization Focused Approach
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDAP II	United Nations Development Assistance Plan 2018-2024
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
USAID	United States Agency for International Development
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

UNICEF Country Programme

The Rwanda and UNICEF Country Programme (CP) 2018-2024 has the following priorities: reduce rates of neonatal and under-five mortality and stunting, improve learning and young child development outcomes, reduce violence against children, increase access to WASH services, and address child poverty. To support effective delivery of the CP, the following six strategies were employed: programming for at-scale results, gender-responsive programming, mainstreaming adolescent-sensitive approaches, leveraging resources and partnerships, enhancing the use of innovation, and harnessing evidence to influence change. Following the 2021 Mid-Term Review (MTR), the UNICEF Rwanda Country Office (RCO) shifted modalities from a service delivery model to upstream policy and analytical support to Government. All children in Rwanda, including adolescents, are direct beneficiaries of the CP's contributions. The CP's indirect beneficiaries (and duty bearers) include the GoR and other development partners through which UNICEF channels its support to promote and protect child rights.

Evaluation Purpose, Objectives and Scope

The purpose of this Country Programme Evaluation (CPE) is dual: (1) learning from the implementation of the CP to inform the design of the next UNICEF CPD 2025 to 2029; and (2) accountability of UNICEF Rwanda for results to key internal and external stakeholders, including the national government, international donors, and UNICEF Executive Board. The CPE pursued three objectives: assess the CP's performance, identify and document key lessons from the current CP, and provide forward-looking and actionable recommendations. In terms of scope, the CPE covers the period from 2018 until the field work (in May 2023) and the entirety of UNICEF's work in the country (including humanitarian action). Finally, the CPE assesses organisational aspects such as human and financial resource mobilization and use, as well as the CP and RCO structures. The main users of the CPE results include RCO, GoR, development partners, United Nations Country Team, implementing partners, as well as UNICEF Headquarters and ESARO.

Approach and Methods

The CPE was guided by the following OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency, sustainability, and orientation towards impact. It also assessed the extent of integration of gender, equity, human rights, and disability issues, as well as adolescents and youth empowerment. The following methodological approaches were combined to conduct this CPE: Theory-Based Approach, Utilization-Focused Approach, Participatory Approach, Systems Approach, and Gender, Equity, Human Rights, and Inclusion Approach. Data collection methods included document review, key informant interviews, an online perception survey, and focus group discussions. The evaluation included a field mission in the districts of Ngororero, Kirehe and Kayonza. The CPE faced the difficulty of mobilizing students for FGD (as fieldwork coincided with the school holiday period) which was mitigated by asking the questions about children participation in the CP and respect for their rights to the parents and/or guardians who participated in the evaluation.

Findings

Relevance

The CP is well aligned with the objectives and priorities of the GoR, the objectives of the United Nations Sustainable Development Cooperation Framework (UNSDCF – 2018-2024), as well as UNICEF Strategic Plans (2018-2021, and 2022-2025), emphasizing UNICEF's contribution to achieving the SDGs. The CP has been highly flexible, adaptive to the changing context (global and national), and responsive to emerging situations, particularly the COVID-19 pandemic. The cross-cutting issues of gender, equity, human rights and disability inclusion were integrated into programme areas' design to varying degrees. In practice, the CP included interventions that target adolescents and their issues, and there are signs of a youth empowerment approach beginning to take place throughout the course of CP implementation. While climate change adaptation has been intentionally considered in WASH interventions, the same cannot be said for

other programme areas. Finally, while violence against children (VAC) has grown as a child protection priority over the implementation period, there are a few concerns, including teenage pregnancy that were not explicitly integrated in the design of the CP.

Coherence

The CP has been complementary to the GoR and other partners' interventions, with many instances of complementarity observed through UN Joint Programmes. This has been ensured through UNICEF participation in various sector working groups and, in so doing, the CP has supported intervention models that have been expanded by other partners or provided catalytic support to other partners' initiatives. UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) principles have been applied mostly in the CP's emergency preparedness work, as well as through direct responses to humanitarian crises. While the CP is not framed explicitly by the UNICEF's Gender Action Plans, there is some evidence to suggest a degree of strategic alignment between GAP benchmarks, gender priorities in Rwanda, and the broader UNICEF equality agenda.

There is general agreement among key CP stakeholders that, under the current CP, UNICEF has strategically positioned itself as one of the "go to partners" for all matters related to the promotion of children's rights in Rwanda. Contributing to this is the fact that the CP has rooted its work in UNICEF's comparative advantages the largest of which centers on the holistic focus on children needs, both across a child's developmental stages and the development and humanitarian nexus. Other related comparative advantages of UNICEF include its varied technical capacity and expertise to provide sound advice to the government, as well as its flexibility/willingness to adapt to changing needs and priorities, including but not limited to funding modalities.

Effectiveness

Overall, the CP has made good progress towards achieving intended results as defined in the CPD. The CP has reached the most disadvantaged communities and geographies and delivered results for the most vulnerable categories of women and children, including persons with disabilities, with some noteworthy achievements such as with girls' education, and women and youth economic empowerment, particularly in the latter half of CP implementation.

The CPE found evidence that the six key implementation strategies have collectively contributed to the CP's outcome-level results. However, taken individually, the degree of their effectiveness varies. There is a shared feeling among consulted stakeholders that leveraging resources and partnerships, harnessing evidence to influence change (advocacy), programming for at-scale results (capacity development dimension) and enhancing use of innovation have been the most successful strategies. Gender-responsive programming and mainstreaming adolescent-sensitive strategies were successful to a lesser extent.

The cross-cutting issues of gender, equity, human rights, and disability inclusion have been incorporated to some extent into CP's activities, contributing to the achievement of programme results. Achieved results from embracing disability approaches include, for example, UNICEF contribution to the development of the national disability policy and action plan and supporting the GoR in the preparation of the 2nd UNCRPD report. There is evidence that the CP's realization that considering adolescents as a predominant age range in UNICEF's targeting and supporting their agency has contributed to tangible results.

With the CP's shift (in the latter half of its implementation) in favour of a youth empowerment approach, initial seeds are being sown in this area and there is strong evidence of positive effects from the little that has been conducted. Stakeholders underscored the immense value-added of a youth empowerment approach that is centered in youth participation and youth-led involvement in decision-making, suggesting the model as best practice to be built more explicitly into a strategy going forward. However, challenges and limitations remain that obstruct this strategy from achieving full potential.

While there is evidence of multi-sectoral approaches contributing to the CP results in some of UNICEF's work, such approaches were not systematically used across all CP programme areas. Consistent efforts have been made to programmatically conceive and deliver ECD centers as cross-sectoral interventions. Similarly, the CP has implemented interventions to prevent chronic malnutrition through a multisectoral approach, with support from other partners including government, other UN Agencies, and donors. However, due to the lack of a unifying framework, the CP has remained mostly sectorally driven, as many

programme areas were not able to jointly plan and deliver common results. This has limited the achievement of results that respond holistically to children's needs and to the environments in which they grow up.

Across CP's components, UNICEF implemented several SBC activities aimed at creating behaviour changes (e.g., health seeking behaviour for common childhood; child protection professional service-seeking behaviour) or triggering shifts in social norms. The evaluation noted a few instances of social norm changes, including in the areas of gender norms, with the primary example of this being SBC around girls' education. However, in other areas, it is hard to tell whether UNICEF's SBC activities have contributed to changes in social norms and behaviours of targeted individuals and communities for the benefit of the rights of children.

Efficiency

The CP effectively allocated and strategically utilized financial resources. A key component that supported effective financial management were monthly and quarterly cash forecasts that were used to monitor financial needs across the CP, provide timely monitoring and reporting to the Management to inform decision-making in addressing identified gaps and challenges. These mechanisms ensured the RCO was agile and able to adapt financial allocations based on real-time information. The RCO strategically used available human resources to achieve the CP's objectives, including through consolidation and streamlining of roles (e.g., SBC), transitioning from temporary to fixed term staff, and hiring of qualified personnel. Despite a shared feeling among UNICEF staff and external partners that some section teams are stretched, the RCO had motivated teams, with most relevant capacities to deliver the current CP's results. Challenges remain in the number of fixed term staff, and there is a need to increase human capacity in emerging areas (such as climate resilience), to ensure sustained programme delivery. The implementation of the MTR recommendations contributed to refining the CP and Office structures. Overall, these structures were agile and responsive to the CP needs and priorities, and effectively supported the cost-effective use of resources and timely delivery of the CP.

Sustainability

The sustainability of the CP's results has been ensured through two important measures, including the design and implementation of the CP in an inclusive manner, and UNICEF's focus on strengthening systems and capacities. These approaches based on implementation using existing structures and through local partners foster ownership and therefore contribute to sustainability of the CP's results. In some cases, exit and sustainability strategies have been developed and established with the government and communities. The CP's implementation strategies have collectively contributed to improved capacities of national actors, including the government and implementing partners, as evidenced by good sector coordination, complementary programming, easy mobilization for policy support, and effective service delivery by local partners. These improved capacities are the necessary condition to sustain the positive changes created by the CP.

Despite efforts made in terms of capacity strengthening, the evaluation found that capacity and workforce issues remain; in particular, district capacities are still weak (e.g., not all districts have WASH officers, limited social workforce, etc.), which affects sustainability. There is a widely recognized government staff turnover in Rwanda, particularly at district level, which was identified as a key factor hindering capacity building efforts and thus sustainability. The GoR also has a lean staffing structure which makes most technical staff of government overstretched and hampers transfer of skills to government.

To sustain what has been achieved, the GoR still needs financial support from external partners like UNICEF. As such, the leaner funding landscape for Rwanda may affect the sustainability of some benefits of the current CP. While results achieved in areas such as ECD (e.g., ECD centers) could be sustained through continued leveraging of private sector finance, for sectors such as Child Protection where it is harder to make the case for investment, funding reductions or withdrawals will negatively affect the sustainability of results.

Orientation towards Impact

There are a few instances of CP-supported interventions that have been (or are likely to be) integrated or scaled up by the government (or other partners), sometimes with UNICEF helping to leverage resources

for replication. It is expected that such interventions will result in improvements in the lives of children (rights holders) and duty bearers (institutions, families, etc.) at scale. The CP's work on national systems strengthening and capacity development has built-in potential to create impact at scale. The long-term impacts of the CP relate mostly to its contribution to Rwanda's human capital development and economic development of the country, as well as strengthened resilience of systems and communities. Contributing to these impacts are intermediate positive effects the CP's interventions have had or are likely to have on the living conditions of children in schools and communities, as well as changes in social norms.

Conclusions

The CP's interventions are highly congruent with the priorities of the GoR in achieving national and global objectives related to the promotion of children's rights, especially the most vulnerable children. The Programme's focus is rooted in UNICEF's comparative advantages, enabling the RCO to position itself very well in shaping the country's children's rights agenda, both current and future. This positioning has allowed UNICEF to select interventions that were complementary to those of other partners. However, areas such as climate resilience could have benefited from more integration into the CP's work, while violence against children could have attracted more attention, with strong interventions dedicated to issues such as teenage pregnancy.

The CP has had a positive performance, playing a substantial role in addressing children's needs in Rwanda. In different programme areas (WASH, Child Protection, nutrition, Health), UNICEF provided support for strengthening the enabling environment through upstream work (e.g; development of legislation, policies) which has demonstrably enhanced the capacity of the GoR to realize children's rights. UNICEF also helped to mobilize human and financial resources, and strengthened capacities at the national, district and community levels. In other cases, the CP supported evidence generation activities and provided supplies, contributing to improved access to basic services by the most vulnerable communities.

Rwanda's Vision 2050 for development has increased the level of the country's ambition previously embedded in Vision 2020 and NST1. Therefore, achieving the targets set in Vision 2050 requires considerably more resources. Looking to the future and changing context, there is a strong recognition that UNICEF needs to maintain the shift it made to do more upstream work, while continuing to assist the GoR to implement catalytic interventions.

The results achieved in engaging the private sector suggest that there is ample opportunity for the RCO to embark on more meaningful and impactful business engagements going forward. The evaluation found examples of inter-sectoral collaborations within UNICEF and with other development partners. The seeds planted in this area provide scope for greater inter-sectoral and multi-stakeholder partnerships to address persistent complex issues and equity gaps among children.

UNICEF's inclusive engagement strategy, combined with the explicit focus on system strengthening and capacity development, has paved the way for increased ownership of the CP's interventions and results by partners, thus increasing the likelihood of sustainability and realization of children's rights at scale. Demonstration of CP's impact for children at scale is equally likely through UNICEF-supported initiatives that have already been integrated or scaled up by the government (or other partners), including with UNICEF helping to leverage resources for replication. The CP appears to have positively contributed to the achievement of long-term impacts centered around Rwanda having a healthy population, improved human capital and strengthened resilience of systems and communities (e.g., of pupils, teachers and school, communities, parents) and economic development of the country.

Finally, UNICEF has made progress towards gender-responsive programming, but there are key gaps in the way this is understood and being applied across RCO sections. To achieve gender transformative results, more consolidated investment with a packaged strategy is wanting to address root causes/structural changes in shifting mindsets and addressing underlying harmful social norms. UNICEF's embracement of a youth empowerment approach towards the latter half of CP implementation is considered best practice and signals the beginning of the pathway to youth-led models being paved. UNICEF has also made important strides towards disability inclusion, working with well positioned partners to sensitize families and communities, and advocate for disability-inclusive policies and initiatives that consider the needs of children with disabilities.

Lessons learned

The following key lessons are derived from the analysis of the CPE's findings.

Lesson 1: Creating effective private sector partnerships in children's rights promotion involves complex processes and requires an incremental approach.

Lesson 2: As Rwanda aspires to transition towards a Middle-Income Status, with improved governance and public financial management systems, there is a need for UN Agencies to invest more in advocacy, technical assistance, innovation and knowledge management.

Lesson 3: UNICEF's technical capacity and high level of trust from the GoR and other partners places the Country Office in a strong position to help in identifying and promoting relevant innovations to promote children's rights and protection in Rwanda, both through developing proofs of concept and leveraging resources for scale up.

Recommendations

Recommendation 1: For more integrated cross-sectoral gender-responsive programming towards the achievement of transformative results, the Country Office should consider strengthening its gender architecture, with established gender accountability mechanisms and training to build staff's technical capacities to mainstream gender at the country-level, and greater focus and resources to SBC to address deeply entrenched discriminatory gender norms and harmful taboos.

Recommendation 2: Building on the changes that the Country Office made in the CP's structure following the 2021 MTR, some of which aimed at ensuring more CP's integration (e.g., merging of Health and Nutrition sections, integration of ECD into education and nutrition), advance work on the "multisectoral" approaches, with the objective to increase Programme convergence, by promoting more integration and collaborative work among Country Office Units and their respective programmes.

Recommendation 3: Building on the recommendations of the Climate Landscape Analysis for Children (CLAC), bring climate resilience into focus as a cross-cutting dimension in the next CP. This would create scope for innovative interventions and joint programming with potential to protect and /or reduce child vulnerability to climate change impacts in Rwanda.

Recommendation 4: In the next CP, UNICEF Rwanda should continue the advocacy work on existing innovation initiatives, with the objective of ensuring scale-up and demonstrating results for children at scale.

Recommendation 5: To contribute to improving learning outcomes for all students in Rwanda, UNICEF Rwanda should continue working with other education sector development partners to strengthen foundational learning programs in the country, by focusing on improving internal efficiency, transition to secondary, and evidence informed planning.

Recommendation 6: Continue expanding private sector partnerships to other industries, building on the achievements and progress made in leveraging investment in the Tea sector. This requires more strategic frameworks, guidelines, and processes, ensuring that the RCO capitalizes on lessons learned and seizes any potential business engagement opportunities.

Recommendation 7: Strengthen impact reporting to better measure and communicate UNICEF's impact on society.

1 INTRODUCTION

The Universalia Management Group Limited (hereinafter, “Universalia”) is pleased to submit this draft report to the United Nations Children’s Fund (UNICEF) Eastern and Southern Africa Regional Office (ESARO) for the Country Programme Evaluation (CPE) of the Government of Rwanda (GoR) and UNICEF Country Programme of Cooperation 2018-2024.

The CPE covers the full programme cycle, in accordance with the Terms of Reference (ToR) (see ToR in Appendix I). The evaluation had a macro level focus on the Programme management and results structures, as well as a focus on service delivery outcomes and outputs. The evaluation assignment began in May 2023, with a field mission in the districts of Ngororero (in Western Province), Kirehe and Kayonza (both in Western Province), from July 17 to 28, 2023. Of note, given that the programme cycle ends in June 2024 and the CPE was done during the penultimate year, the CPE does not capture the full-fledge results of those activities which are still ongoing at the time of writing this report.

The purpose of this evaluation is dual: (1) learning from the implementation of the CP to inform the design of the next UNICEF CPD 2025 to 2029 and (2) accountability of UNICEF Rwanda for results to key internal and external stakeholders, including the national government, international donors, and UNICEF Executive Board.

This report consists of six sections. Following the introduction, Section 2 includes a description of the country context and object of the evaluation. Section 3 provides an overview of the evaluation purpose, objectives, focus, scope, and Section 4 summarizes the evaluation approach and methodology. Evaluation findings are presented in Section 5, while evaluation conclusions, lessons learned, and recommendations are provided in Section 6.

The report also includes several appendices which are presented in a separate volume (Volume II).

2 CONTEXT AND OBJECT OF EVALUATION

2.1 Country Context

2.1.1 Geographic and Demographic Context

Rwanda is a landlocked country situated in Central Africa, bordering Uganda to the North, Tanzania to the East, Burundi to the South, and the Democratic Republic of Congo to the West. With a total area of 26,338 km²,¹ Rwanda's demographic profile is characterized by a young and growing population.² The proportion of young people (people aged below 30 years) is 65.3% of the population,³ of which the proportion of people aged 0 to 14 years is 42%, while over 45% is under 18.⁴ With a total population estimated at 13.2 million in 2022 (with 48.5% male and 51.5% female), Rwanda's population grew by 2.3% from the previous year.⁵ Rwanda's population is predominately rural with 72.1% of the population residing in rural areas whilst 27.9% of the population reside in urban areas.⁶

2.1.2 Socio-Economic and Political Context

The adoption of Vision 2020 was originally meant to strengthen the recovery process following the 1994 Genocide Against the Tutsi, propelling Rwanda onto an ambitious trajectory of development, with the goal was to achieve the status of a low Middle-Income Country (MIC) by 2035. This involved a fundamental transformation of the economy, shifting its reliance from predominantly subsistence agriculture to a knowledge-based economy. Additionally, Rwanda aspired to position itself as a regional service hub during this transformational journey.⁷ Since the year 2000, Rwanda has achieved high rates of sustained economic growth. GDP per capita increased almost three-fold from USD 337.5 in 2000 to USD 1,004 in 2022.⁸ Since 2012, GDP almost tripled, from RWF 4.7 trillion to RWF 13.72 trillion in 2022.⁹ Indeed, the robust and sustained economic growth attained through the implementation of the Vision 2020 period helped position Rwanda as one of the few African countries to achieve the vast majority of its Millennium Development Goals (MDGs).

In terms of social context, the country's economic growth has resulted in substantial improvements in living standards. The proportion of Rwanda's population living below the poverty line decreased from 56.7% in 2000/2001 to 38.2% in 2016/2017, almost a 20% reduction in 15 years. The population that is extremely poor (living below the food poverty line) more than halved over the same period from 35.8% in 2005/2006 to 16% in 2016/2017. In addition, income inequality declined, with the Gini Coefficient dropping from 0.522 to 0.429 over the same period.¹⁰ Finally, in terms of political development, Rwanda has committed to be a well-governed state, characterized by the rule of law that supports and protects all its citizens without discrimination. This is anchored in the country's fundamental political and governance principles. Wide-ranging political and institutional reforms have been implemented to improve peace and security, and many institutions at national and sub-national levels have been established and strengthened to foster increased citizen participation in governance.

2.1.3 Key Development Issues in Rwanda

Despite rapid rates of economic growth, Rwanda still faces several challenges, spanning from high rates of unemployment, especially among youth and women, to limited skilled human capital, poor infrastructure,

¹ Government of Rwanda (2023). About. <https://www.gov.rw/about>.

² National Institute of Statistics of Rwanda (2022). 5th Population and Housing Consensus Rwanda, 2022.

³ National Institute of Statistics of Rwanda (2023). The Fifth Rwanda Population and Housing Census, Main Indicators Report.

⁴ National Institute of Statistics of Rwanda (NISR), Ministry of Health (MOH), and ICF (2021).

Rwanda Demographic and Health Survey 2019-20 Final Report.

⁵ National Institute of Statistics of Rwanda (2023). The Fifth Rwanda Population and Housing Census, Main Indicators Report.

⁶ Ibid.

⁷ Government of Rwanda (2012). Rwanda Vision 2020 Revised.

⁸ National Institute of Statistics of Rwanda (2022). GDP – National Accounts. <https://www.statistics.gov.rw/publication/1914>

⁹ Ibid.

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CN?end=2021&locations=RW&start=1961&view=chart>

¹⁰ National Institute of Statistics of Rwanda (2019) Statistical yearbook. NISR, Kigali.

and heavy reliance on donor aid. All these issues have a negative impact on the living conditions of children, adolescents, and youth, especially the most marginalized. Below, we discuss the situation of children in Rwanda across a range of areas that are of strategic importance to the UNICEF Rwanda Country Programme, with an emphasis on the key challenges, as well as recent developments in terms of improvements in relevant indicators, relevant policies, strategies, and political frameworks.

Health

Rwanda has a well-established network of health facilities with good geographical coverage.¹¹ In order to reach universal health coverage, the GoR has reduced the distance to reach a primary health facility by establishing health posts across the country to serve mainly communities living in remote areas.¹² However, Rwanda's health sector is facing the challenge to sustain the current level of service provision, while responding to: (i) the significant reduction in external financing; (ii) the change from mainly infectious diseases in the younger age-groups towards increasing numbers of non-communicable diseases; (iii) the increase in more costly secondary/tertiary care facilities/equipment; and (iv) disparity in lifestyle related morbidity and mortality patterns between urban/rural populations. Additionally, the health worker density per 1,000 people in Rwanda is 1.1 skilled health workers (i.e., physicians, nurses, and midwives), which are very far from the WHO recommendation of 4.45/1,000 to achieve the SDGs by 2030.¹³ In terms of child health indicators, the Rwanda Demographic and Health Survey (RDHS) reported that infants exclusively breastfed up to 6 months decreased from 87% in 2015 to 80.9% in 2021, while the target was to increase it up to 90% in 2021. The reasons behind slow progress to reach the target are not well known. Moreover, over the past 10 years the GoR has put a focus on prevention and reduction of malnutrition across the country in under-5 children. Despite all these efforts, stunting remains a major public health problem in Rwanda, as discussed below.¹⁴ Maternal mortality rates have decreased in the past decade from 487 per 100,000 to 203 per 100,000 and 93% of women give birth in a health facility.¹⁵ Improvements in the education of midwives is a main contributing factor to maternal health outcomes.

Nutrition

Undernutrition and food insecurity remain challenges in Rwanda. Nationally, 33% of children under 5 years are stunted (chronic form of undernutrition). This includes 22.7% among children 6–8 months to a peak of 40.4% among children 24–35 months. Gender disparities have been observed, with boys' stunting rate of 37% compared to girls with stunting rate of 29%. Stunting significantly impacts children from rural areas (36%) compared to those from urban areas (20%). Northern and Western provinces have higher stunting rates compared to other provinces. Stunting has long-term effects on individuals including development delays, poor cognition and poor educational performance, leading in turn to lower wages in adult life. This results in approximately one-fourth of children in Rwanda who are not developmentally on-track. In addition to stunting, under-5 children in Rwanda are affected by anaemia (36.6%).¹⁶ Furthermore 19% of households in Rwanda experience food insecurity, and Western province, with 30% of food insecure households, is again more affected by food insecurity compared to other provinces.¹⁷

Nonetheless, there has been some progress in other infant and young child nutrition status in Rwanda, the prevalence of wasting among children under 5 years of age decreased to 1.1% in 2020 from 8.7% in 2000.¹⁸ Also, the prevalence of underweight in adults aged 18 years and over declined to 11.9% among males and 7.6% among females in 2016, compared to 15.5% among males and 11.3 among females in 2000.¹⁹ Similarly, the prevalence of wasting in children and adolescents aged 5-19 years declined from 11.7%

¹¹ Ministry of Health (2022). The Rwanda Health Sector Strategic Plan 2018-2024 (HSSP IV).

¹² Ministry of Health (2022). National Guidelines for Establishment and Functionality of Health Posts in Rwanda.

¹³ Ministry of Health (2021). Health Sector Annual Performance Report.

¹⁴ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021). Rwanda Demographic and Health Survey 2019-20 Final Report. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.

¹⁵ UNFPA Rwanda (2023). A Collective Effort: Strengthening the midwifery profession to save the lives of mothers and newborns. <https://rwanda.unfpa.org/en/news/collective-effort-strengthening-midwifery-profession-save-lives-mothers-and-newborns>.

¹⁶ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF (2021). Rwanda Demographic and Health Survey 2019-20 Final Report. Kigali, Rwanda, and Rockville, Maryland, USA: NISR and ICF.

¹⁷ WFP (2021). Comprehensive Food Security and Vulnerability Analysis for Rwanda.

¹⁸ Global Nutrition Report (2020). Rwanda The burden of malnutrition at a glance.

¹⁹ Ibid.

among boys and 4% among girls in 2000 to 8.8% among boys and 2.8% among girls in 2016.²⁰ This decline in underweight and wasting prevalence indicates that there has been an improvement in diet adequacy in Rwanda. Regarding child feeding, the Rwanda Demographic and Health Survey of 2019-20 shows that only 22% of children aged 6-23 months consume a minimum acceptable diet, while only 34% achieve the recommended level of dietary diversity. This report indicates that the consumption of animal-source food among children aged 6–23 months remained low. For example, in the last 24 hours of the survey, 7.7% of children had consumed eggs and 18.6% had consumed meat, fish, or poultry.

Child Protection

According to latest data available from the 2012 Census, it is estimated that Rwanda has 446,453 people living with disabilities,²¹ with young people with disabilities having higher levels of institutionalization. However, this is significantly lower than the global average suggesting that available figures for Rwanda are outdated with disability prevalence systematically underreported. Adolescents with disabilities are less likely to be employed (1% are employed), and less likely to attend school (57% net attendance compared with their peers).²² 50% of girls and 65% of boys have experienced a form of violence during their childhood, with 37% of girls and 60% of boys experiencing physical violence before the age of 18.²³ 23% of girls have experienced sexual violence, with 10% of sexual violence against girls taking place in schools.²⁴ According to National survey results, it is concerning that 7% of girls aged 15-19 are reported to be either pregnant or already mothers. Furthermore, among girls who reported engaging in sexual activity during childhood, a staggering 48% experienced an unwanted pregnancy as a consequence.²⁵

13% of young people aged 6-17 years are involved in a form of labour, with 2% involved in hazardous labour.²⁶ While more boys are engaged in labour than girls, domestic service among girls is prevalent. Most of these girls were found to have dropped out of school as of 13 to carry out domestic service. One tenth of all female sex worker respondents were between 15-19 years old.²⁷ These experiences put girls at heightened risk of HIV infection, sexual and physical violence. According to the latest UNHCR data available, Rwanda's Mahama camp was host to over 127,000 refugees from the DRC and Burundi at the end of 2021, 76% of which are women and children.²⁸ Half of Burundian refugees in Rwanda are reported to be children.²⁹ Refugee children are at a heightened risk of malnutrition, health issues (particularly acute respiratory infections), and being out of school. In response, the Ministry of Disaster Management and Refugee Affairs provides primary health care services, and case management services for vulnerable children.

Education

The Rwandan education system has undergone different reforms aimed to enhance access and quality of education.³⁰ One of the chief reforms has been the introduction of a free compulsory basic education (Nine Years Education) in 2006³¹ and its expansion to the Twelve Years Basic Education in 2012.³² Additionally, the pre-primary schooling was strengthened to boost the school readiness.³³ Despite these efforts, several challenges have been hitting basic education in Rwanda, including high dropout, big classroom size and distance to school, language proficiency, low parental involvement, lack of qualified teachers, and completion rates. For instance, the dropout rate increased from 7.8% in 2019 to 9.5% in 2020-2021;³⁴ the

²⁰ Ibid.

²¹ NISR (2012). The fourth Population and Housing Census conducted in August 2012 (2012 RPHC)

²² NISR (2012). The 2012 FPHC reports net attendance at primary school for children with disabilities at 68 % (NISR 2012a). (see sit. An. Refs)

²³ [Rwanda Ministry of Health \(2017\). Violence Against Children and Youth: findings from National Survey, 2015-16. Kigali. Rwanda.](#)

²⁴ Ibid.

²⁵ Ibid.

²⁶ Integrated Household Living Conditions Survey (EICV 5).

²⁷ Rwanda Biomedical Center, Rwanda Ministry of Health (2015). National HIV Annual Report 2014-2015.

²⁸ [UNHCR \(n.d.\). Rwanda.](#)

²⁹ UNICEF (2021). Child Protection Programme Strategy Note.

³⁰ MINEDUC (2010). Education Sector Strategic Plan 2010-2015.

³¹ MINEDUC (2018). Revised Special Needs and Inclusive Education Policy.

³² Anzeze, G. K. (2022). Aid for Ed: An Analysis of Rwanda's 12-Year Basic Education System and its Relationship with Government-channeled aid.

³³ Save the Children (2015). Early literacy promotion in Rwanda: opportunities and obstacles.

³⁴ MINEDUC (2022). 2020/21 Education Statistical Yearbook.

causal factors include poverty, family issues, lack of scholastic materials, and the COVID-19. Parental engagement is an issue in rural areas, with low levels of parental involvement observed in families with poor living conditions.^{35,36} In 2008, Rwanda adopted English as medium of instruction across all levels, shifted back to Kinyarwanda in lower primary grades in 2015, and re-adopted English across all grades from pre-primary to the higher institutions in 2019.³⁷ The incoherence in language policy resulted in a good number of primary school teachers struggling to teach in English. In fact, extant research on Rwandan teachers suggest that they hardly speak English at the required proficiency level. For example, according to the results of a survey conducted by the British Council over 600 primary and secondary education teachers to assess their English proficiency levels using the six levels of the Common European Framework for Reference (CEFR), an estimated 96.8% of all primary teachers in Rwanda possessed only a basic level of English language proficiency, while almost 50% had a competency of English considered to be either at 'elementary' or 'intermediate' stages.^{38,39} As a result of this situation, classrooms, especially in rural areas, are Kinyarwanda dominated, which negatively impacts on the students' English language acquisition and by extension their school performance.⁴⁰

Inclusive education is also another area that has not yet been adequately addressed. For instance, the Education Sector Strategic Plan 2018/19 – 2023/24 recognizes that disabilities are still a major factor affecting children's access to school in Rwanda.⁴¹ Additionally, teacher qualification is an issue. The qualified Teacher Ratio has decreased from 58:1 in 2019 to 45:1 in 2020/21 respectively at the primary level and from 30:1 to 29:1 at the secondary level.⁴² The main reason for the shortcomings is that the supply of qualified teachers cannot keep up with newly constructed classrooms and schools, presenting additional challenges related to class size. A related challenge is the high number of overaged students, which is also associated with the high repetition rate. For example, in 2019, the Rwanda's education statistics indicated that the gross enrolment rate in primary education was 138.2% in 2018, which reflected high rates of overaged students attending primary education.⁴³

Finally, in terms of learning outcomes, the findings of the latest national assessment of Learning Achievement in Rwandan Schools (LARS)⁴⁴ indicate that student performance in English for P3 Literacy was low, with only 10.08% of the students meeting curriculum expectations and proficiency benchmarks in English. Similar trends were reported for P6 candidates of whom only 38.55% met the set benchmarks. The teachers' low English proficiency was reported as one of the contributing factors to the low achievement rates. Relatively higher achievement rates were reported for numeracy with 60.94% and 32.14% of the participating P3 and P6 students, respectively achieving the grade level benchmarks. Nevertheless, this means important portions of the P3 (i.e., 39.06%) and P6 (i.e., 77.86%) students did not meet their respective grade level benchmarks. As for the Kinyarwanda Literacy, a significant number of P3 students (i.e., 75%) did not achieve or only partially achieved the grade-level reading performance benchmark, which was reading at least 40 correct words per minute. Similarly, 24% of the participating P3 students did not meet the grade-level benchmarks for Kinyarwanda reading comprehension. The 2022 LARS did not assess

³⁵ Tabaro, C., Uwamahoro, A. (2020). Parental involvement in children's education in Rwanda: A case study of vulnerable families from Shyogwe Sector in Muhanga District. *International Journal of Contemporary Applied Researches*, 7(2), 32–61.

³⁶ Andala, H. O., Bosco, J. (2021). Parents Teachers Association's Participation Activities and Selected Public Secondary Schools' Students Academic Performance in Rwanda. *Journal of Education*, 4(5), 65–79. <https://doi.org/10.53819/81018102t50010>.

³⁷ Williams, T. P. (2020). For the third time in 11 years, Rwanda changed the language used in primary schools.

³⁸ HEART. (2013). *Independent Verification of Educational Data for a Pilot of Results-Based Aid (RBA) in Rwanda*. Health & Education Advice & Resource Team. <https://www.heart-resources.org/wp-content/uploads/2013/06/Rwanda-Baseline-Report-education-data.pdf>

³⁹ IPAR. (2015). *Evaluation of Results-Based Aid in Rwandan Education: Final Evaluation Report*. Institute of Policy Analysis and Research – Rwanda. https://iati.fcdo.gov.uk/iati_documents/5549076.pdf

⁴⁰ Niyibizi, E. (2015). The Rwandan teachers' and learners' perceived speaking proficiency in both Kinyarwanda and English after 2008-2011 consecutive language-in-education policy. *Rwandan Journal of Education*, 3(1), 91-116.

⁴¹ MINEDUC (2018). Revised Special Needs and Inclusive Education Policy.

⁴² MINEDUC (2022). 2020/21 Education Statistical Yearbook.

⁴³ MINEDUC. (2019). *2018 Education Statistics*. Republic of Rwanda, Ministry of Education: Kigali

⁴⁴ NESA. (2022). *Learning Achievement in Rwandan Schools: Executive Summary Report*. National Examination and School Inspection Authority. <https://www.nesa.gov.rw/index.php?eID=dumpFile&t=f&f=51692&token=75eaa3203eddf6c7bc44095ac30fd00c6455388>

Kinyarwanda Literacy for P6 candidates, and this was also the case for the earlier study which only involved P1-P4 students.⁴⁵

Water, Sanitation and Hygiene (WASH)

The Government of Rwanda has committed to achieving 100%⁴⁶ access to clean water services and 100%⁴⁷ access to sanitation and hygiene by 2024 as per the National Strategy for Transformation (NST1) 2017-2024.⁴⁸ Rwanda has been able to extend water supply coverage during the last decade. According to the 2019-20 Rwanda Demographic and Health Survey (2019-20 RDHS),⁴⁹ 80% of households in Rwanda have access to an improved source of drinking water,⁵⁰ an increase from 73% reported by RDHS 2014/15.⁵¹ Despite the improvement, urban households have better access than rural households. Half of the population in Rwanda (55%) has access to basic drinking water services,⁵² with increased access for those in higher wealth quintiles. From a geographical perspective, access to basic drinking water services varies, ranging from as high as 82% for the City of Kigali, to as low as 43% for East Province.⁵³ Up to 72% of households have access to an improved sanitation facility,⁵⁴ with access higher for urban households compared to rural households. Two thirds of households (64%) use pit latrines with a slab, while 24% use pit latrines without a slab or an open pit. Only 61% of households use improved sanitation facilities that are not shared with other households (basic sanitation service).⁵⁵ Key challenges in the sector include lack of resources, lack of adequate infrastructure, the demographic pressure leading to increased demand in services, the reliance on and variability of rainwater, and the country's topography which hinders the provision of services in some areas. Furthermore, climate change exacerbates the situation, leading to frequent devastating floods and landslides which damage the WASH infrastructure.

Social Protection

To reduce poverty, the Government has introduced a range of social protection schemes over the last decades, focused on vulnerable households. These include, for instance, the Vision 2020 Umurenge Programme which benefits 67% of households. However, public budgets allocated to social sectors – education, health, nutrition, child protection, social protection, early childhood development (ECD) and WASH, are still not adequate to accelerate the achievement of NST1 targets and SDGs. This prevents the sectors from effectively tackling multiple issues of access and quality.⁵⁶ The ambition to transform Rwanda into middle-income country by the end of NST1 and deliver high standards of living for all by 2050 calls for a more ambitious approach to social protection. To that end, the 2020 National Social Protection Policy⁵⁷ was developed to guide the continued process of establishing a comprehensive social protection system for all Rwandans. The policy is built on four pillars of (i) social security, (ii) social care services, (iii) short-term social assistance, and (iv) livelihood and employment support. It aims to not only secure the eradication of extreme poverty but also promote human capital development as the foundation for long-term prosperity, breaking the cycle of intergenerational poverty, support the delivery of equitable and inclusive social transformation and development.⁵⁸

⁴⁵ Moulton, J., Christina, R., Arkorful, K., & Sugrue, M. (2016). *Early-Grade Literacy in Rwanda: Taking Stock in 2016*. Education Development Center & Save the Children Rwanda. <https://www.edc.org/sites/default/files/uploads/Rwanda-early-grade-literacy-sector-assessment.pdf>

⁴⁶ From 87.4% in 2017 (Integrated Household Living Conditions Survey 5 - EICV 5)

⁴⁷ From 86.2% in 2017 (Integrated Household Living Conditions Survey 5 - EICV 5)

⁴⁸ MINECOFIN (2017). National Strategy for Transformation 7 Years Government Programme: 2017 – 2024.

⁴⁹ ICF, Ministry of Health, National Institute of Statistics of Rwanda (2020). Rwanda Demographic and Health Survey 2019-2020.

⁵⁰ Include piped water, public taps, standpipes, tube wells, boreholes, protected dug wells, and bottled water.

⁵¹ ICF, Ministry of Finance and Economic Planning, Ministry of Health, National Institute of Statistics of Rwanda (2015). Rwanda Demographic and Health Survey 2014-15.

⁵² Defined as drinking water from an improved source, provided either water is on the premises or round-trip collection time is 30 minutes or less. Includes safely managed drinking water.

⁵³ UNICEF (2023). UNICEF Country Programme Document Rwanda. ToR document.

⁵⁴ Includes flush/pour flush toilets that flush water and waste to a piped sewer system, septic tank, pit latrine, or unknown destination; ventilated improved pit (VIP) latrines; pit latrines with slabs; or composting toilets.

⁵⁵ Defined as use of improved facilities that are not shared with other households. Includes safely managed sanitation service, which is not shown separately.

⁵⁶ UNICEF Rwanda (2018). Social Policy Programme Strategy Note

⁵⁷ MINALOC (2005). National Social Protection Policy in Rwanda

⁵⁸ Ibid.

2.1.4 National Response to Development Issues

The GoR has implemented several long-term frameworks and strategies to guide development policies as to address various developmental challenges. The NST1⁵⁹ follows the Economic Development and Poverty Reduction Strategy (EDPRS 2) and seeks to further efforts to accelerate transformation and economic growth. The NST1 is aligned with the SDGs and is anchored along three pillars: Economic Transformation, Social Transformation, and Transformational Governance.⁶⁰ The country has developed a new national development policy, Vision 2050, which builds upon the achievements of Vision 2020, the current NST1, global and international agreements, including SDGs, the 2015 Addis Ababa Action Agenda, the Paris Declaration on Climate Change, the East African Community Vision 2050 and the African Agenda 2063. Rwanda has made important strides in domesticating and aligning national policy with the SDGs.⁶¹ At the sectoral level, the GoR implemented several strategies, policies, and reforms that have underpinned advancements across programme components. These include, but are not limited to, the following: the National Social Protection and Justice Sector strategies (2021)⁶², the national ECD Policy and Strategic Plan (2016-2021)⁶³, the District Plans for Elimination of Malnutrition (2011)⁶⁴, the Social Protection Policy and Strategic Plan (2017-2024)⁶⁵, the WASH Sector Strategic Plan (2018-2024)⁶⁶, the National Gender Policy (2021)⁶⁷, National Policy against Gender Based Violence (2011)⁶⁸, and National Family Promotion and Protection Policy (2005)⁶⁹.

2.2 The UNICEF Country Programme 2018-2024

2.2.1 Presentation and Objectives

The Government of Rwanda and UNICEF Country Programme (CP) 2018-2024 has the following priorities: reduce rates of neonatal and under-five mortality and stunting, improve learning and young child development outcomes, reduce violence against children, increase access to WASH services, and address child poverty. In terms of the target population, priority is given to the poorest, including refugees, children with disabilities and youth mothers. The CP was implemented across all districts of Rwanda, with the poorest districts (particularly in the Eastern and Western provinces) and the rural areas receiving more interventions.⁷⁰ Details on the geographic locations (including districts) of the CP interventions are provided in Appendix II. The CP's seven programme outcomes are provided in Table 2.1.

Table 2.1: Country Programme Components

COMPONENTS	FOCUS
Child Protection	<ul style="list-style-type: none"> ▪ Improving efforts to prevent or respond to violence against children. ▪ Reintegration of children into families, including children with disabilities. ▪ Integration of refugee children into national child protection systems. ▪ Enhancing justice for children.
Early Childhood Development	<ul style="list-style-type: none"> ▪ Further increases in access to and use of quality ECD services, including a consolidated package of nutrition and protection services.

⁵⁹ Republic of Rwanda (2017). 7 Years Government Programme: National Strategy for Transformation (NST1) 2017-2024. https://www.nirda.gov.rw/uploads/tx_dce/National_Strategy_For_Transformation_-NST1-min.pdf.

⁶⁰ Ibid.

⁶¹ UNICEF Rwanda Situation Analysis

⁶² UNICEF Rwanda (2021). Child Protection Programme Strategy Note.

⁶³ UNICEF Rwanda (2021). Early Childhood Development Programme Strategy Note.

⁶⁴ Ministry of Health (2011). District Action Plans to Eliminate Malnutrition (DPEMs)

⁶⁵ UNICEF Rwanda (2021). Social Policy Programme Strategy Note.

⁶⁶ UNICEF Rwanda (2021). Water, Sanitation and Hygiene (WASH) Programme Strategy Note.

⁶⁷ Government of Rwanda (2021). National Gender Policy.

⁶⁸ Government of Rwanda (2011). National Policy against Gender-Based Violence.

⁶⁹ Government of Rwanda (2005). National Family Promotion and Protection Policy

⁷⁰ United Nations Economic and Social Council (2018). UNICEF Country Programme Document Rwanda.

COMPONENTS	FOCUS
	<ul style="list-style-type: none"> ▪ Continuous improvements in effective and responsive care of the young child by parents and other primary caregivers, families, and the wider community. ▪ Support to implement ECD child-sensitive policies at the decentralized level and strengthen coordination mechanisms for ECD at the national and district levels.
Education	<ul style="list-style-type: none"> ▪ Promote equity and quality education. ▪ Scale up real-time end-user monitoring and incorporate into national systems. ▪ Capacity development of teachers at the pre-service level, with in-service support.
Health	<ul style="list-style-type: none"> ▪ Reduce child and adolescent mortality by increasing the use of quality, high-impact health and HIV interventions through strengthened health systems. ▪ Reduce maternal and newborn mortality by improving the quality of intrapartum care and the management of sick/small newborn babies. ▪ Strengthen health systems to ensure the availability of quality services at all levels including primary healthcare, equity-focused implementation, and better use of real-time data and policies, especially in low-performing areas.
Nutrition	<ul style="list-style-type: none"> ▪ Revisit models to strengthen national systems, and to create demand and uptake of nutrition services in urban areas. ▪ Embark on intersectional and intersectoral work to mainstream nutrition into disability and adolescent programming.
Social Policy	<ul style="list-style-type: none"> ▪ Building capacity for cross-sectoral pro-poor policy development and cross-cutting research. ▪ Development of child and gender sensitive options and tools to increase delivery of integrated cash-plus interventions. ▪ Building capacity for effective budget planning and analysis.
WASH	<ul style="list-style-type: none"> ▪ Strengthen systems. ▪ Enable resilient and reliable water supply service delivery. ▪ Enable 'basic' sanitation services and practice of key hygiene behaviours.
Programme Effectiveness	<ul style="list-style-type: none"> ▪ Support effective programme planning, management, monitoring and quality assurance, and ensure coordination between UNICEF and the United Nations Sustainable Development Cooperation Framework (UNSDCF – 2018-2024) in the spirit of “Delivering as one”. ▪ Communication for social and behaviour change will be coordinated across programmes to increase knowledge and skills to improve component-level outcomes. ▪ Cross-sectoral support to mainstream gender-responsive programming and accountability to affected populations, and to ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions.

Source: United Nations Economic and Social Council (2018). UNICEF Country Programme Document Rwanda. UNICEF Rwanda (2021). Child Protection Programme Strategy Note. UNICEF Rwanda (2021). Early Childhood Development Programme Strategy Note. UNICEF Rwanda (2021). Education Programme Strategy Note. UNICEF Rwanda (2021). Health Programme Strategy Note. UNICEF Rwanda (2021). Nutrition Programme Strategy Note. UNICEF Rwanda (2021). Social Policy Programme Strategy Note. UNICEF Rwanda (2021). Water, Sanitation and Hygiene (WASH) Programme Strategy Note.

Following the Mid-Term Review (MTR) process conducted in 2021, the CP was extended to 2024⁷¹ to align with the UNSDCF, itself extended to 2024. Several changes to and programmatic shifts in the CP were

⁷¹ The CP was originally slated to run from 2018 through 2023.

proposed to reflect the changes in the global and national context.⁷² In particular, given the shifts in the donor/funding landscape in Rwanda (e.g; reduction of regular resource funds, willingness of donors to give budget support due to their increased confidence in the government)⁷³, the Rwanda Country Office reorganized its structure, including the merger of Health, Nutrition and ECD sections into one section.⁷⁴ In terms of operations, the Rwanda Country Office shifted modalities from a service delivery model to upstream policy and analytical support to Government. These aspects are further analysed in section 5.4.3.

2.2.2 Budget and partners

For the period under review, the CP allocated budget is about USD 140 million, while the current utilized amount is about USD 130 million. Detailed analysis of the CP budget and funds utilization by programme area is provided in Section 5.4.1. Top funding partners include the Governments of the Netherlands, the United States of America, Japan, United Kingdom, Norway, Israel, Italy, South Korea, and Germany. Other partners include the British High Commission, the European Union, the Foreign, Commonwealth and Development Office of the United Kingdom, United States Agency for International Development, Japan International Cooperation Agency, Deutsche Gesellschaft für Internationale Zusammenarbeit, and Swedish Development Cooperation Agency.

The CP is jointly executed with the government and other national partners (e.g., civil society, and the private sector), United Nations partners and academia. Table 2.2 presents the key government partners by outcome area. Other national partners include, but are not limited to, Rwanda Pediatric Association, Society for Family Health, Community Health Boosters, The Umbrella of Organization of Persons with Disabilities and CLADHO. Top INGOs include the World Vision and Save the Children. Other International partners include, but are not limited to the World Bank, World Vision, World Relief, the Takeda Pharmaceutical Company, the Rockefeller Foundation, the GAVI Alliance, the Royal College of Paediatrics and Child Health, and the CDC Foundation. Finally, UN Agencies include the World Health Organization, Office of the United Nations High Commissioner for Refugees, UN Population Fund, World Food Programme, and Food and Agriculture Organization.

Table 2.2: UNICEF's Key National Government Partners

OUTCOME AREA	KEY PARTNERS
Child Protection	National Commission for Children, Ministry of Gender and Family Promotion, University of Rwanda, Ministry of Justice, Institute of Legal Practice and Development, National Institute of Statistics of Rwanda, Ministry of Local Government, Ministry of Health, National Commission for Children, National Child Development Agency, Rwanda National Police, Rwanda Investigations Bureau, National Council for Persons with Disabilities, National Commission for Human Rights, Ministry of Education, Ministry of Emergency Management.
Early Childhood Development	Ministry of Gender and Family Promotion, National Child Development Agency, National Commission for Children.
Education	Ministry of Education, Rwanda Basic Education Board, National Examination and School Inspection Authority, University of Rwanda College of Education, Teacher Training Colleges.
Health	Ministry of Health, Ministry of Local Government, Ministry of Gender and Family Promotion, and Ministry of Finance and Economic Planning, District Administrations, District Hospitals and Health Centres, Rwanda Biomedical Center.
Nutrition	Ministry of Health, National Child Development Agency, Ministry of Local Government
Social Policy	National Institute of Statistics of Rwanda, Ministry of Local Government, Local Administrative Entities Development Agency, Ministry of Finance and Economic Planning, Social Cluster.

⁷² UNICEF Rwanda (2021). UNICEF Rwanda Summary of 2021 MTR Submission.

⁷³ Ibid.

⁷⁴ Health and Nutrition outcomes were maintained while ECD outcome and outputs were incorporated into Health, Nutrition, and Education programmes.

OUTCOME AREA	KEY PARTNERS
WASH	Ministry of Infrastructure, Ministry of Health, Water and Sanitation Corporation, Rwanda Utility Regulatory Authority, Ministry of Environment and Natural Resources, Ministry of Education, National Child Development Agency, Ministry of Finance and Economic Planning, Ministry of Local Government, Rwanda Environment Management Authority, Rwanda Water Resources Board, Local Administrative Entities Development Agency.
Cross Sectoral	Ministry of Gender and Family Promotion, National Child Development Agency, National Institute of Statistics of Rwanda

2.2.3 Beneficiaries (rights holders & duty bearers)

It appears from the CPD and sector Strategy Notes that all children, including adolescents in Rwanda are beneficiaries of UNICEF Rwanda's contributions to upstream and downstream results. It is assumed that girl and boy children, adolescents and women are direct beneficiaries of UNICEF efforts as rights holders. Indirect beneficiaries of UNICEF support (and duty bearers) include the GoR and its ministries and departments, through which UNICEF supports capacity building and service delivery. Other indirect beneficiaries (and duty bearers) include community actors and community-based structures and organizations which UNICEF supports to promote and protect child rights. Finally, CSOs, development partners and private sector organizations are targeted by RCO as indirect beneficiaries of UNICEF upstream work in policy dialogue and advocacy for child rights.

2.2.4 Theory of Change

The RCO developed a theory of change (ToC) for the CP and specific ToCs for each programme area. These ToCs describe the pathways through which UNICEF intended to achieve the results and clarify the assumptions that would determine success. The narrative of the ToC for the entire CP is outlined in the CPD as follows:

- *If the quality of essential social services is improved, and*
- *If high-coverage essential social services and interventions are maintained, and*
- *If the scale-up of low-coverage essential social services and interventions is accelerated, and*
- *If children, parents and caregivers demand quality services and practice safe behaviours, and*
- *If the governance system and high-level commitment are in place to ensure that policies based on the latest evidence are reaching every child, starting with the most deprived, and*
- *If decentralized social sector authorities have improved skills and capacity to plan, coordinate and manage service delivery:*

Then more children in Rwanda will develop to their full potential and live in environments that are safe, protective and conducive to their needs.

At the Inception Phase, the evaluation team noted a lack of a visual representation of the CP's ToC and, therefore, reconstructed it to serve the purpose of this evaluation. Appendix III presents the reconstructed visual representation of the ToC for the CP, while Appendices IV-X provide the ToC visual representations for the programme areas.

3 PURPOSE, OBJECTIVES AND SCOPE

3.1 Purpose and Objectives of the Evaluation

The broad **purpose** of this evaluation, as per the ToR, is threefold and can be summarized as follows:

- Inform the design of the next UNICEF Country Programme Document (CPD);
- Promote effective decision-making; and

- Reinforce the accountability of UNICEF to key internal and external stakeholders, including the national government, international donors, and UNICEF Executive Board.

Derived from this purpose, the specific objectives of the CPE are as follows:

- To assess the relevance, effectiveness, efficiency, coherence, sustainability, and orientation towards impact of the Rwanda CP 2018-2024 with a particular focus on the six key strategies, social behaviour change, gender, and disability inclusion;
- To identify and document key lessons from the current CP to make the best use of UNICEF's change strategies, good practices, and innovations; and
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies and introduce new interventions in the design of the next Rwanda CP, taking into consideration behaviour change, gender, disability inclusion as well as national development priorities and the 2030 Agenda for Sustainable Development in the country.

3.2 Users and Use of the Evaluation

The main users, as well as the intended or possible use of the results of this evaluation by each group of users, are presented in Table 3.1 below.

Table 3.1: Users and Potential Uses and Interests

USERS	POTENTIAL USES AND INTERESTS
Primary users	
UNICEF Rwanda Country Office	<ul style="list-style-type: none"> ▪ Input for development of next Country Programme Document ▪ Refine or redesign implementation strategies ▪ Accountability to UNICEF Executive Board, Government of Rwanda, donors, and other stakeholders
Government of the Republic of Rwanda	<ul style="list-style-type: none"> ▪ Evidence of results achieved through the Country Programme and recommendations for improvement by UNICEF and Government ▪ Development of the next CPD and UNSDCF
Secondary users	
Development partners	<ul style="list-style-type: none"> ▪ Identification of UNICEF contributions in sectors supported by donors ▪ Identification of the most promising strategies to be supported in the framework of future collaborations
Secondary users	
United Nations Country Team (UNCT)	<ul style="list-style-type: none"> ▪ Development of the next UNSDCF ▪ Identification of inter-agency and cross-sectoral collaboration opportunities
Implementing partners	<ul style="list-style-type: none"> ▪ Evidence of results achieved through the Country Programme, of lessons learned and on promising strategies
UNICEF Headquarters and ESARO	<ul style="list-style-type: none"> ▪ Assessment of UNICEF's performance at country level ▪ Approval of the next country programme between UNICEF and the Government of the Republic of Rwanda 2025-2029

3.3 Scope of the of the Evaluation

Drawing on the ToR for this assignment, three elements define the scope of the evaluation (see Table 3.2).

Table 3.2: Rwanda Country Programme Scope

SCOPE	DESCRIPTION
Temporal	The evaluation covers the CP work since 2018 to present (until the field work).
Geographic	National, with a strong focus on programming in the poorest and remotest areas.
Programmatic	CPE focuses on the UNICEF CPD approved by the Executive Board but also considers any changes/revisions introduced during the course of implementation.

SCOPE	DESCRIPTION
	<p>It covers the entirety of UNICEF’s engagement in the country, and therefore covers interventions funded by all sources, and includes any humanitarian or emergency response supported by UNICEF Rwanda during the period under evaluation.</p> <p>It also examines the contribution of the CP to advancing national development results (NST1, 2017-2024) and the SDGs through the UNSDCF.</p> <p>However, the CPE is not meant to be an assessment of the full results framework. The emphasis will be on assessing outcome-level results while assessing individual programme’s and change strategy’s contribution to those results.</p>
Organisational	Human and financial resource mobilization and use, programme structure, the office structure.

The CPE had a particular focus on the following areas:

- CP’s strategies that have been successfully implemented and strategies that require improvement;
- Proportion of CP activities that are service delivery-oriented versus the proportion that is upstream work and providing actionable recommendations on how the current context in Rwanda should be factored into the new Rwanda CPD;
- Missing areas in the current CP that should be considered for inclusion in the upcoming CPD;
- Implementation of multi-sectoral approaches under the current CPD;
- Demonstration of impact for children and impact at scale;
- Integration of crosscutting dimensions – such as gender, disability inclusion, equity and human rights, into programme implementation; and
- Achievement of SBC-related results (output, intermediate outcome and outcome level results) at different levels (individual, family, community, institutional policy levels).

4 APPROACH AND METHODOLOGY

4.1 Criteria and Questions

The CPE was guided by the following OECD/DAC evaluation criteria⁷⁵ : relevance, coherence, effectiveness, efficiency, sustainability, and orientation towards impact. It also assessed the extent of integration of the cross-cutting priorities such as gender, disability inclusion, equity and human rights across evaluation criteria and questions. The main evaluation questions for each criterion are displayed in Table 4.1.

Table 4.1: Main Evaluation Questions

CRITERIA	MAIN EVALUATION QUESTIONS
Relevance	To what extent and how has the Government of Rwanda and UNICEF Country Programme of Cooperation (2018-2024) been a relevant response to improve the situation of children in this country?
Coherence	To what extent is the Government of Rwanda and UNICEF Country Programme of Cooperation (2018-2024) coherent internally and externally?
Effectiveness	To what extent and how has the Country Programme achieved the expected results?
Efficiency	To what extent and how has the Country programme used resources optimally to achieve its objectives?
Sustainability	To what extent are the results achieved by the Country Programme likely to be sustained over time?
Orientation towards Impact	To what extent are the Country programme results likely to lead to expected impact?

⁷⁵ OECD (2010). DAC Guidelines and Reference Series Quality Standards for Development Evaluation.

4.2 Evaluation Matrix

An evaluation matrix that provides the overall analytical framework for the evaluation was developed based on the evaluation questions suggested in the ToR. It reflects the main evaluation criteria and includes, for each of the main evaluation questions, sub-questions, indicators, data sources and proposed data collection methods (see Appendix XI). A few changes were made to the evaluation questions suggested in the ToR to reflect insights from inception interviews. A summary of these changes can be found in Appendix XII.

4.3 Evaluation approach

The evaluation followed the United Nations Evaluation Group (UNEG) Norms and Standards,⁷⁶ UNEG Ethical Guidelines,⁷⁷ UNEG Codes of Conduct for Evaluation⁷⁸ as well as recent UNICEF Guidance provided on Country Programme Evaluations.⁷⁹ The following methodological approaches were combined to conduct this CPE: Theory-Based Approach (TBA), (b) Utilization-Focused Approach (UFA)⁸⁰, (c) Participatory Approach; (d) Systems Approach⁸¹; and (f) Gender, Equity, Human Rights, and Inclusion Approach. Each of these approaches is discussed in Table 4.2 below.

Table 4.2: Evaluation Approaches

APPROACHES	RATIONALE FOR USE
Theory based approach	<ul style="list-style-type: none"> ▪ Used to assess the contribution that the CP interventions have made towards achieving the desired changes (outcomes) with regard to improving the wellbeing of children in Rwanda. ▪ The evaluation team reconstructed a ToC for the entire CP.
Utilization-focused approach	<ul style="list-style-type: none"> ▪ Adopted to ensure prioritization of the usefulness of the CPE to its intended primary and secondary users and uptake of recommendations of the evaluation. ▪ In line with the accountability, learning, and decision-making purposes of this evaluation.
Participatory Approach	<ul style="list-style-type: none"> ▪ Intimately related to the UFA, the approach was pursued to ensure a meaningful involvement of the widest possible representation of stakeholders involved in the implementation of the current CP, with a particular focus on intended users of the evaluation ▪ Efforts were made to mobilize the participation of key stakeholder representatives at country, district and/or community levels. ▪ Preliminary findings, conclusions and recommendations were presented to the Country and Regional Offices' staff and other relevant stakeholders, notably the ERG, for inputs.
Systems-based Approach	<ul style="list-style-type: none"> ▪ An approach that is reflective of the complex of realities (national, regional and global) and how they shaped the performance of CP. ▪ Allowed to assess not only the progress made towards achieving results, but also the systemic factors influencing the results, including the limitations of the broader system.
Gender, Equity, Human Rights, and Inclusion Approach	<ul style="list-style-type: none"> ▪ Applied to assess the extent to which the gender, equity and human rights principles were mainstreamed in CP design, delivery strategies and results achievement. ▪ The evaluation was mainly framed around the <i>Leaving No one Behind (LNOB)</i> principle of the SDG 2030.⁷³

⁷⁶ UNEG (2017). Normes et règles d'évaluation.

⁷⁷ UNEG (2008). [UNEG Ethical Guidelines for Evaluation](#).

⁷⁸ UNEG (2008). [UNEG Code of Conduct for Evaluation in the UN System](#).

⁷⁹ UNICEF (2020) Summary Guidance on CPE documents

⁸⁰ Patton, Michael Quinn (2008) Utilization-Focused Evaluation: 4th edition. Thousand Oaks, Ca: Sage Publications

⁸¹ Williams B. and Imam I., (2006). Systems concepts in evaluation: An expert anthology. Los Angeles: EdgePress, American Evaluation Association.

4.4 Methodology

For the conduct of this CPE, several methods to collect and analyse data were deployed as discussed below.

4.4.1 Data collection methods

Mixed Methods

The above approaches were operationalized using a mixed-methods approach⁸², ensuring triangulation of data from different lines of enquiry, drawing on quantitative and qualitative sources of data and techniques to ensure comprehensive, robust, and evidence-based findings. The different data collection and analysis methods are briefly described below.

Sampling

A nonprobability sampling strategy was pursued in this CPE, with a purposive stakeholder sampling approach deployed to ensure that appropriate and useful data was collected efficiently and in a timely manner. Sampling has been considered at two levels as described in Table 4.3 below:

Table 4.3: Two Levels of Sampling

LEVEL OF SAMPLING	DESCRIPTION
Stakeholder Sampling	<ul style="list-style-type: none"> ▪ The selection of the specific informants was purposeful; that is, targeting the representatives from targeted stakeholder institutions (government, donors, NGOs, private sector, etc) at central and district levels, who are directly involved in the delivery of the CP results. ▪ Selection criteria included: familiarity with the CP interventions and level of interest in the evaluation to ensure information richness; likelihood of conducting interview (i.e., accessibility of stakeholders by the evaluation team); gender, to ensure the mix of stakeholders represent gender diversity; and diversity of stakeholder perspectives (example, ensuring a good mix of stakeholders at national and sub-national stakeholders). ▪ Selection of participants in focus group discussion (FGD) was based on the same criteria, and practical inputs from field teams, and on the types of CP interventions that were visited in selected districts. Where relevant, FGDs will be carried out separately with women and men. ▪ A gender lens was applied in both sampling and involvement of youth and adolescents in this CPE. ▪ List of consulted stakeholders is provided in Appendix XIII. ▪ Selection of interventions to visit at district level was also purposeful, based on the following criteria: level of implementation progress of the intervention, ensuring the mix of upstream and downstream projects, ensuring the mix of Humanitarian and Development interventions, and representation of rural and urban context of project implementation.
Geographic Sampling	<ul style="list-style-type: none"> ▪ Following inception consultations and review of available documentation on the CP, the districts of Ngororero (in Western Province), Kirehe and Kayonza (both in Eastern Province) were selected as the most appropriate districts to conduct in-depth data collection at local level, given the limited time and financial resources available for this CPE. ▪ The three districts constituted a purposeful sample to allow the evaluation team to collect primary data that meaningfully contributes to answering the evaluation questions. ▪ The three districts reflect the different country contexts and realities in which the CP has been implemented (i.e., the districts have rural, urban

⁸² Mertens, D.M. (2017). *Mixed Methods Design in Evaluation*. SAGE Publications, Inc.

LEVEL OF SAMPLING	DESCRIPTION
	<p>remote and hard-to reach, as well accessible areas), while the interventions implemented there reflect the different aspects of the CP's work (i.e., the districts received interventions from most CP's programme areas, including development and emergency interventions, pilot interventions, as well as successful and less successful interventions).</p> <ul style="list-style-type: none"> ▪ Details on these districts and the criteria followed to select them are provided in Appendix XIV.

Document Review

During the Inception Phase, document review focused on selected key UNICEF corporate documents, supporting the refinement of the evaluation methodology, the development of the evaluation matrix and the reconstruction of the ToC. Throughout the Data Collection Phase, an in-depth review was conducted to answer the evaluation questions as outlined in the evaluation matrix. Approximately 200 documents were reviewed (see List of consulted documents in Appendix XV).

Semi-Structured Interviews and Focus Group Discussions

The evaluation team carried out semi-structured interviews with key stakeholders during the country field visits, and through videoconference or phone/Skype as needed. In total, 90 key informant interviews and 6 FGDs were conducted in this evaluation (see List of Stakeholders Consulted and FGD organized in Appendix XIII). All consultations were guided by interview protocols organized around the main evaluation questions. These protocols are presented in Appendix XVI.

Perception Survey

The evaluation team administered an online perception survey to ask internal and external stakeholders how they perceive UNICEF's comparative advantage and how it should position itself further in Rwanda. Inputs from 54 respondents (out of 126 targeted) were collected through the e-survey, which represents a response rate of 45%. The survey was anonymous, and responses were reported on in an aggregated manner that identifies key trends. Furthermore, some of the survey participants were targeted as key informants. The survey information was used to complement insights from key informant interviews on the issues investigated. The selection of respondents was guided by the following criteria: familiarity with UNICEF and its work in Rwanda, their level of interest in the evaluation, and diversity of perspectives (e.g., inclusion of stakeholders at national and district levels, government stakeholders, donors, etc.). The survey questionnaire is presented in Appendix XVII.

4.4.2 Data Analysis

A set of complementary analytic approaches were used in this CPE as discussed in Table 4.4.

Table 4.4: Data Analysis Approaches

LEVEL OF SAMPLING	DESCRIPTION
Descriptive analysis	<ul style="list-style-type: none"> ▪ Used as a first step to understand the context in which UNICEF operates and the results achieved through the implementation of the CP before moving on to more interpretative approaches.
Quantitative analysis and descriptive statistics	<ul style="list-style-type: none"> ▪ Used in the analysis of CP performance data, collected mostly from regular monitoring reports and other outcome and process monitoring reports and dashboards, as well as annual reports. Descriptive statistics was applied to the data collected from the online survey. ▪ Applied to data on financial resource mobilization and allocations, to inform analysis of cost-efficiency and cost effectiveness.
Qualitative analysis	<ul style="list-style-type: none"> ▪ Used for content analysis applied to the material from different lines of inquiry (e.g., documents, interview data) to analyse and identify common trends, themes, and patterns in relation to the evaluation questions. ▪ And to flag diverging views or evidence on certain issues.

Triangulation

Various levels of triangulation were undertaken as follows: (a) triangulation across data collection methods (key informant interviews, focus group discussions, survey); (b) triangulation across different types of data sets (quantitative and qualitative); (c) triangulation across data from different sources (documents, field visits, people, experts, global evidence and or knowledge). This combination not only ensured the reliability of information, but also increased the quality, integrity and credibility of the evaluation findings and conclusions.

Contribution Analysis

The evaluation aimed to analyse the CP's contributions to Rwanda's national development results (NST1, 2017-2024) and the SDGs through the UNSDCF. As such, based on the evidence collected, the evaluation team assembled the contribution story, elaborating on how UNICEF's interventions have potentially contributed to the observed national results in different programme areas over the CP period, while identifying the main factors influencing the achievement of results.

4.5 Quality Assurance

Throughout the evaluation process, all CPE deliverables were subject to both internal and external quality assurance processes. Internally, the Team Leader ensured high quality outputs and deliverables assigned to each team member. Besides, a dedicated Senior Quality Assurance Advisor worked closely with the team, reviewing all major deliverables prior to submission to ESARO. Externally, CPE deliverables were reviewed by the RCO, ESARO, and the Evaluation Reference Group (ERG) established for this evaluation process. The ERG consisted of both internal and external stakeholders and was chaired by the ESARO Evaluation Section.

4.6 Ethical Considerations

This CPE conforms to UNEG evaluation norms and standards, the UNICEF Evaluation Policy of 2018, as well as the UNICEF procedure for ethical standards in research. The evaluators ensured safeguarding and ethics across all evaluation stages; notably by ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities. The evaluation team ensured that it had the appropriate authorizations to conduct data collection in selected provinces and districts, as well as in refugee camps. As regards involvement of children, including adolescents, the evaluation team consulted young people aged at least 18 and above (the youth), and adolescents aged 15 to 17. For minor adolescents, evaluators ensured obtaining parental permission prior to consultations. Details on the specific actions undertaken by the evaluation team to conform to the above norms and standards are provided in Appendix XVIII. The Inception Report was subject to independent ethical review by the Health Media Lab (HML) Institutional Review Board; suggested revisions were made before the final Inception Report was approved. The ethics review approval letter is provided in Appendix XIX.

4.7 Evaluation Limitations

A few limitations to this CPE had to do with the availability of stakeholders. To start with, the data collection phase occurred at a challenging time (the last two weeks of July 2023) when some stakeholders in Rwanda were difficult to access, with a lot of people away on holidays/leave, both at UNICEF and external partners. The data collection in Kigali also coincided with some significant events taking place in the capital, making it difficult to secure interviews as per our initial timeline, with a lot of postponing the meetings. In particular, the Women Deliver 2023 Conference - the world's largest conference on the health, rights, and wellbeing of girls and women, attracted the attention of many key UNICEF stakeholders, complicating their participation in interviews. The evaluation team mitigated these limitations by allocating more time than usual to planning interviews and FGDs and by deploying multiple options for meeting with key informants (including via Skype, Zoom, or in writing).

The CPE also faced the difficulty of mobilizing students for FGD, as fieldwork coincided with the school holiday period. The evaluation team mitigated this limitation by ensuring that questions about participation of children (including adolescents) in the CP and respect for their rights were asked to the parents and/or guardians who participated in the evaluation. Their testimonies were further triangulated with those of consulted teachers and other UNICEF's implementing partners working closely with children, such as NGOs. Altogether, these duty bearers were able to provide insights into the effects of the CP activities on children, including adolescents. Finally, some targeted informants were more recent in their roles and involvement with the CP and were not always able to provide more of a historical perspective. In such cases, the evaluation team relied on UNICEF reports to complement the information shared by informants.

5 EVALUATION FINDINGS

5.1 Relevance

5.1.1 Alignment with global, national, and sectoral priorities and frameworks

Finding 1: The CP is well aligned with the objectives and priorities of the Government of Rwanda (GoR) as articulated in its strategic frameworks (e.g., Vision 2020, National Strategy for Transformation - NST-1 2017-2024, and Vision 2050) and congruent with the objectives of the United Nations Sustainable Development Cooperation Framework (UNSDCF – 2018-2024) as well as UNICEF Strategic Plan (2018-2021), emphasizing UNICEF's contribution to achieving the SDGs.

The CP's objectives were found to be consistent with Rwanda's long-term objectives as articulated in national strategic frameworks, including Rwanda's Vision 2020, the National Strategy for Transformation (NST)⁸³, as well as the Rwanda Vision 2050.⁸⁴ Through these frameworks, the country aims at transforming its economy and improving the quality of life of all Rwandans. In particular, the country seeks to reach upper-middle-income status by 2030 and achieve high-income status by 2050.⁸⁵ These frameworks have played a pivotal role in shaping the design of the CP as a whole and the specific programme area interventions.

The evaluation found that the CP and its programme areas were designed to contribute to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2018 – 2024. To illustrate, the objectives and priorities of education, health, WASH and nutrition programmes are aligned with strategic priority 2 (social transformation) of the UNSDCF which reads as follows: *"By 2024, people in Rwanda, particularly the most vulnerable, enjoy increased and equitable access to quality education, health, nutrition and water, sanitation, and hygiene services"*.⁸⁶

The CP has not only aligned with existing sectoral policies, but its interventions were generally conceived to contribute to policies, strategies, and plans of action, all of which are grounded in the above national frameworks. The WASH programme, for instance, is aligned with the national Water and Sanitation Sector Strategic Plan (2018-2024) which aims for universal access to basic WASH services by 2024 and safely managed services by 2030.⁸⁷ The health and education programmes are consistent with the Health Sector Strategic Plan (2017)⁸⁸ and the Education Sector Strategic Plan (2018–2024)⁸⁹ respectively. The CP

⁸³ Ministry of Finance and Economic Planning. "7 Years Government Programme: National Strategy for Transformation (Nst1) 2017 –2024." 2020. Republic of Rwanda, Ministry of Finance and Economic Planning.

⁸⁴ Ministry of Finance and Economic Planning. "Vision 2050." 2020. Republic of Rwanda, Ministry of Finance and Economic Planning.

⁸⁵ UNICEF Rwanda (2021). Strategy Note: Social Policy.

⁸⁶ United Nations Rwanda. United Nations Sustainable Development Cooperation Framework UNSDCF 2018 – 2024. 2018.

⁸⁷ Water and Sanitation Sector Strategic Plan (2018–2024).

⁸⁸ Health Sector Strategic Plan (HSSP) 4, draft document dated 6 November 2017.

⁸⁹ MINEDUC. (2019). *Education Sector Strategic Plan 2018/19 to 2023/24*.

programming on disability inclusions is aligned with the National Policy of Persons with Disabilities and Four Years Strategic Plan (2021-2024)⁹⁰.

At the global level, the CP responds to the priorities laid in the 2030 Agenda for Sustainable Development, especially the SDGs' targets for transforming the country's economy and improving the quality of life of all Rwandans. Of note, the SDGs were domesticated and integrated into Vision 2050, NST1 and related sector and district strategies in Rwanda. The CP and its programme areas further draw on the UNICEF Global Strategic Plans (2018-2021 and 2022-2025), which emphasize UNICEF's contribution to achieving the 2030 SDGs. The CP is specifically aligned with UNICEF's global goals of ensuring that every child (a) survives and thrives, (b) is protected from violence; (c) lives in a safe and clean environment; (d) has an equitable chance in life, and (e) learns.⁹¹ Noteworthy is also that the CP was designed to support most of UNICEF global change strategies included in UNICEF's global Strategic Plan. the current Strategic Plan (e.g: gender-responsive and to some extent transformative programming, leveraging resources and partnerships for children, etc.).⁹²

The relevance of the CP and its sectoral interventions was also reiterated by implementing partners from different sectors where UNICEF Rwanda intervenes. These partners confirmed that many pressing national priorities were catered for during the design and implementation of the CP, spanning from the eradication of malnutrition to reduction of neonatal mortality, promoting quality and inclusive education and invest in early education, stunting, ensuring access to WASH services by all, and promoting gender and inclusion to harness the demographic dividend.

5.1.2 Adaptation and responsiveness to changing context and needs

Finding 2: The CP has been highly flexible and adaptive to the changing context (global and national) as well as responsive to emerging circumstances and needs of children, particularly during the COVID-19 pandemic and other humanitarian situations. In so doing, the CP ensured continued assistance to vulnerable children and communities. Responding to uncertainties in the funding landscape, the CP's focus shifted from service delivery to upstream policy and analytical support to Government, thus allowing its work to remain relevant.

The CP has remained coherent with evolving global and national priorities. All stakeholders consulted in this evaluation consistently reported UNICEF and the CP as being flexible to adjust planned interventions to the changing context in addressing children concerns and needs introduced by emerging circumstances.

To start with, the CP has adequately responded to the emergency situations that occurred during the implementation period, including the COVID-19 and the Ebola Virus Disease (EVD). The needs of children changed in key ways during the COVID-19 pandemic, with children exposed to more risks (e.g., higher rates of domestic violence during lockdown periods, risks for out-of-school youth) and greater challenges in reaching the most vulnerable children (e.g., children in rural areas with limited digital literacy and poorer families without access to technology).⁹³ Consulted stakeholders at national and district levels consistently pointed to the UNICEF swift actions to address the emerging children's needs following the COVID-19 pandemic. In the education sector, UNICEF mobilized resources to support the continued learning of disadvantaged children in Rwanda during the pandemic.⁹⁴ Part of these efforts targeted adults who interact with children and youth, including parents and guardians and school-based educators, especially teachers. In particular, UNICEF supported remote learning and teaching and piloted the implementation of remedial learning clubs in schools to help struggling students, especially girls who were falling behind because of COVID-19.

In the health sector, UNICEF provided technical support to the government on COVID-19 vaccines procurement, logistics and vaccine rollout. It also supported the provision of vaccination devices, COVID-

⁹⁰ May 2021. Ministry of Local Government, Republic of Rwanda. National Policy of Persons with Disabilities and Four Years Strategic Plan (2021-2024). Available at :

https://www.minaloc.gov.rw/fileadmin/user_upload/Minaloc/National_Policy_on_Disability_and_Inclusion_final.pdf

⁹¹ UNICEF (2018). UNICEF Strategic Plan 2018-2021. New York, NY 10017, USA.

⁹² UNICEF Rwanda (2017). CPD

⁹³ UNICEF (2021) Annual report

⁹⁴ UNICEF (2022). RAM

19 test kits and personal protective equipment.⁹⁵ In response to the reduction of immunization rates during COVID-19, UNICEF shifted to the use of radio to mobilize the community to seek health services and mothers to seek vaccination services. To ensure the availability of vaccine commodities, UNICEF facilitated the procurement and transport of all the vaccines that were needed by the Government of Rwanda. Throughout the COVID-19 pandemic, UNICEF supported the Government of Rwanda (GoR) in the development and implementation of the Social Protection Response Plan. The CP helped to extend food distribution to needy citizens across the country as an immediate social protection response mechanism, horizontally expand cash transfer programs - such as the Vision 2020 Umurenge Programme (VUP) Direct Support, Expanded Public Works and nutrition sensitive direct support to the most affected households, and livelihoods enhancement programs such as asset transfers, financial services, skills development, agricultural inputs, etc.⁹⁶

The generation of evidence on children's issues played a pivotal role in ensuring the adaptability, responsiveness, and continued relevance of the CP-proposed solutions during the programme cycle. In that regard, the findings of the UNICEF-supported study on gender equality and disability inclusion (in 2023)⁹⁷ were instrumental in mobilizing and securing disability grant funding and shaping disability-inclusive interventions. The CP's programming has also been shaped by the results of the UNICEF-supported Rwanda Demographic and Health Survey (RDHS).⁹⁸ To illustrate, key informants in this evaluation stated that the statistics generated by the RDHS on child and adolescent situations (e.g., the Survey showed that the prevalence of stunting was still high at 33%⁹⁹) allowed the CP to further maintain its focus on important issues such as stunting and adolescent nutrition. Since stunting was recognized as a public health issue in Rwanda, UNICEF has been active in fighting stunting among children under five, with good results. Reportedly, UNICEF's work during the previous and current CP cycles has importantly contributed to the reduction of stunting prevalence from 38% in 2015 to 33% in 2020. Finally, the CP underwent a key shift in approaches with regard to this programme area, from being issue-specific to the adoption of a systems-strengthening approach in the second half of the CP implementation. This shift aims to bring together different national response mechanisms, systems and actors involved into a coordinated and integrated systemic approach to programme delivery.

In the Social Protection area, the COVID-19 pandemic underscored the critical importance of a robust social protection system, and the CP responsiveness was demonstrated through the timely transfer of regular resource funding to the GoR before the launch of the GoR Social Protection Response Plan. The Country Office also successfully mobilized additional emergency funds from donors, which were effectively channeled into expanded food distribution, the enhancement of cash transfer programs (e.g., VUP Direct Support), and livelihoods improvement initiatives (e.g., asset transfers, financial services, etc.) as discussed above.¹⁰⁰ An essential consideration for maintaining the adaptability and responsiveness of the CP proved to be the regular review of children needs (e.g., review of target households eligible for social protection interventions). Such regular reviews were vital to ensure that accurate evidence is collected, and that the CP effectively reached those in need.¹⁰¹

To best adapt to emerging needs, UNICEF staff and partners emphasized the importance of consultations during the design phase that allow implementation to continuously be in line with government priorities. This has been largely observed following the MTR which recommended some adjustments to programming in response to gaps or weaknesses identified. In particular, the CP focus shifted from service delivery to upstream policy and analytical support to Government, following the increasing funding uncertainties.¹⁰²

⁹⁵ UNICEF Rwanda (2021) Annual Report.

⁹⁶ UNICEF Rwanda (2020). Social Protection Budget Brief: Investing in inclusiveness 2020/2021.

⁹⁷ The study was conducted in partnership with the United Kingdom Foreign, Commonwealth, and Development Office (FCDO).

⁹⁸ National Institute of Statistics of Rwanda, Ministry of Health, ICF-International. Rwanda Demographic and Health Survey 2019-2020. Calverton, Maryland, USA. 2020

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Government of Rwanda, UNICEF, and CARE International (2016). Child-Sensitive Social Protection and Nutrition-Specific Interventions (CSSP) Pilot Evaluation: Summary Report.

¹⁰² UNICEF Rwanda. (2021). Mid-term Review Summary.

5.1.3 Integration of Gender, Equity, Human rights, and Disability Issues

Finding 3: The cross-cutting issues of gender, equity, human rights and disability inclusion were integrated into the CP design to varying degrees. While gender priorities were included as part of Programme rationale (gender-sensitive social protection services, closing gender gaps), specific attention was paid to disability inclusion as evidenced by the setting up of an internal disability task force in 2022 to better coordinate CP work in this area. External partners noted the integration of gender dimensions in beneficiary identification for targeting, training, and mainstreaming into monitoring and reporting to include disaggregated data, with some evidence of this being captured in results reporting.

The CPD delineates “gender-responsive programming” as one of the six key implementation strategies. This signals consideration of this cross-cutting issue from the design phase, as gender priorities are included as part of programme rationale (gender-sensitive social protection services, closing gender gaps). Disability appears to be integrated to a lesser extent than gender, with a lack of dedicated disability priorities outlined in the CPD. However, an increased focus on disability inclusion was observed during implementation, notably with the setting up of an internal disability task force in 2022 to better coordinate the CP work in this area. The CP interventions mapping shows the following disability-inclusive interventions: health and disability inclusion (nutrition), disability inclusive education (WASH), and community-based support for children with disabilities (social policy).

Overall, across the different CP programme areas there is some consideration for gender, equity, human rights, and disability inclusion, but this is not truly cross-cutting as it is not always mainstreamed across all outcome areas. Put differently, the evaluation found that these cross-cutting dimensions are reflected to varying degrees, which is also consistent with the findings of the recent Gender Programmatic Review (GPR).¹⁰³ An overview of each programme area and their respective integration of cross-cutting areas are outlined below:

- **Health:** the component considers the needs and concerns of women/girls and adolescents (e.g., HIV interventions and teen pregnancy), but does not sufficiently integrate the health of children with disabilities.
- **Nutrition:** considers the engagement with men/boys to shift attitudes in favour of maternal and child nutrition, but this could have stronger consideration of the gendered implications of nutrition interventions, such as kitchen gardens, as these typically fall on women/girls as part of domestic work and childcare. While disability is not considered in designing nutrition programs, during implementation, all children, including those with disabilities, benefited from the programme interventions.
- **ECD:** Upfront, the CPD emphasizes ECD’s focus on “especially the most marginalized” but does not specify the different types of vulnerable groups considered most marginalized, and how their specific needs are to be addressed in ECD interventions. However, interviewees with nutrition sector stakeholders noted that gender was a key aspect of ECD interventions which are predominantly attended by female parents/caregivers.
- **Education:** there is stronger consideration of gender and disability in the design of education programming, including specific mention and attention to both: (1) sensitization to reduce stigma/discrimination against children with disabilities, and working together with the Rwanda Education Board to support inclusive education pedagogy; and (2) addressing gender equity in education by targeting harmful social norms and targeting marginalized girls.
- **Child protection:** addresses gender and disability by working on: (1) reintegrating institutionalized children, particularly children with disabilities, into family care and promoting the protection of children with disabilities (2) violence against children. However, it does not mention any special consideration for gender-based violence or sexual violence; and (3) supporting existing adolescent-friendly platforms, although it does not really capture the focus on youth participation/youth-driven advocacy.

¹⁰³ UNICEF Rwanda (2023). Gender Programmatic Review.

- **WASH:** has limited intentional efforts related to menstrual health and hygiene (MHH), expanding the impact of WASH on women and girls' health and empowerment, as well as advocating for gender parity in the WASH sector to enhance leadership of women at the community level, and to ensure that women and girls, including those with disabilities, are represented during development and revision of water and sanitation policies.¹⁰⁴
- **Social Policy:** though cross-sectoral in nature, the component does not include explicit mention of any of the cross-cutting areas. It has been noted that UNICEF has also worked on supporting the government with the development of disability grants as part of the Social Policy reform.
- **Programme effectiveness:** this area provides cross-sectoral support to mainstream gender-responsive programming and accountability to affected populations, in addition to addressing the prevention of sexual exploitation and abuse (PSEA).

In considering equity and inclusion more broadly, UNICEF is premised on its agenda for all categories of children, especially the most marginalized. Thus, the CP's approach to meeting the needs of the most vulnerable is guided by the 2030 Agenda principle of "leaving no one behind" (LNOB).¹⁰⁵ The CPD emphasizes that in targeting all children, "priority will be given to the poorest, including refugees, children with disabilities and young mothers. The geographic focus will be on the poorest districts, particularly in the eastern and western provinces and in the rural areas".¹⁰⁶ However, interviewees with external partners highlighted that there is still room for UNICEF's equity agenda to be advanced even further to consider who does not have a seat at the table. For example, some consulted stakeholders felt, while it is "easy to think of the most vulnerable" in Social Protection (because it is implied in its focus and given the beneficiary lists, they work with that identify the most vulnerable households) there is a tendency for the government to do social protection with the 'lowest hanging fruit' or those that are 'easiest' to reach. They added that most often it is those hardest to reach that represent those most in need. For instance, social protection schemes might avoid working with street youth because of the challenge in enrolling and providing social services to an individual with no registered identification or ID card. As described by one government partner, "it is often the most vulnerable groups that can't comply with requirements, with the tendency to get left out".

5.1.4 Integration of Adolescents and Youth Empowerment

Finding 4: Mainstreaming adolescent-sensitive approaches across all programmes is included as one of the six CP's implementation strategies. In practice, the CP included interventions that target adolescents and their issues (e.g., adolescent mothers, street youth, HIV+ young people). Though not explicitly prescribed in the original design of the CP, there are signs of a youth empowerment approach beginning to take place throughout the course of implementation in response to gaps identified.

Adolescent-sensitive approaches

The evaluation noted that "mainstreaming adolescent-sensitive approaches across all programmes" is one of the implementation strategies underpinning the CP's work.¹⁰⁷ Although the CPD does not provide further clarification on the specific operationalization of this strategy and it is not expanded on further in programme areas' Strategy Notes, there is evidence that some CP programme areas comprised interventions that target adolescent issues. In nutrition, for example, UNICEF planned to support the development of adolescent nutrition guidelines. Nutrition-sensitive interventions targeting households with adolescents (e.g., village Saving and lending associations (VSLAs) and kitchen garden interventions) were included to support maternal and child nutrition in acquiring a balanced diet and as a pathway to increased income for vulnerable families.¹⁰⁸ The health programme worked with partners to engage with adolescents and teenage mothers in Rwanda, by helping them to build confidence and inspiration through peer support networks and community-based outreach programs on HIV and reproductive health. Specifically, the CP

¹⁰⁴ UNICEF Rwanda (2023). GPR, p.27.

¹⁰⁵ Applying a Human Rights Based Approach to Programming: Experience of UNICEF (2001). Prepared by Dorothy Rozga.

¹⁰⁶ Rwanda Country Programme Document (2018-2024), para 21.

¹⁰⁷ UNICEF Rwanda (2017). Country Programme Document (2018-2024).

¹⁰⁸ Republic of Rwanda. Rwanda National Food and Nutrition Policy. 2014

provided support to a Youth Led organization called Community Health Booster to develop a digital platform used by adolescents to be aware about mental health. Support was also provided to health centers to have a room/youth corner dedicated to provision of adolescent's sexual reproductive health services.

Youth Empowerment

Although the CP has to some extent considered adolescents as beneficiaries, efforts in this area have not been explicitly framed by a youth-driven and empowerment approach that can harness the catalytic potential of young people as powerful change agents and advocates in their communities. Interviews with UNICEF staff and external stakeholders signaled that there are signs of this beginning to take place more recently, indicating that this gap has likely already been identified with adaptations underway, and can be intensified further in the CP programming. Accordingly, partners confirmed that they are increasingly implementing activities with UNICEF that aim to empower youth and adolescents through capacity building and economic empowerment, and that this area has grown during the course of the CP implementation, with great interest in the approach expressed both internally and by external partners.

UNICEF staff explained that youth empowerment came to be designed under the Social Policy section, in recognition of the importance of working together with youth to voice their concerns as a basis for advocacy, and to inform UNICEF's programming internally. However, given the lack of a clearly articulated strategy to implement this approach, it was noted that the CP's work in this area has been somewhat scattered and inconsistent thus far, with some efforts along the way to better integrate this approach. In 2020, UNICEF established a valued partnership with the Ministry of Youth and Culture to launch the national Generation Unlimited (GenU) Rwanda governance mechanism that seeks to empower young people.¹⁰⁹ UNICEF has begun to collaborate with national CSOs on youth participation to shape national planning and budgeting through Children's Forum Committees (CFC).

To some extent, youth empowerment and direct involvement of young people as a programming approach has also come to be integrated across programming areas. This is evidenced in Memoranda on cross-sectoral task forces, which in March 2022 included a task force on 'Youth including GenU & Giga (i.e. collaboration with the GoR to provide internet connectivity/digital infrastructure in schools) with the Child Protection UN Volunteer and Education Specialist as focal points, and later expanded in April 2023 to focus more on participation and youth engagement and adolescent issues with the Task Force on 'Adolescent Development and Participation (Adolescent H&N, Giga & GenU, MHPSS, Teenage Pregnancy & GBV' led by the H&N Education Specialist. These task forces illustrate how different programme areas have come together to support adolescent and youth empowerment through a cross-sectoral approach. In the education sector, support to career development programme is another area through which the CP has fostered the youth empowerment agenda. This consideration has been underpinned by the realization that while access to education is important, equally important is the guidance students receive to take informed decision on career choices. Yet, this important link is often not prioritized, which leads to a mismatch between the demands of the labour market and the outputs of the education system. To bridge this gap, UNICEF supported the Rwanda Education Bureau (REB) to develop career pathway guidelines for Rwanda. The guidelines map out career pathways and options that children can pursue in secondary school (including technical, vocational education and training) and post-secondary professional qualifications.¹¹⁰

5.1.5 Areas which have not had adequate focus in the current CP

Finding 5: At MTR, the Country Office recognized the need to integrate climate resilience into programme areas, but the CP has not been very vocal about mainstreaming this subject as a cross-cutting dimension. While climate change adaptation has been directly considered through specific WASH interventions and indirectly through contributions to national responses to emergencies such as floods, the same cannot be said for other programme areas. The UNICEF-supported Climate Landscape Analysis for Children provides an opportunity to develop an integrated approach to mainstream climate resilience across the Programme sections.

The MTR of the CP implementation recommended, among other things, that emerging areas such as climate resilience should be integrated into programme sections, as has already been done with disability,

¹⁰⁹ UNICEF (2020). Annual Report

¹¹⁰ UNICEF (2022). RAM

youth/adolescent issues, and gender.¹¹¹ The evaluation found that climate change adaptation has been intentionally integrated in WASH interventions, but less so in other programme areas. The CP had planned interventions to strengthen resilience related to climate, especially in relation to water supply.¹¹² Notable examples include UNICEF's support to conduct the Climate Landscape Analysis for Children (CLAC).¹¹³ The CLAC provides an opportunity to develop an integrated approach to mainstream climate resilience across the Programme sections. It assesses the baseline situation of climate-related issues affecting children in Rwanda and formulates recommendations on how the integration of climate change can be strengthened in the programmes supported by UNICEF, particularly in the child protection, education, health, nutrition, and WASH sectors.

Under the WASH programme, UNICEF also implemented a project to rehabilitate the damaged water supply systems in Rwanda, with special focus on building back better and climate resilience. The Country Office initiated work on climate-proofing, in partnership with WASAC and World Vision, especially through a project that helped to upgrade a water supply system (serving over 30,000 people) from diesel operation to solar power.¹¹⁴ Finally, support was provided to conduct a "climate risk assessment for WASH", leading to the development of a climate rationale for WASH and guidelines on climate-resilient WASH programming, as well as the development of the WASH sector financing strategy. The latter is expected to help the government and partners in mobilizing sector financial resources, for enhancing access to sustainable and climate resilient WASH services. The Strategy includes an in-depth analysis of requirements for providing climate-resilient WASH services to achieve national and SDG targets.¹¹⁵

With the exception of the Social Policy, the evaluation did not find sufficient evidence of climate change integration in other CP programme areas. Under the former, the evaluation noted the application of the community-based participatory planning (CBPP) approach through a climate resilience lens. UNICEF staff indicated that the CBPP approach was adopted from WFP and applied to the CP for the first time in a Joint Programme implemented with WFP and FAO. The CBPP links people to their landscapes and provides the entry point for scaling up resilience-building activities through assets creation and complementary partners' efforts. It is aimed at addressing real community problems and assisting community members to find their own solutions.¹¹⁶

Finding 6: There is evidence that UNICEF's Child Protection programme has adapted its approaches to maximize relevance in response to gaps identified, with UNICEF playing a leadership role in supporting the government to more clearly define priorities in this area. Though not adequately reflected in the initial CP design, it appears that violence against children (VAC) has grown as a child protection priority over the implementation period. However, there are a few unbridled VAC concerns, including teenage pregnancy that were not explicitly integrated in the design of CP through dedicated strong interventions.

UNICEF Child Protection programming was designed to contribute more broadly to the social transformation pillar of Rwanda's NST1¹¹⁷ which sets out the key priorities of the government of Rwanda, and particularly identifies an opportunity for a future demographic dividend with 40% of the country's population aged 0-14 years and 38% of the population aged 15-35 years. Interviews with UNICEF Child Protection staff highlighted that the Country Office has taken a leadership role in advocating for any neglected areas or categories of children being left behind, thus guiding the government to define its priorities. Accordingly, following UNICEF's advocacy and guidance, the national child protection system has grown substantially to now include a dedicated government operational plan on Child Protection and the establishment of the NCDA as a dedicated government institution for Child Protection in 2021 that did not previously exist, merging the National Commission for Children and the National ECD Programme.

¹¹¹ UNICEF Rwanda (2021). MTR

¹¹² UNICEF (2017). Strategy Note

¹¹³ UNICEF (2023). A Climate Landscape Analysis for Children: Rwanda.

¹¹⁴ UNICEF (2021). RAM.

¹¹⁵ UNICEF (2021). RAM

¹¹⁶ <https://pdf4pro.com/view/part-3-community-based-participatory-planning-637e48.html>

¹¹⁷ 7 Years Government Programme: National Strategy for Transformation (NST1) 2017-2024. Available at: https://www.nirda.gov.rw/uploads/tx_dce/National_Strategy_For_Transformation_-_NST1-min.pdf

Considering this evolution within the evaluation period, alignment has grown with the rise of national priorities dedicated to child protection.

Areas identified as of particular concern to adolescents, particularly girls and the achievement of gender equality, and which has not had sufficient focus in the current CP, related to alarming rates of violence against children (VAC) and violence against women and girls (VAWG), particularly sexual violence and gender-based violence (which further escalated during the COVID-19 pandemic), and concerning rates of teenage pregnancies that often result from sexual violence and a lack of access to sexual and reproductive health information and services. According to the 2019-2020 DHS, 1 in 3 women aged 15-49 in Rwanda are victims of physical GBV, and 1 in 4 are victims of sexual violence. For children, 1 in 5 girls and 1 in 10 boys in Rwanda have been exposed to sexual violence, with 4 in 10 girls and 6 in 10 boys having experienced physical violence. Girls living with disabilities are at an even higher risk with perpetrators especially targeting CwD in their belief that they are less capable of speaking up for themselves or retaliating.¹¹⁸ Furthermore, the 2019-2020 DHS indicated that the number of teenage pregnancies increased from 17,337 in 2017 to 19,832 reported in 2020, which has since skyrocketed across the Eastern and Southern Africa region with the onset of the COVID-19 pandemic.¹¹⁹ The 6th RDHS reveals that 5% of girls aged 15-19 years having already begun childbearing (4% have given birth, and 1% are pregnant with their first child)¹²⁰. These alarming rates of violence against children signal the need for the CP to prioritize protection from violence, exploitation, and abuse to be more relevant to national needs and priorities. Of note, while VAC is described as a foundational pillar of the design of Child Protection, this protection concern warrants greater specificity in CPD design with dedicated interventions. Stakeholders consulted expressed similar expectations for UNICEF to increase its focus on GBV against children and adolescents in Rwanda, including issues related to adolescent pregnancy.

Notwithstanding the above, some progress has been made and it appears that VAC has grown as a child protection priority over the implementation period. This is evidenced by the addition of specific indicators in the Results Framework (e.g., # adolescents trained on the prevention of violence in 10 districts in 2021; # of girls and boys accessing GBV risk mitigation, prevention, or response interventions). In a deliberate effort to generate evidence to inform programming on the prevention of and response to VAC, UNICEF commissioned a desk study covering both the social and gender norms condoning violence and broader drivers of VAC, contributing to much-needed data sources for future programming in GBV and VAC".¹²¹ Finally, in practice, the CP has initiated some interesting work in this area, such as the 'Friends of Family' intervention that supports system-strengthening for GBV prevention and response at the village level, ensuring that children are free from violence, responding with urgency to any cases identified.

5.2 Coherence

5.2.1 Complementarity with other national efforts

Finding 7: The CP has been complementary to other projects and programmes in areas where UNICEF intervenes in the country, with many instances of complementarity observed through UN Joint Programmes. The CP's support has also been highly complementary to efforts of the GoR and other development partners, which has been ensured through UNICEF participation in various sector working groups. In doing so, the CP has supported intervention models that have been expanded by other partners or provided catalytic support to other partners' initiatives.

The evaluation found that UNICEF operates through a collaborative framework, which enabled the design and implementation of the CP interventions alongside most key sector stakeholders and partners. This has reduced duplication, thereby ensuring more complementary work by UNICEF. There is evidence of CP

¹¹⁸ Violence Against Children and Youth (VACY) Survey; RDHS 2019-2020

¹¹⁹ According to UNFPA's regional director for East and Southern Africa, "With the onset of COVID-19, this rocketed to 33,423 in 2022 – amounting to an increase of 17.5 per cent from 2017 to 2022." <https://www.aljazeera.com/features/2023/8/25/in-rwanda-teenage-pregnancies-are-rising-the-cost-is-heavy-analysts-say#:~:text=According%20to%20the%20most%20recent,to%2019%2C832%20three%20years%20on.>

¹²⁰ National Institute of Statistics of Rwanda, Ministry of Health, ICF-International. Rwanda Demographic and Health Survey 2019-2020. Calverton, Maryland, USA. 2020

¹²¹ UNICEF (2020). Annual report

consistency and complementarity with interventions implemented by other Rwanda development partners, spanning from local and international NGOs and organizations to government institutions (including ministries and other government entities). All CP's programme area interventions are guided by government priorities and included in national annual work plans signed with the respective sectoral government institutions.

To illustrate, UNICEF collaborates with MIGEPROF and the National Child Development Agency (NCDA) for ECD planning, joint resource mobilization and advocacy, and joint annual work plans are signed reflecting agreed priorities. The WASH programme has worked closely with several government partners including MININFRA (responsible for policy and strategy development for drinking water and sanitation), Ministry of Health (MOH) (responsible for supporting sanitation and hygiene behaviour change and household water quality) and WASAC (responsible for providing urban WASH services and supporting districts to provide rural WASH services). Similarly, the health, social protection, nutrition, and child protection sections have worked closely with national institutions, structures and systems and have avoided duplication through coordinated work.

Complementarity of the CP has been specifically ensured through UNICEF's participation in sector coordination mechanisms which help to build synergy and foster complementarity among stakeholders. Such mechanisms include the national ECD sub-cluster that UNICEF co-chairs alongside NCDA and Imbuto Foundation, the national ECD Technical Working Group, the Child Protection sector forum, and the Social Protection Sector Working Group. UNICEF also actively participates in technical working groups on Education (as co-chair along with FCDO) nutrition and WASH which have helped to clarify the roles and responsibilities of different development partners, and how they intended to complement each other to avoid overlaps.¹²² Bilateral donor meetings are another important venue for UNICEF's consultations with other development partners to discuss pertinent development issues, which enables them to design interventions that complement one another, avoiding overlaps

Furthermore, UNICEF works very collaboratively with other UN Agencies through joint planning on various interventions across different sectors. The evaluation established that the Country Office engaged in seven UN Joint Programmes, including on Nutrition, Youth, Social Protection, Integrated National Financing Frameworks (INFF), Data, and Elimination of Mother to Child Transmission (EMTCT) of HIV/AIDs. For example, in the Social Policy area, the CP exhibits a high level of complementarity with other UN agencies, particularly through SDG Joint Programming alongside organizations such as WFP and FAO. Collaboration with these Agencies has enabled the CP to leverage resources needed to fortify the social protection sector in Rwanda.¹²³

Worth mentioning is that, through partnerships and complementarity efforts, the CP has also supported work that has been expanded by other partners or provided catalytic support to other partners' initiatives. For example, in partnership with WFP, WHO and FAO, UNICEF leveraged funding from the Swiss Agency for Development and Cooperation to fight stunting in Rwanda (particularly to implement interventions in Rutsiro and Ngororero districts). It has also been reported that the USAID provided USD 38 million to a Catholic Relief Services (CRS)-led consortium to roll out the UNICEF-supported nutrition approach that combines VSLAs, ECD centres, and home gardens. Finally, interviews with UNICEF staff indicated that the CP has provided catalytic support to various businesses and other private entities, allowing them to set up ECD Centers using their own funds. Examples of this support include the investment in child-friendly spaces whereby 16 out of 19 tea companies invested over USD 300,000 and two mining companies also invested in child-friendly workspaces¹²⁴ and Nanny trainings by private companies¹²⁵ UNICEF staff estimated that this catalytic support has leveraged private investment equivalent to USD 1 million (details can be consulted in section 5.3.3 on leveraging resources and partnerships).

While there is great coherence and synergy between the CP's interventions and those of external partners, the evaluation identified the need for further internal complementarity across CP programme areas. UNICEF staff emphasized that, although the Country Office has introduced the idea of cross-sectoral Task

¹²²SUN Rwanda. 2020 Joint-Assessment by the multi-stakeholder platform. 2020

¹²³ UNICEF Rwanda, Southern Hemisphere, and Educational Consulting Success (2022). Final Evaluation of the UN Joint Programme for Accelerating Integrated Policy Interventions to Promote Social Protection in Rwanda: Final Report.

¹²⁴ UNICEF (2021). Annual Report

¹²⁵ UNICEF (2022). Annual Report

Teams, in practice it can be a challenge to coordinate implementation across programme areas. When looking concretely at on-the-ground reality, UNICEF interventions are also spread across different districts, with minimal integration of interventions. Specifically, there is room for enhancing consistency in the implementation of work plans throughout the programme cycle to prevent misalignment and incoherence among and between UNICEF's programme areas.

5.2.2 Integration of UNICEF Strategies and Commitments

Finding 8: UNICEF's Core Commitments for Children in Humanitarian Action (CCCs) principles have been applied mostly in the CP's emergency preparedness work, as well as through direct responses to humanitarian crises. Regarding UNICEF's Gender Action Plans (GAP 2018-2021, 2022-2025), the CP is not framed explicitly by the GAP but there is some evidence to suggest a degree of strategic alignment between GAP benchmarks, gender priorities in Rwanda, and the broader UNICEF equality agenda. However, knowledge of GAP and the application of the UNICEF gender equality agenda does not appear to be prioritized in RCO programming. A key component of the GAP 2022-2025 that is missing from the current CP is the engagement of boys and men for gender equality.

Commitments for Children in Humanitarian Action

The CP integrated humanitarian and development programming and, as such, its interventions considered the CCCs. Collected evidence suggests that consideration occurred through interventions that responded directly to emergency needs of vulnerable groups as well as interventions focused on emergency preparedness measures.

The findings of this evaluation confirmed the commitment of UNICEF to equity in terms of applying the CCCs, as the CP's work responded to the needs of the most disadvantaged children and women during emergency situations, regardless of the nature of the crisis. The analysis of the scale of implementation of five WASH CCCs (leadership and coordination, water supply, sanitation, WASH in health care facilities and learning environments, and WASH system strengthening) showed the integration of all these CCCs. Not surprising though, as UNICEF has actively led the sector as emergency WASH lead and helped the government to coordinate the immediate provision of WASH basic services. In particular, the CP implemented interventions responding directly to water supply and sanitation needs during the COVID-19 pandemic. In the 2023 disaster caused by flooding in Western Province which made many people displaced, UNICEF has intervened to ensure that children continue receiving WASH services. Finally, UNICEF has provided life-saving humanitarian assistance and protection to the asylum seekers from DRC in 2023, following the escalation in fighting within Eastern DRC. A similar analysis of the integration of eight¹²⁶ nutrition-related CCCs established that all of them have been integrated in programming. Examples of UNICEF's interventions in this area include support to plans to eliminate malnutrition at the district level, capacity building of CHWs and other service providers in community-based nutrition programme, distribution of Maternal Infants and Young Children counselling cards, and vitamin A supplementation (full analysis can be found in Appendix XVI). UNICEF also worked closely with the UNHCR to advocate for more inclusion and integration of refugee children in all social services (education, WASH, support for separated and unaccompanied children/displaced families) including on enlarging the scope of social protection initiatives so that they not only protect but also contribute to promote the development of the most vulnerable families with children (with cash-plus initiatives that train recipients on integrated early childhood development, or that are linked to income generating schemes).

In terms of strengthening systems for preparedness to mitigate against emergencies, the CP supported the rollout of UNICEF's Emergency Preparedness Platform (EPP) to better analyse and respond to risks.¹²⁷ When the Ebola Virus Disease (EVD) broke out in the Democratic Republic of the Congo (DRC) in 2018,

¹²⁶ Leadership and coordination, Information systems and nutrition assessments, Prevention of stunting, wasting, micronutrient deficiencies and overweight in children aged under five years, Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence, Prevention of undernutrition, micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers, Nutrition care for wasted children, System strengthening for maternal and child nutrition, Community engagement for behaviour and social change

¹²⁷ UNICEF (2018). Annual Report.

the CP's work contributed to increased preparedness and prevention efforts with the Government of Rwanda, notably with the creation of a Risk Communication and Community Engagement Committee. UNICEF further supported the MoH to streamline WASH programmes into EVD preparedness efforts, which were focused on ensuring that standard operating procedures, supplies and capacities were in place in 10 high-risk districts near the borders with the DRC and Uganda. All these initiatives increased the emergency preparedness and timeliness of UNICEF, the Government of Rwanda, and other partners in terms of responding to emergencies.

UNICEF's Gender Action Plans

In alignment with the UNICEF Strategic Plan 2022-2025 at the global level, gender equality is to be an organizational priority and cross-cutting principle across all UNICEF's Goal Areas. UNICEF's Gender Action Plans (GAP) suggest a holistic and integrated approach to support strategic implementation, that includes gender priorities across the life course and targeted actions for adolescent girls. The GAP also highlights the importance of integrating gender at the institutional level across organizational policies, practices, and accountability mechanisms.

The recent GPR¹²⁸ assessed the CP alignment with the UNICEF Gender Action Plan 2022-2025 (GAP III) benchmarks and priorities. According to the GPR, "The recommended interventions, 5 Outcome Areas of the Strategic Plan, are fully aligned with the GAP III, supporting gender across the life cycle, within UNICEF programming priorities and national gender priorities."¹²⁹ However, the GPR rated the CP's alignment as "average" due to the lack of dedicated expertise in gender. This has since been augmented with the addition of a Gender Specialist with dedicated expertise in gender mainstreaming across the Country Office and CPD programming, but with time currently split between gender and SBC. However, a key component of the GAP 2022-2025 that is missing from the current CP is the engagement of boys and men for gender equality. Interviews identified persisting challenges in how best to integrate the engagement of men in some CP activities, such as engaging fathers in ECD. Finally, the CP is not set up to monitor gender equality or gender transformation, as its results framework includes mostly gender-blind indicators and non-disaggregated targets.¹³⁰

5.2.3 Ability of UNICEF to position itself as a strategic partner

Finding 9: UNICEF has been successful in strategically positioning itself as one of the "go to partners" for all matters related to the promotion of children's rights and protection in Rwanda. Contributing to this in particular is UNICEF's long-standing history working in the country that comes with a deep understanding of the complexities of the context and political landscape, and a widely recognized credibility with the GoR and other development partners. There is general agreement among key CP stakeholders that, under the current CP, UNICEF has reinforced its strategic positioning by focusing its work on areas where it has distinctive comparative advantages, mostly in terms of capacity building and system strengthening, technical assistance, and introduction of innovations.

As regards strategic positioning, consulted stakeholders consistently acknowledged that UNICEF has a long-standing history working in Rwanda that comes with a deep understanding of the complexities of the country's context and political landscape. Besides, UNICEF enjoys a widely recognized credibility including with the government of Rwanda because of this long history of relationship and trust building, which confers the Country Office the position of strategic influence that is required to promote children's rights in the country. Combined with its unique dedicated focus and expertise on children's rights as a child-centered agency, UNICEF has established itself as a "go-to" partner for all matters related to the promotion of children's rights and protection in Rwanda. As one external implementing partner explained, "UNICEF is very specific with a very targeted group. Being a child-centered agency makes it very specific and easy for partners to think of UNICEF when identifying support for children (...) this kind of specificity and philosophy in mandate is a strong strategic positioning factor".

The CP's approaches and interventions were strategically selected and relevant to the development and humanitarian needs of the country, and the choice of partners was found to be strategically appropriate. All this helped UNICEF to position itself as a strategic actor in Rwanda. During the current CP, UNICEF has

¹²⁸ UNICEF Rwanda (2023) Gender Programmatic Review.

¹²⁹ Ibid.

¹³⁰ Ibid.

strategically positioned itself by successfully implementing a good mix of downstream and upstream work (including Technical Assistance). The survey conducted for this evaluation shows that 71 % of respondents (34 respondents out of 54) felt that UNICEF Rwanda was highly successful in the pursuit of an appropriate balance between interventions that aim at strengthening systems and institutions (upstream work) and interventions that focus on providing equitable access to care and services by disadvantaged children (downstream work) to effectively produce desired outcomes.

Key informant interviews confirmed that, even with the CP's strategic shift towards more upstream work following the MTR, UNICEF has continued doing service delivery work but differently (e.g., through catalytic interventions such as introduction of innovations and production of proofs of concept). This new approach has helped UNICEF to keep ties with the ground, while ensuring continued understanding of local needs. Most stakeholders consulted in this evaluation believe that UNICEF's work in capacity development and advocacy evidence generation are important positioning factors for the Office because they are intimately related to the strengths of UNICEF. Finally, many stakeholders indicated that UNICEF has positioned itself very well by bringing new ideas and innovations in the country, although in some cases, introduced innovations are not scaled up and this calls for action.

5.2.4 UNICEF's comparative strengths/advantages

Finding 10: UNICEF's largest perceived comparative advantage centers on being the only UN Agency which is child-centered with a holistic focus on children needs, both across a child's developmental stages and the development and humanitarian nexus. Other related comparative advantages of UNICEF include its varied technical capacity and expertise to provide sound advice to the government, as well as its flexibility/willingness to adapt to changing needs and priorities, including but not limited to funding modalities. Several stakeholders attested to the deep-seated brand and reputation of UNICEF as providing a comparative advantage. These comparative strengths provide the underlying rationale for UNICEF being a choice partner and trusted counterpart of the GoR.

A key comparative advantage of UNICEF Rwanda relates to its gained credibility from the government and other partners as a key counterpart that provides valued accompaniment (e.g., technical support and leveraging financial support) that maximizes results for children. The survey results show that 61% of respondents (33 respondents out of 54) felt that the nature of UNICEF's relationship with government was a comparative advantage to a significant extent. According to UNICEF staff and validated by government partners, the government readily reaches out to UNICEF "whenever children are concerned". While other UN agencies may target children as part of their interventions (e.g., support to humanitarian responses), UNICEF is widely viewed as the only UN Agency that is child-centered, with a holistic focus on children needs, both across a child's developmental stages and the development and humanitarian nexus. The survey results confirmed that UNICEF's child rights mission is viewed as a comparative advantage of UNICEF compared to other UN agencies (85 % of respondents stating that this is a comparative advantage to a significant extent). In the view of many stakeholders, UNICEF deploys an approach that works at the heart of systems, focusing support not only on children, but the whole foundation of children in their surrounding environment, such as within their families, schools and communities (Box 5.1).

Other comparative advantages identified through interviews in this evaluation include UNICEF's knowledge and understanding of the functioning of local and national institutions in Rwanda, as well as its multi-sectoral technical expertise and capacity to advise the government on how to tackle children's rights issues in their various dimensions (policy, technology, management, etc.).

Furthermore, there is general agreement among key stakeholders that UNICEF has a clear comparative advantage

Box 5.1: Perceived advantages of UNICEF

"When you think of an agency or organization that works with children, immediately UNICEF comes to mind." – (KII, External Partner)

"UNICEF not only supports children but the whole foundation of children"– (KII, External Youth Partner)

"UNICEF does not advocate for children's rights but offers sound solutions as well and has expertise to accompany partners" (KII, UNICEF).

Source: KIIs

in terms of its diverse set of modalities through to engage with GoR and other partners at all levels. These modalities include Technical Assistance (TA), consultancies, the provision of technical expertise, and direct partnerships, among others. Unequivocally, another UNICEF perceived advantage is the flexibility and willingness to take the lead when emergency situations arise, notably the ability to provide immediate funding, which UNICEF's implementing partners believed is not always the case for other UN Agencies. These partners confirmed that UNICEF's flexibility allowed them to easily reallocate its funding to activities that surface as important during implementation, which facilitated the achievement of interventions' objectives and expected results. The UNICEF team was also widely praised for being dedicated, committed and inspiring, which is seen as a comparative strength. While acknowledging that UNICEF funds are clearly important, most stakeholders indicated that it is inevitably the quality and commitment of its staff which distinguishes UNICEF from other partners.

Finally, UNICEF has very well leveraged its comparative advantages to drive results and change for children in Rwanda. This is best evidenced by the leadership roles that UNICEF takes in coordinating partners' work in many of the areas where it intervenes as lead or co-lead of technical working groups (e.g., UNICEF co-chairs the reproductive, maternal, newborn and child health (RMNCH) as well as the community health technical working groups) and the evidence generation activities initiated by UNICEF and which play an important role in influencing change.

5.3 Effectiveness

5.3.1 Degree of achievement of intended output and outcome results

Finding 11: Overall, the CP has generally made good progress towards achieving intended results as defined in the CPD. As of 2022, the CP was on track towards achieving most outcome and output level results, as evidenced by 61.9% of output targets achieved and 16.4% on track to being achieved. Similarly, 39.1% of outcome targets were achieved, while 34.8% were on track to being achieved. The lower level of achievement for outcomes can partially be attributed to the discontinuation of Outcome 3 (Early Childhood Development) in 2022, which has had a distortionary effect on the results.

Progress made towards achievement of CP intended outcomes

In this section, we assess the extent to which the CP's intended outcomes have been achieved based on the measurement of the indicators identified for each. The RCO Results Assessment Modules – (RAMs) documents indicate that, for the period until 2022, the CP was overall on track towards achieving outcome and output-level results under CP outcome areas. The figures below provide a summary of the CP performance at outcome and output levels while Appendix XXI displays the detailed CP performance matrix.

The findings presented in Figure 5.1 (b) illustrate that, for the period 2018-2022, 39.1% of the outcome indicators have their targets fully achieved, 34.8% of the outcome indicators have their targets partially achieved, 4.3% of the outcome indicators have their targets not achieved, while 21.7% of the outcome indicators have no data consistently reported on their targets. From Figure 5.1 (a), it appears that all outcomes have their overall status described as “On Track” for the period under review despite three outcomes whose status is indicated as “Partially Met”. A full list of outcomes and indicators can be found in Appendix XVII.

- Under **Outcome 1** – Child Health, it appears that 100% of the indicators have their targets partially achieved for the period under review. Across the years, progress values towards set targets were consistently reported on all indicators but one.¹³¹
- Under **Outcome 2** – Child Nutrition, it is noted that 75% of the indicators have their targets fully achieved, while 25% of the indicators have no data consistently reported on their targets. Across the years, progress values towards set targets were consistently reported on all indicators but one.¹³²

¹³¹ Indicator 1 - % of sexually active 15–19-year-olds who were tested for HIV in the last 12 months and who know their results (disaggregated by female, male)

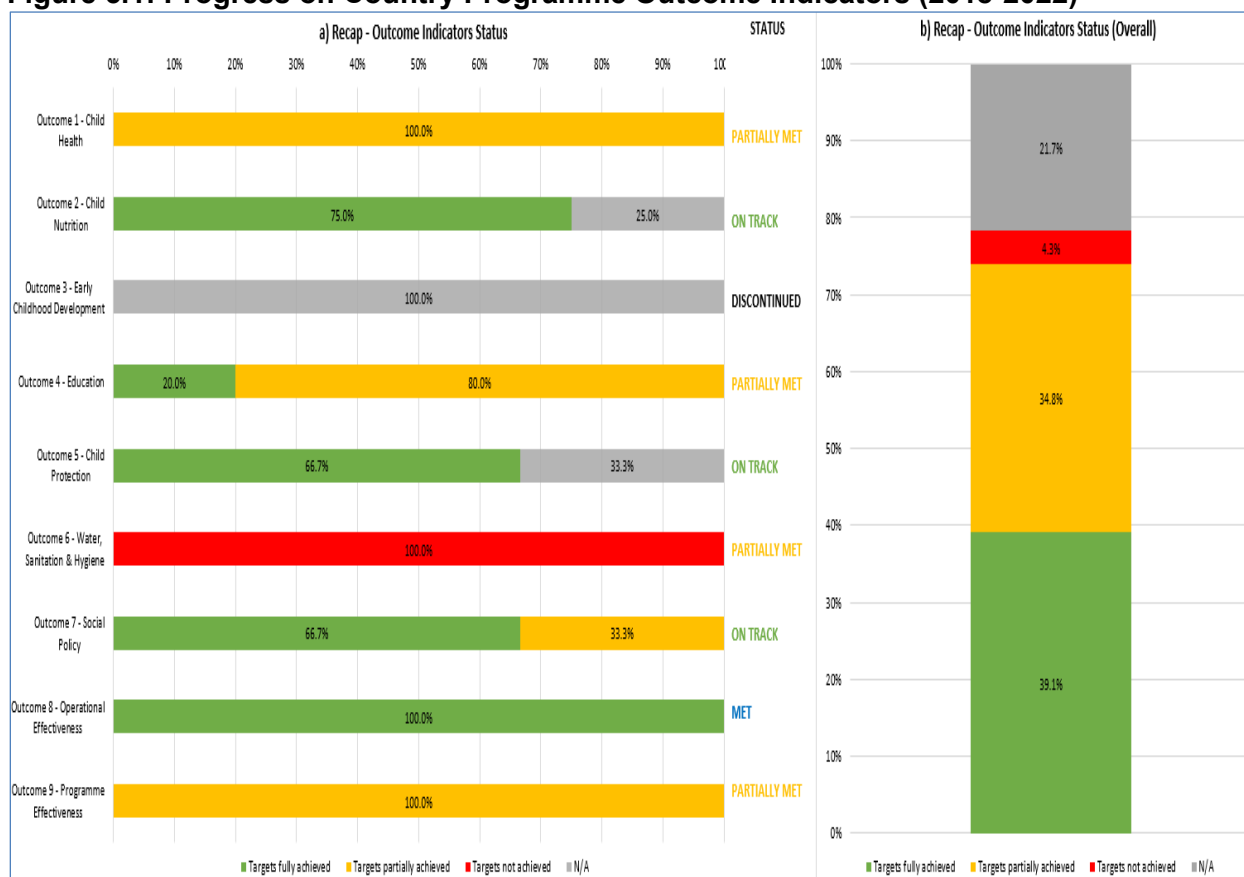
¹³² Indicator 7 - % of children receiving early stimulation and responsive care from the parents or caregivers.

- Under **Outcome 3** – Early Childhood Development, this outcome was discontinued following the 2021 Mid-Term Review and integrated across Nutrition, Education, and Health sections,¹³³ hence 100% of the indicators have their targets not reported on in 2022.
- Under **Outcome 4** – Education, it appears that 20% of the indicators have their targets fully achieved, while 80% have their targets partially achieved for the period under review. All indicators were reported on consistently across the years.
- Under **Outcome 5** – Child Protection, it is observed that 66.7% of the indicators have their targets fully achieved for the period under review while 33.3% have their targets partially achieved for the period under review. Across the years, progress values towards set targets were consistently reported on all indicators but one.¹³⁴
- Under **Outcome 6** – Water, Sanitation, and Hygiene, it is noted that the targets for the only indicator identified (i.e., access to basic water supply) were not achieved for the period under review. The indicator was reported on consistently across the years.
- Under **Outcome 7** – Social Policy, it is observed that 66.7% of the indicators have their targets fully achieved for the period under review while 33.3% have their targets partially achieved. All indicators, excluding Output 7.4 (i.e., improved capacity to demand access to quality social services. Poorest households, children and adolescents have improved capacity to demand access to quality social services) were reported on consistently across the years.
- Under **Outcome 8** – Operational Effectiveness, it is observed that the targets for the only indicator identified were fully achieved for the period under review. The indicator was reported on consistently across the years.
- Under **Outcome 9** – Programme Effectiveness, it is observed the targets for the only indicator were partially achieved for the period under review. The indicator was reported on consistently across the years.

¹³³ For example, Indicator 10. ECD Policy Performance Reviewed under Outcome 2: Child Nutrition.

¹³⁴ Indicator 64 - % of girls and boys that have ever experienced any sexual violence who sought help from a professional

Figure 5.1: Progress on Country Programme Outcome Indicators (2018-2022) ¹³⁵



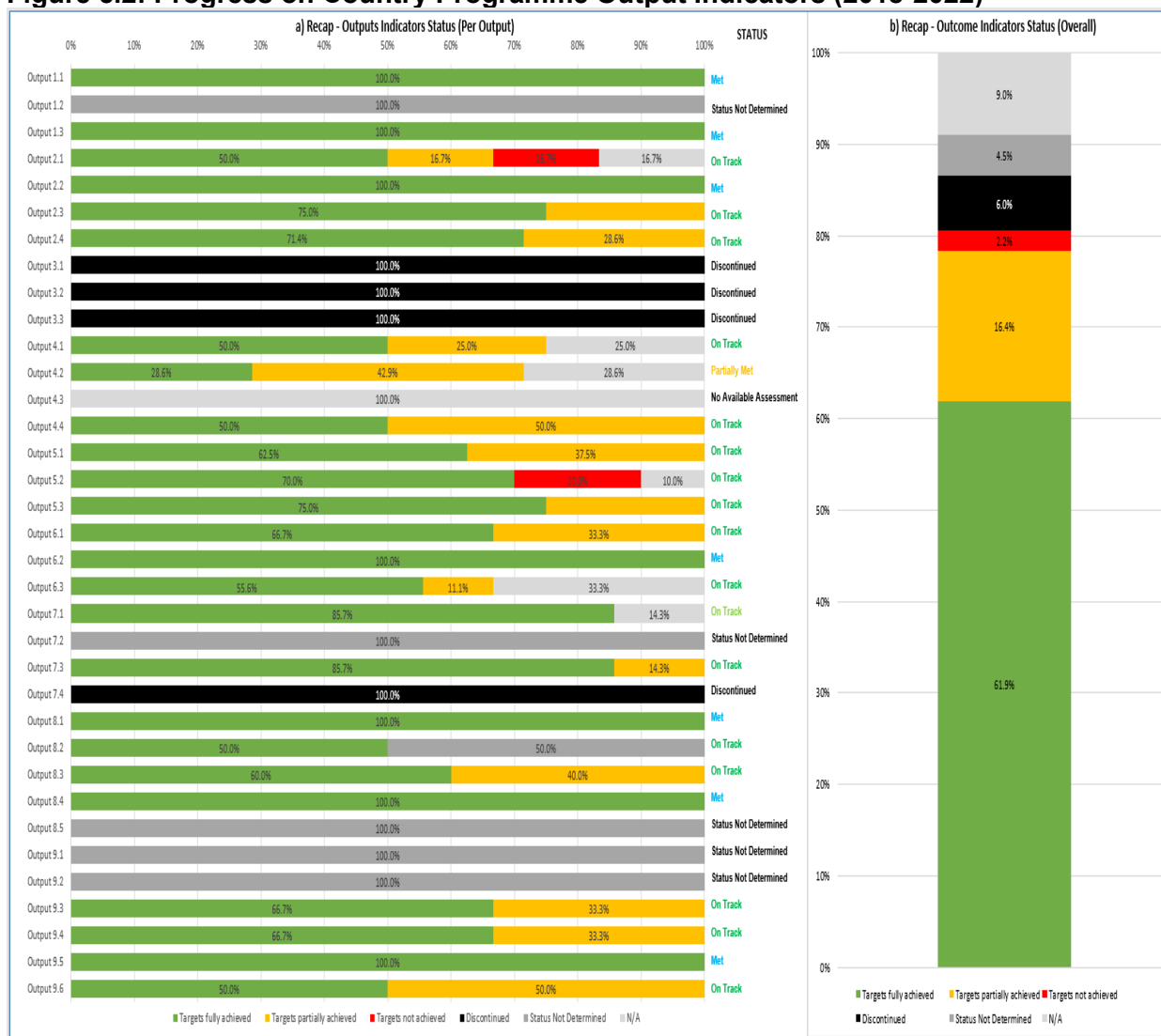
Progress made towards achievement of CP outputs

The analysis of the overall performance of the CP at the output level is presented in Figures 5.2 (a) and (b) below. Figure 5.2 (b) suggests that, for the period 2018-2022, 61.9% of the output indicators have their targets fully achieved, 16.4% of the output indicators have their targets partially achieved, 2.2% of the output indicators have their targets not achieved, 6.0% of the output indicators were discontinued, and 9.0% of the output indicators have no data consistently reported on their targets. This figure shows also that 4.5% of the CP outputs had no status determined as of 2022. These outputs were only reported on the 2022 Results Assessment Module (RAM) and not in previous RAMs. Moreover, these outputs did not provide individual indicators, hence a status was not determined.¹³⁶ The results displayed in Figure 5.2 (a) show that, for the period 2018-2022, 17 outputs were On Track, 1 output was Partially Met, 4 outputs had their status described as Discontinued, 5 outputs received Status Not Determined, and the remaining 1 output had No Available Assessment. All three outputs for Outcome 3 – Early Childhood Development have been Discontinued in 2022 and integrated across the health, nutrition, and education sections, whilst Output 7.4 was Discontinued in 2022 following the Mid-Term Review. A full list of outputs and indicators can be found in Appendix XVII.

¹³⁵ UNICEF Rwanda (2023). Country Programme Full Approved Report: RAM Indicators 2018-2023., UNICEF Rwanda (2022). Country Programme Full Approved Report: RAM., UNICEF Rwanda (2021). Country Programme Full Approved Report: RAM.

¹³⁶ UNICEF Rwanda (2022). Country Programme Full Approved Report: RAM.

Figure 5.2: Progress on Country Programme Output Indicators (2018-2022) ¹³⁷



Can the CP achieve all output and outcome results by 2024?

A closer look at the above results suggests that, at the current funding level with continued effective monitoring of implementation of the CP interventions, the set targets for most outputs could be achieved by the end of the current CP. The consolidation of outputs and the observed successful implementation of several interventions reflect well on the CP’s ability to meet output-level results. There are two outputs that have reported a failure to achieve targets, which require further attention in the final year of the CP. Overall, the analysis conducted uses data provided from 2018 and 2022, which offers an opportunity for the RCO to consider reallocation of funds from met targets to other targets that may need further attention (e.g., output 4.3 has the lowest share of targets fully achieved at 28.6%). Taking into consideration that the data does not reflect the remaining two years of the CP cycle, the evaluation team is confident that the CP interventions will likely result in the achievement of outputs. As regards the likelihood to achieve outcome-level results the evaluation notes that this is hard to predict, as the CP can only contribute to the outcomes, and there are many factors outside UNICEF’s control that determine whether the outcomes can be achieved or not.

¹³⁷ UNICEF Rwanda (2023). Country Programme Full Approved Report: RAM Indicators 2018-2023., UNICEF Rwanda (2022). Country Programme Full Approved Report: RAM., UNICEF Rwanda (2021). Country Programme Full Approved Report: RAM.

5.3.2 Ability to reach the most disadvantaged communities and geographies

Finding 12: There is evidence that the CP has been able to reach the most disadvantaged communities and geographies and deliver results for the most vulnerable categories of women and children, including persons with disabilities. This has increased steadily throughout the Programme implementation, with some noteworthy achievements such as with girls' education, and women and youth economic empowerment, particularly in the latter half of CP implementation.

The available data and assessments, as well as the findings of this CPE suggest that the CP has reached the most vulnerable children and communities in districts where UNICEF intervenes (see Box 5.2). In that regard, WASH interventions targeted unserved and underserved communities and schools in rural areas, healthcare facilities, refugee camps and their host communities. Some major achievements have been registered in this area during the CP implementation period. For instance, access to basic sanitation increased from 57% in 2020¹³⁸ to 72% in 2022¹³⁹. Overall, UNICEF staff estimated that through the current CP, UNICEF reached over 600,000 people with basic sanitation, which greatly contributed to national results in the sanitation sector.

Box 5.2: Perceptions of the CP reaching the most disadvantaged people.

“UNICEF activities target the most vulnerable population for example those in refugees and poor households. Vulnerability is an important criterion for program design and targeting. For disability, UNICEF has been ensuring that all ECD centres be accessible to children with disabilities. Women are the main beneficiaries of nutrition activities for example campaigns on feeding practices target mainly female caregivers”.

Source: KII, UNICEF

In 2021 alone, the CP's interventions benefited an additional 182,000 people in ten districts to use basic sanitation services, while 85 schools and 27 health centres were provided with handwashing facilities.¹⁴⁰ Similarly, access to basic handwashing facility with soap and water increased from 4.4% in 2014/15¹⁴¹ to 25% in 2020¹⁴². For example, with UNICEF support in 2020, handwashing facilities were constructed in 85 schools in the host communities of Kiziba, Kigeme, Gihembe, Nyabiheke, and Mahama refugee camps, benefiting an estimated 82,249 children (51% girls).¹⁴³ In the same year, UNICEF provided critical WASH supplies to over 3,000 displaced people who had moved to Rwanda following the eruption of Nyiragongo Volcano in the DRC.¹⁴⁴

In the same vein, the CP's nutrition activities covered 17 districts some of which had a high burden of stunting (e.g., Ngororero and Rutsiro) and were implemented in remote rural areas, as well as in urban settings with disadvantaged and vulnerable communities. As a matter of fact, out of the 17 districts, 14 were rural while the other three were urban districts of the City of Kigali. Nutrition, education, and ECD services have also reached the most vulnerable children from poor households and disadvantaged communities including refugees and prisons. For instance, UNICEF supported the construction and operationalization of multiple ECD models, including ECD in prisons (e.g., an ECD centre in Musanze prison).¹⁴⁵

All sources informing this evaluation indicate that ECD centers always respect guidelines and minimum standards for integrated ECD services where the facilities must be disability inclusive. In addition to building and equipping ECD spaces, the CP activities contributed to training caregivers in early childhood education (ECE), supplying teaching and learning material in schools at refugee camps. Seeds and equipment for kitchen gardens, village savings and loans associations, and capacity building of service providers to implement nutrition-specific and sensitive interventions reached over 1.6 million beneficiaries, including those living in vulnerable refugee communities.¹⁴⁶ In the Education sector, 24,261 learners (16,423 girls) in five lowest performing districts, not achieving grade level competencies were reached with remedial

¹³⁸ NISR- DHS 2019-20 data NISR (2020). *Rwandan Demographic Health Survey, 2019/20*.

¹³⁹ NISR (2022). *The fifth Rwanda Population and Housing Census (RPHC5)*

¹⁴⁰ UNICEF (2021). *Annual Report*.

¹⁴¹ NISR (2015). *Rwandan Demographic Health Survey, 2014/15*.

¹⁴² RAM (2022)

¹⁴³ RAM (2020)

¹⁴⁴ UNICEF (2021). *RAM*

¹⁴⁵ UNICEF. *2020_End_of_Year_Results_Summary_Narrative*. 2020

¹⁴⁶ UNICEF. *2022_End_of_Year_Results_Summary_Narrative*. 2022

education to enable them remain in school and transition to secondary; while over 50,000 refugee children were supported to access equitable quality education in host community schools.¹⁴⁷

VSLAs, of which a significant proportion of members are women, have proven to be the most effective means through which the social protection programme area has extended its reach and enhanced the capacities of the most marginalized communities and regions. The results have been substantial, encompassing heightened self-assurance, leadership skills, and greater independence among VSLA beneficiaries. The social protection programme area also implemented livelihood support interventions in five districts which reached vulnerable households in remote rural communities.¹⁴⁸

In the Health sector, UNICEF established public-private partnerships to support second-generation health posts (SGHPs) to provide services at cell level. Demonstrated through 16 health posts (and now ready to scale up), the model produced significant results. Reportedly, in 2022, the total number of outpatients accessing SGHPs increased from 2,942 to 77,337 cases, which represents a tremendous shift in easy access, use and quality of primary healthcare services to these communities.

In Child Protection, the ‘Friends of Family’ initiative has helped to reach the most marginalized adolescents at the grassroots level, as households are comfortable with them, and they are well positioned to be aware of what the specific child protection challenges are. The initiative represents one male and one female in each village that are elected by the community and with the support of a coordinator and work closely with families and communities to support with prevention and referrals. It is aimed to extend the reach of adolescents to access services, and correspondingly to see an initial increase in the number of cases reported. External partners highlighted UNICEF’s key role in providing coordination and investing in this initiative to make it functional.

5.3.3 Effectiveness of the CP’s key implementation strategies

Finding 13: The six key implementation strategies have been used during the implementation of the current CP, but their degree of effectiveness varies. The CPE found evidence that these strategies have individually and collectively contributed to the CP’s outcome-level results. However, there is a shared feeling among consulted stakeholders that leveraging resources and partnerships, harnessing evidence to influence change (advocacy), programming for at-scale results (capacity development dimension) and enhancing use of innovation have been the most successful strategies. Gender-responsive programming and mainstreaming adolescent-sensitive strategies were successful to a lesser extent.

Contribution to outcome-level results

The CP’s programme areas contributed to national-level results in several regards and to different degrees, as evidenced by the progress achieved (or not) on some indicators specified in the CP’s results framework. In the WASH programme area, UNICEF contributed to the development and implementation of a national handwashing strategy and a national WASH financing strategy.¹⁴⁹ However, limited progress has been made on some key national-level indicators, such as the “Percentage of the population using basic sanitation services” in Rwanda. At baseline in 2017, this population was estimated at 64% (rural) and 57% (urban).^{150,151} In 2022, UNICEF Rwanda reported that this population was estimated at 69% (rural) and 50% (urban).¹⁵² Even though these results show a positive trend, it is unlikely that Rwanda will fulfill its commitment to achieving 100% coverage of sanitation throughout the country by 2024, as many categories of the Rwandese population still do not have access to basic sanitation services.

For the water supply sub-sector, Rwanda has been able to extend water coverage during the past years, including with UNICEF contribution. According to the 2019-20 Rwanda Demographic and Health Survey (2019-20 RDHS), 80% of households in Rwanda have access to an improved source of drinking water, an increase from 73% reported by RDHS 2014/15. Despite the improvement, urban households have better

¹⁴⁷ UNICEF (2022) RAM.

¹⁴⁸ UNICEF (2021).RAM

¹⁴⁹ Output 6.1: “Government systems are strengthened to enable universal access to wash services the programme has achieved most targets related to WASH services”

¹⁵⁰ RAM (2028-2022)

¹⁵¹ Note: sources diverge as regards the percentage of access to basic sanitation in 2017. The Integrated Household Living Conditions Survey, EICV5 (2016/17) indicates 86% of coverage, which is also indicated in the NST1 (p38).

¹⁵² RAM (2022)

access than rural households. Half of the population in Rwanda (55%) has access to basic drinking water services, with increased access for those in higher wealth quintiles. From a geographical perspective, access to basic drinking water services varies, ranging from as high as 82% for the City of Kigali, to as low as 43% for East Province.

In Child Protection, the CP has contributed to increasing the number of registered births to 85.66% of children under 5 reported in the Rwanda DHS 2019-20 as a result of the modernization of civil registration and vital statistics system,¹⁵³ with interviews confirming that these figures are now estimated to be closer to 94% or more for children under 18 years. Interviews with both internal and external stakeholders also underscored UNICEF's contribution to Rwanda's childcare reform in moving children out of institutionalized care as a significant achievement. The UNICEF Child Protection team shared that roughly over 90% of children in other care have been moved into family-based care mechanisms (e.g., with extended kinship, foster family, adoption). Another noted key achievement in this area is UNICEF's contribution to the development of the Child Protection case management framework. This represents a significant and transformative result that brings a coordinated approach to ensure accountability from the government to deliver child protection services. In fact, interviews attested to Rwanda's integrated child protection system, responding to victims' needs all 'under one roof', as renowned regionally and globally as a model and best practice for other countries.¹⁵⁴ Latest data available reports a total of 8,738 children receiving services from the Child Protection workforce in 30 districts, as well as the number of child protection cases reported to IZU by children and families growing to 3,829 in 2022, supported by a remarkable number of child protection volunteers (Inshuti z'Umuryango, IZU/Friends of Family) in the community.

In the Nutrition sector, the CP period has seen reduction of cases of severe acute malnutrition among children under five years of age. Since 2018, UNICEF has supported interventions that supply nutritional commodities such as Ready-to-use-therapeutic food (RUTF) and therapeutic milk to treat cases of severe acute malnutrition (SAM) among children under five. The CP yearly targets show that less than 10% (from a baseline of 15% in 2017) of girls and boys with SAM were to be admitted for treatment and default on treatment. In line with SAM management, the CP continued supporting the districts to provide care for children with SAM as part of regular health and nutrition services and it has been reported that all the districts in Rwanda were providing such care in 2022.

A significant improvement in the child's diet was also registered over the CP implementation period.¹⁵⁵ The CP contributed to this, notably through support that increased the proportion of children who achieved minimum dietary diversity (MDD).^{156,157} As shown in Figure 5.3 below, the proportion of children with MDD has increased from the baseline proportion of 30%¹⁵⁸ to 42.3% in 2022 and the CP's yearly results were above the set target of 35% for each year.¹⁵⁹

¹⁵³ Of note, the proportion of registered births for children under 18 was highest in 2019 at 96%, regressing the following year in 2020 likely due to COVID-19 pandemic related restrictions, and starting to rise again as of 2021 onwards.

¹⁵⁴ The 2022 UNICEF annual report describes it as "an internationally benchmarked system."

¹⁵⁵ The diet of children under two years is an important determinant of their growth.

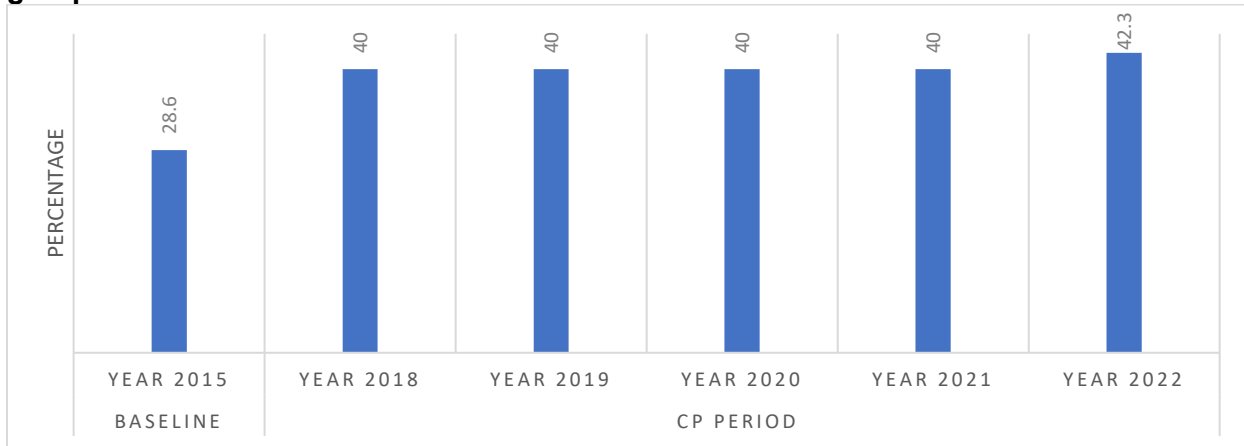
¹⁵⁶ which is defined as when a child aged 6-23 months has consumed a diet composed of foods and beverages from at least five out of eight food groups during the previous day.

¹⁵⁷ World Health Organization. (2021). Indicators for assessing infant and young child feeding practices: definitions and measurement methods.

¹⁵⁸ UNICEF. Rwanda – UNICEF country programme of cooperation, 2018–2023. Nutrition Strategic Note. 2018.

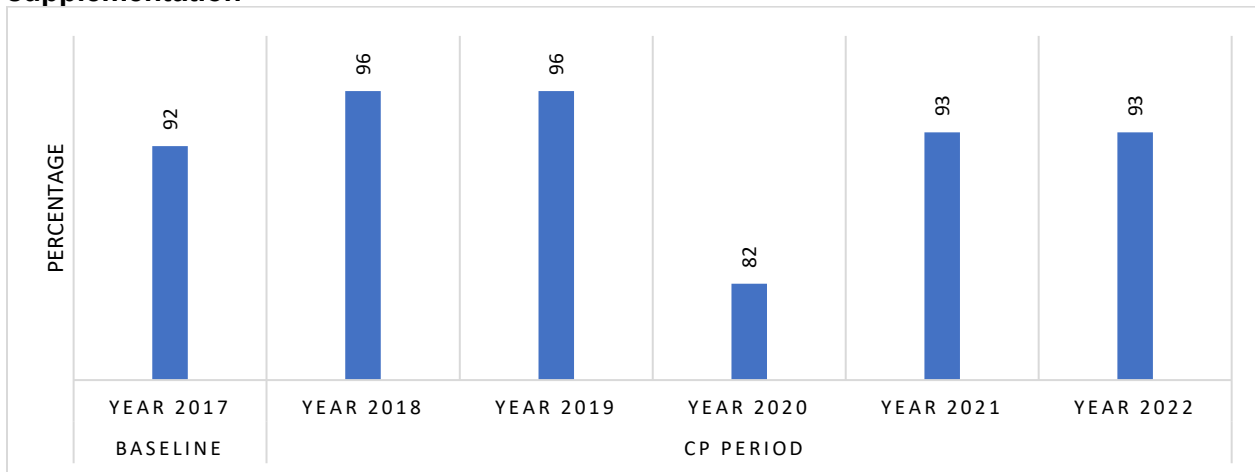
¹⁵⁹ UNICEF. Country Programme Full Approved Report (RAM). 2022

Figure 5.3: Percentage of children aged 6-23 months receiving a minimum number of food groups



Further nutrition achievements were registered through UNICEF-supported Vitamin A and micronutrient powders (MNPs) supplementation programmes. The CP had set a yearly target of achieving above 90% of girls and boys who must receive two annual doses of vitamin A supplementation. As shown in Figure 5.4, the CP exceeded the targets throughout the implementation period, except for the year 2020.

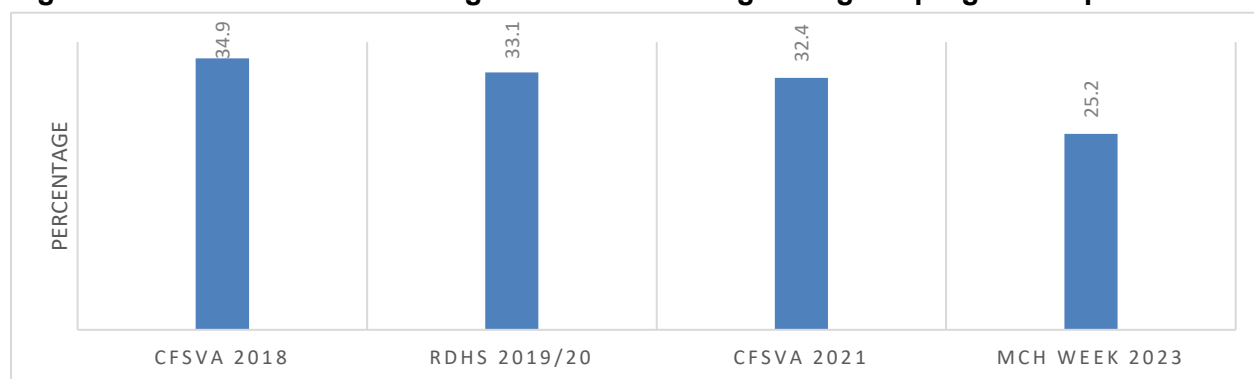
Figure 5.4: Percentage of girls and boys who received two annual doses of vitamin A supplementation



Finally, available statistics show that the prevalence of stunting has been declining (Figure 5.5) and the CP has definitely played a role in this reduction. None-stunted children are more likely to perform better in school, attain their full adult height, and have higher economic productivity and reduced morbidity.¹⁶⁰ Reduction in stunting will further contribute to improved work productivity in adulthood and this will lead to quality human capital for the country’s economic development.

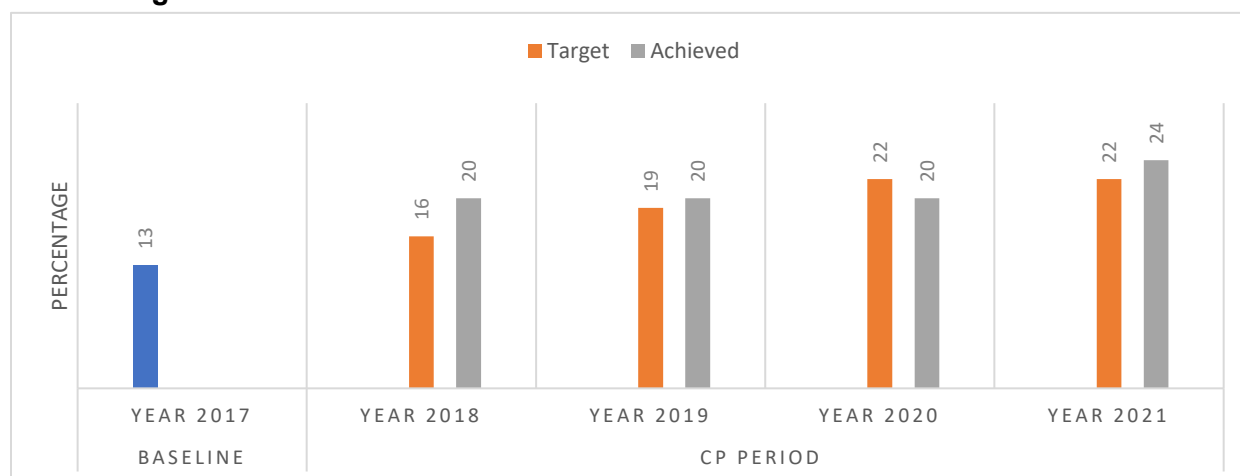
¹⁶⁰ Horta BL, Victora CG, de Mola CL, Quevedo L, Pinheiro RT, Gigante DP, et al. Associations of Linear Growth and Relative Weight Gain in Early Life with Human Capital at 30 Years of Age. *J Pediatr.* 2017;182:85-91.e3

Figure 5.5: Prevalence of stunting has been declining during the programme period



In the Education sector, some of the CP’s key contributions relate to early childhood education (ECE). As shown in Figure 5.6 below, the CP exceeded yearly targets in terms of the percentage of children attending organized ECD programme.¹⁶¹

Figure 5.6: Percentage of children attending organized ECD programme: Achievements versus targets



The percentage of children receiving early stimulation and responsive care from their parents or caregivers increased from 49% baseline value in 2017 to 63% in 2021 and the CP’s yearly targets were well reached or surpassed (Figure 5.7). Finally, the percentage of children whose primary caregivers promoted early learning at home increased from the baseline value of 49% (in 2017) to about 57% although the yearly targets of 2020 and 2021 were not achieved (Figure 5.8).¹⁶²

Furthermore, the post-pandemic education statistics (published in February 2022) show that Rwanda has maintained a level of over 98% primary net enrolment for both girls and boys. On the negative side, while pre-primary net attendance rate increased to about 24% (the gross enrolment rate stands at 30%), it is significantly below the target of 45% by 2024. Dropout rates have also increased by about 2% to 9.5% and 11% in primary and lower secondary school, respectively. The repetition rate in lower secondary nearly doubled to almost 9% compared to about 5% before the pandemic. This has continued to stagnate transition to secondary education where the net enrolment rate remains under 40%. Besides the impact of the

¹⁶¹ UNICEF. Country Programme Full Approved Report (RAM). 2023.

¹⁶² UNICEF. Country Programme Full Approved Report (RAM). 2023.

pandemic, the high repetition rate is a manifestation of persistently low learning outcomes in Rwanda, especially in early years' education, which calls for action in the area of basic education.¹⁶³

Figure 5.7: Children receiving early stimulation and responsive care from their parents or caregivers

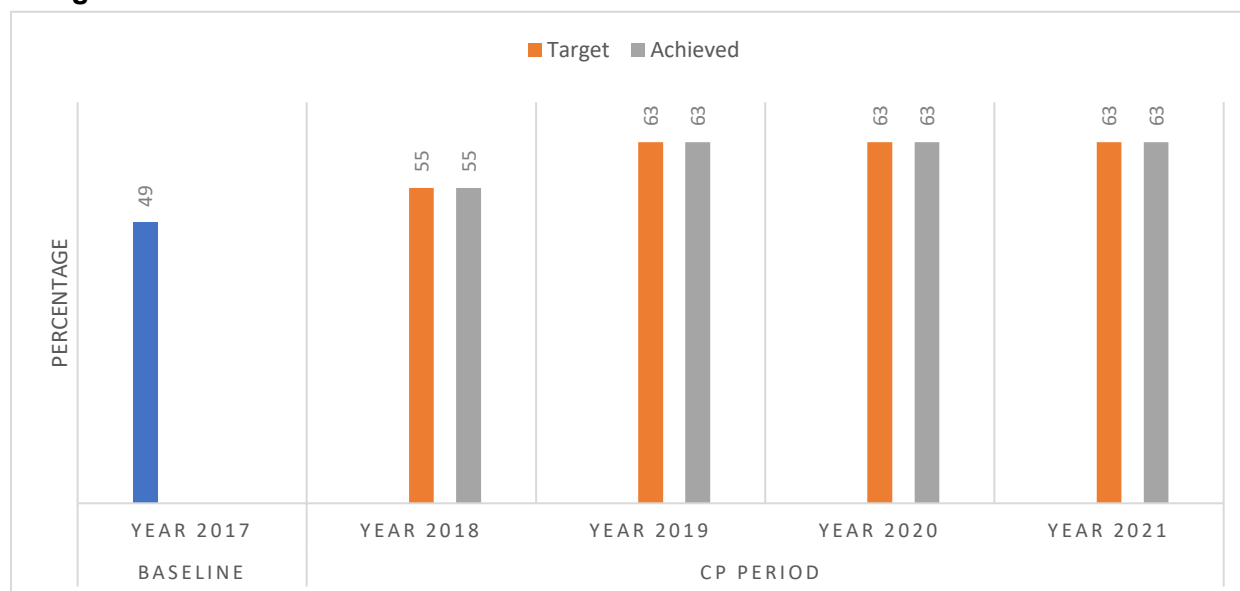
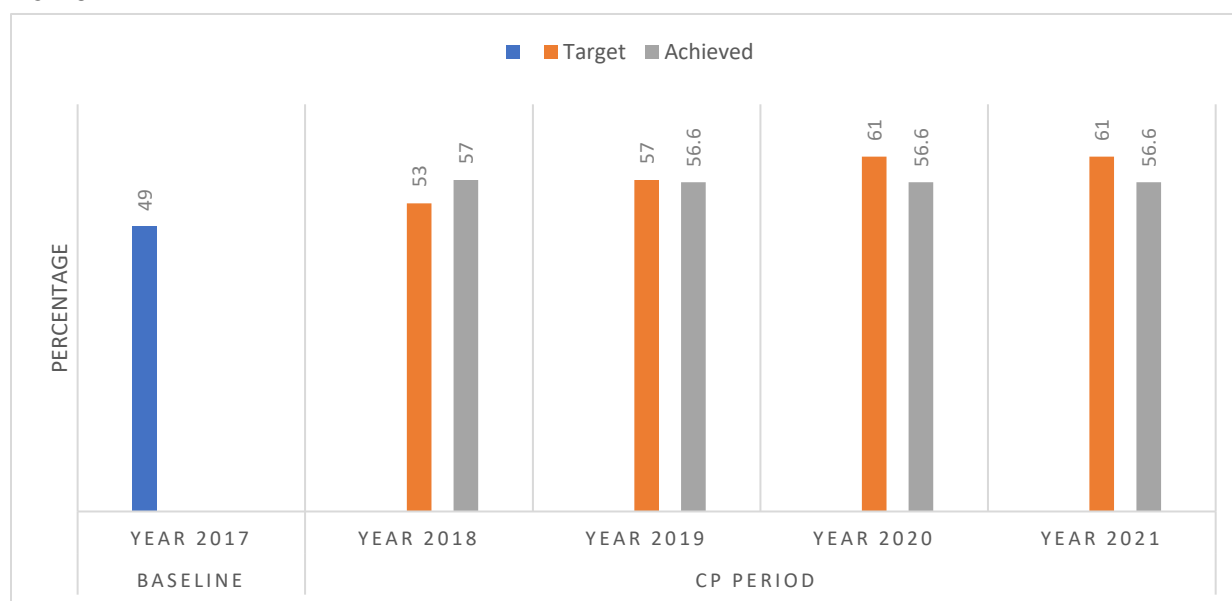


Figure 5.8: Percentage of children whose primary caregivers promoted early learning at home



Finally, in the Health sector, key child health outcomes have continued to improve during the CP period, with early postnatal care reaching 93% and appropriate treatment of children with diarrhea reaching 85% in 2022.¹⁶⁴ UNICEF has significantly contributed to helping Rwanda to achieve a good level of vaccination against COVID-19. Reportedly, as of December 2022, 75% (9.8 million) of the population (including children aged 5–18 years) had been fully immunized against COVID-19, with 79% (10.3 million) having received at

¹⁶³ UNICEF (2022) RAM.

¹⁶⁴ UNICEF (2022) RAM.

least one dose.¹⁶⁵ Working with the Rwanda Paediatric Association and the UK Royal College of Paediatrics and Child Health, the CP achieved significant results in neonatal mortality. Due to technical and mentoring support to health workers, as well as provision of hospital equipment, which improved care quality for births and neonatal admissions, newborn mortality in neonatal wards was reduced by 33% in 19 hospitals directly supported by UNICEF.¹⁶⁶

All consulted stakeholders in this evaluation acknowledge that the CP has made significant contributions to national results as per its results-framework. However, it is worth mentioning that, despite the above landmark achievements and success stories, some stakeholders (mostly donors) felt that, similar to most UN Agencies, UNICEF's reporting is more focused on activity and output results, with less efforts aimed at weaving stories that capture the essence of its work and the change it brings in terms of positive social impact.

Effectiveness of implementation strategies

The CP deployed the following six implementation strategies: programming for at-scale results, gender-responsive programming to address the remaining disparities, mainstreaming adolescent-sensitive approaches across all programmes, leveraging resources and partnerships for children, enhancing the use of innovation for children, and harnessing evidence to influence change. What follows is our assessment of the extent to which these strategies have been implemented effectively, and hence shaped UNICEF's contribution to national-level results.

Programming for at-scale results

The CP has successfully pursued this strategy, mostly through its work on capacity development and systems strengthening, with good results. Across the Programme areas, UNICEF has supported policy, capacity development and systems strengthening at both national, district and community levels, to enable more rapid scale-up and delivery of results at scale in Rwanda. As the examples in Table 5.1 below show, the CP's programme areas have significantly contributed to addressing the sector policy development and planning needs of the Government of Rwanda and other partners. Consultations with UNICEF stakeholders confirmed that these elements of the enabling environment are critical to promoting the rights of children in the country, as they help the Government and other key actors to put the child at the center of all planning.

Table 5.1: Examples of UNICEF's contributions to policy development and planning

PROGRAMME AREA	CONTRIBUTIONS
Nutrition	<ul style="list-style-type: none"> ▪ District plans to eliminate malnutrition (all 30 districts) ▪ National nutrition policy (not yet approved by the cabinet) ▪ Adolescent nutrition guidelines
WASH	<ul style="list-style-type: none"> ▪ The National Handwashing Strategy (2019) ▪ The WASH Management Information System (WASH MIS) (started in 2019) ▪ Roadmap to improve FSM in Kigali City ▪ The WASH sector financing strategy (2022) ▪ Development of a latrine construction guidance brochure (2021)
Education	<ul style="list-style-type: none"> ▪ Learning through Play strategy ▪ Establishment of early learning standards ▪ National strategy on dropout and repetition
Child Protection	<ul style="list-style-type: none"> ▪ National Child Protection Policy ▪ National disability policy and action plan

The government and non-government actors supported by UNICEF have also benefited from capacity development activities, including training and on-the-job learning from the technical experts supplied by UNICEF. Another aspect through which the CP successfully deployed the "Programming for at-scale results" is the promotion of behavioural changes. Across the programme areas, UNICEF Rwanda reached

¹⁶⁵ Ibid.

¹⁶⁶ UNICEF (2022) RAM, Annual Report.

millions of people with messages through interpersonal communication and mass media campaigns. Examples include the nationwide mass media campaign that was commissioned under National ECD Programme leadership to raise awareness and promote ECD service uptake, especially at home; the campaign named “One egg per child per day” via the “World Cup in My Village” initiative that was conducted to increase awareness of the importance of animal-source food for children and the importance of protein-rich food and a balanced diet for pregnant women and lactating mothers to ensure the well-being of both mother and child.¹⁶⁷ Finally, in implementing the “Programming for at-scale results strategy”, especially in the second half of the programme cycle, the RCO made efforts to advocate and leverage resources to expand UNICEF’s tested models through other partners, including the GoR, development partners and NGOs (this aspect is further developed below under “leveraging resources and partnerships”).

Gender-responsive programming

The UNICEF Gender Action Plan outlines the following five principles for gender-responsive programming: (1) evidenced-based and data generating with measurable reported results on gender equality, (2) expert-led that combines gender, sectoral and cross-sectoral expertise and strong partnerships, (3) well-resourced, mobilizing sufficient human and financial resources for gender programming, (4) innovative in using outside-the-box approaches, new technologies and partnerships, and (5) at scale and sustainable programming to reach a large number of beneficiaries. The GAP (2022-2025) emphasizes a focus on more gender transformative programming that addresses structural barriers and harmful gender norms, with dedicated investment in differentiated programming that targets the specific needs and concerns of women and girls to ensure that no child is left behind.¹⁶⁸

The recent GPR assessed UNICEF’s pathway to gender-transformative programming, scoring the CP with a 3.6/5.¹⁶⁹ In examining the principle on data and measuring reported results on gender equality, the CP is not set up to measure gender and inclusion-related results, with minimal use of disaggregated targets (only in 1 of the 8 outcome areas) and no dedicated gender output in the results framework. Moreover, the current CP’s results framework does not allow for effective tracking of progress towards gender and equity results, as the majority of baselines, targets and progress indicators are gender blind. The GPR concluded that, at a minimum, the RCO must be equipped with gender-sensitive architecture that can detect any gender inequalities in programming benefits.¹⁷⁰

Our analysis showed that UNICEF’s annual reports for 2021 and earlier do not evidence mainstreaming gender-responsive or gender-transformative programming, with very minimal reporting of sex-disaggregated data across sections (with the noted exception of education).¹⁷¹ But, the situation has started improving with the 2022 annual report, with sex-disaggregated results throughout the report and more consistent integration of gender. This indicates a stronger shift in the prioritization of gender and gender-responsive programming that is tailored to the specific needs of women and girls (e.g., nutrition-specific services for women and girls). This improvement can be attributed to factors such as the strengthening of the RCO Gender Specialist role (e.g., the Specialist’s added role and contribution in reviewing the annual reports to ensure gender-sensitive reporting), the existence of a gender focal person in every programme, and the reinstatement of gender task forces. Having said that, while there is a job description available for the role and responsibilities of the Gender Specialist, there does not appear to be a Terms of Reference that explicitly outlines the roles and responsibilities of gender focal persons situated in each programme area.

The evaluation found that limited internal gender capacities contribute to less reflection on gender dimensions and explicit integration of gender priorities, for example as seen in the RRF. The GPR explains that “the insufficient focus on gender in the RRF is primarily linked to limited understanding of gender requirements for the UNICEF mandate and comprehension of gender transformational programming, which can be linked to limited in-house capacity.”¹⁷² This highlights the need for wider dissemination of gender roles and responsibilities accompanied by guidance and tools to streamline gender support across the

¹⁶⁷ UNICEF. Country Programme 2022 Full Approved Report (RAM). 2023

¹⁶⁸ Gender Action Plan (2022-2025); See 1.1 Gender Transformative Programming in UNICEF Context in ‘Best Practices with Gender-Responsive Programming in Europe and Central Asia’: p.7.

¹⁶⁹ Gender Programmatic Review: Figure 5, p.20.

¹⁷⁰ Ibid.

¹⁷¹ COAR 2021.

¹⁷² Gender Programmatic Review.

RCO. UNICEF staff expressed the need for more expertise, trainings, and capacity building on how to achieve gender transformative programming across all areas of UNICEF's work, and among Implementing Partners.

Finally, there are initial signs with CP implementation that UNICEF is making efforts to include dedicated programming that addresses the specific issue areas, barriers, and needs for women and girls (e.g., adolescent pregnancy), identified as the most pressing priorities and concerns *by* women and girls themselves. This is evidenced by the CP's increasing use of innovative and more participatory approaches such as peer-to-peer models and community-based structures (see more on the peer-to-peer strategy below). While this has to some extent involved new partnerships for more sustainable and at-scale programming (e.g., the Women's Parliamentary Forum, GenU, YouthConnekt, Friends of Family and youth volunteers, the National Council for People with Disabilities), this could be strengthened further through strategic partnerships with youth-led organizations and women's networks.

Mainstreaming adolescent-sensitive approaches

As discussed in section 5.1.4, the CP included interventions that specifically targeted adolescents and young people as beneficiaries. However, mainstreaming adolescent-sensitive approaches has been variably mainstreamed across programme areas. What follows discusses some initiatives that have been identified that speak to mainstreaming adolescent-sensitive approaches.

The peer-to-peer model among young people is considered to be particularly effective for awareness-raising and knowledge sharing that contributes to social behaviour change, such as for information on SRHR and HIV prevention and self-testing. For example, UNICEF's Ubuzima Bwiza, Ishema Ranjye (My health, My Pride) initiative targeted vulnerable adolescents and young people with behaviour-change communication information on SRHR and on response to and prevention of HIV and sexually transmitted infections (STIs). UNICEF used an innovative community-based peer support system for adolescents and young people on HIV prevention, testing and referral to treatment services. This peer support system enabled increased demand and access to quality health services among vulnerable adolescents, particularly girls. Adolescent participation through peer groups and other face-to-face sessions also informed the development of an SRHR/HIV SBC toolkit on healthy behaviours and decisions to increase service uptake. The content has since been adapted for multiple digital and non-digital SBC platforms, including social media and radio.

Interviews described more youth-driven peer mentorship models in the latter years of the CP's implementation that start to pave the way for youth participation and empowerment. Examples include the support to the launch of the Generation Unlimited (GenU) to engage young people in governance mechanisms and the foundational Youth Advocacy Guide (YAG) which uniquely brought together youth advocates across the country and involved training of youth trainers in a participatory approach for youth-led advocacy, and the empowerment of young people as agents of change in their communities (see below for details on results). Increased efforts for youth participation and empowerment also include the model connecting adolescent mothers for information sharing and the use of youth volunteers for IZU/Friends of Family¹⁷³ which has been particularly instrumental in providing peer support especially for violence against children. Adolescent-led dialogues in SBC on violence issues were particularly eye opening in revealing the most pressing issues to inform the target of youth-focused interventions. Providing spaces to hear from adolescents directly allowed for them to speak to other angles that would not otherwise be seen. For example, through this approach, social stigma and harmful attitudes of community health workers were identified as an important barrier for adolescents seeking SRHR services and products, which informed the successful launch of community-based and largely youth-driven structure of volunteers to better serve adolescents SRHR needs in communities.

Additionally, when implementing education projects to bring back OOS children, UNICEF introduced social accountability aspects (e.g., social accountability tool and scorecard) to create interface platforms for adolescents and children to share their experiences and perspectives around the issues they face in family and school environments that contribute to drop-out (in addition to hearing from parents, teachers and local leaders). This allowed targeted at-risk groups to give direct input to improve the quality-of-service delivery (YWCA). In the implementation of Children's Forum Committees, CLADHO reported that peer-to-peer

¹⁷³ Inshuti z'Umuryango (IZU)/Friends of Family

learning is considered best practice to train young people, with separate peer-led approaches for girls to create safe spaces for sensitive topics.

Finally, the Health programme area worked with partners to engage with adolescents and teenage mothers in Rwanda, by helping them to build confidence and peer support through community-based outreach programs on HIV and reproductive health. UNICEF supported the development of new technology/social media that helps adolescents seeking health service support to access peer support, which has been associated with better quality of life and health outcomes. Specifically, UNICEF provided financial and technical support to a Youth Led organization called Community Health Booster to develop a digital platform used by adolescents to be aware about mental health. Additionally, UNICEF supported health centers to have a youth corner (a room) dedicated to provision of adolescent sexual reproductive health services.

Box 5.3: Perceptions on degree of youth engagement

“We have not worked enough with young people. Youth advocates, youth climate change champions are some of the ideas that should be implemented here. Using the VOICE and POWER of the youth to promote the rights of children will be key in the next CPD.”

Source: KII (UNICEF staff)

Leveraging resources and partnerships

UNICEF has relied on partners both to implement and to help leverage resources for the CP’s interventions. The contribution from donors to the CP is estimated at USD 38.1 million, representing 27% of the total allocation of funds for the CP.^{174, 175} The analysis here is focused on how this strategy was used to attract investment in the sectors where UNICEF intervenes. As discussed in section 5.2.1, to implement its nutrition programme, UNICEF successfully leveraged financial resources directly from other UN agencies (e.g., WHO, FAO, and WFP) or partnered with them to leverage funding from donor agencies such as the Swiss Agency for Development and Cooperation.¹⁷⁶ The partnerships with the Embassy of the Netherlands and Nutrition International (NI) also played a big role in resources mobilization for the CP implementation.¹⁷⁷ To trigger government financial support to the nutrition programme, UNICEF trained 215 central and district government staff on nutrition and ECD mainstreaming through national and district plans and budget tagging techniques. After this, the government invested 6.7% of the national budget of 2021/2022 in nutrition interventions.¹⁷⁸

Successful partnerships with the private sector were reported in the ECD domain. For instance, within the framework of UNICEF’s Children’s Rights and Business initiative, the CO successfully onboarded private companies which invested in creating childcare facilities for ECD services. Overall, it is estimated that 53 ECD centers were established by private sector companies (including in the Tea industry, Rice industry, Mining, and Banks). Interviewed UNICEF staff estimated that, during the current CP, UNICEF invested about USD 200K and leveraged USD 1 million from the private sector invested in ECD centers. Using the ECD as an entry point, UNICEF has launched many other initiatives that promote children’s rights in the business sector. These include the CEO forum which was established to bring together CEOs who share a common vision for children’s wellbeing.¹⁷⁹ As a result, companies introduced new family-friendly workplace policies and extended parental leave, while others committed to establishing ECD Centres for their employees¹⁸⁰. Companies that invested in childcare are effective in convincing their peers to support child-friendly spaces. In collaboration with UK AID, UNICEF developed a toolkit for employer-supported childcare, a toolkit which was officially endorsed by NCDA.

Another good example of UNICEF’s contribution is seen in the WASH sector where UNICEF contributed to and/or led important advocacy efforts for the mobilization of additional resources. In this regard, UNICEF supported the preparation of a WASH budget review which highlighted the gaps in budget allocation for WASH and culminated in the development of a WASH sector financing strategy.¹⁸¹ This strategy is an

¹⁷⁴ UNICEF Rwanda (2023). Donor contributions_CPDP_May 2023.

¹⁷⁵ UNICEF Rwanda (2023). Rwanda Country office Utilization Cube ORR ORE RR.

¹⁷⁶ United Nations Rwanda. Joint Project Phase III: Effective fighting stunting in Rwanda. Project document. 2021.

¹⁷⁷ UNICEF. Country Programme 2022 Full Approved Report (RAM). 2023

¹⁷⁸ UNICEF. Country Programme 2021 Full Approved Report (RAM). 2023

¹⁷⁹ UNICEF. 2021_End_of_Year_Results_Summary_Narrative. 2021

¹⁸⁰ UNICEF. 2022_End_of_Year_Results_Summary_Narrative. 2022

¹⁸¹ UNICEF (2022). RAM.

important result and a key element for promoting policy dialogue and facilitating consensus building about how to leverage funding for the sector, thus accelerating progress towards the country's WASH targets. UNICEF also supported the Ministry of Health to develop a National Handwashing Strategy. This USD 13 million costed Strategy provides a clear conceptual framework to mobilize financial resources from traditional and non-traditional WASH partners for its implementation.¹⁸² Finally, in 2022, in efforts to mobilize additional resources for WASH, UNICEF supported MININFRA to develop a concept note for climate-resilient water supply services (tentative budget USD 47 million) The concept note has been shared with the Government for review and approval and subsequent submission to the Green Climate Fund (GCF) in 2023.¹⁸³ In the Social Protection area, a noteworthy example is the UN SDG Joint Programme with WFP and FAO, which leveraged USD 3 million for social protection interventions, including shock-responsive cash plans and the enhancement of agriculture-sensitive social protection. The Joint Programme initially began as a pilot programme but was scaled up given the successful pilot phase and high degree of synergies across stakeholders. As a result, the scope of the programme was expanded beyond accelerating social protection programming in Rwanda to include integrated systems and community-level activities.

Enhancing use of innovation

During the current CP, UNICEF has successfully supported the identification and introduction of promising innovations for application in Rwanda across different programming areas. UNICEF's valuable contributions under this strategy involved the introduction of new approaches, tools, and different ways of working. Following the COVID-19 pandemic, UNICEF was pushed to transfer a majority of services online, such as building a hotline which helped to avoid disruption of critical services and continue to deliver to children that needed support amidst national restrictions. For example, coming out of COVID emerged a set of guidelines and operating procedures on responding to emergencies and intersectoral linkages, such as between Child Protection and the health sector, to allow referrals to detect and identify child protection issues when separated/removed from caregivers (e.g., during quarantines). Some creative innovations were cited to reach harder-to-reach vulnerable groups during the pandemic in spite of in-person/face-to-face restrictions, such as the use of radio and talk shows for messaging on domestic violence and preventing VAC. UNICEF also supported the government during COVID to establish a national hotline for reporting child protection issues and providing remote case management services, which given its success continues up to present.

From the WASH perspective, innovation activities aimed at improving service delivery through cost-effective solutions. A notable example is the "new handwashing facility model" which was tested by UNICEF during the current CP.¹⁸⁴ The model is an important contribution as poor handwashing with soap practice is a cross-cutting health concern in Rwanda, causing morbidity and mortality in Rwanda that is preventable. It can be used to foster handwashing behaviour in the home, schools, health facilities, and throughout all public and private institutions, with many positive effects on the living conditions of children, while improving the economic life and well-being of people and communities where children live.

Another important WASH-related innovation is the construction of a solar-powered system for the Nyagashankara water supply in Kirehe district. Initiated within the framework of UNICEF's efforts to promote climate resilient programming, the innovation is likely to boost the efficiency of water service delivery in Rwanda, if replicated at scale. Interviews indicated that before the switch to solar, the system was powered strictly by a diesel generator, like other systems in remote rural areas of Rwanda where there is limited or no access to electricity. The price of using these generators is steep, measured in financial costs as well as high carbon emissions. With this innovation in Kirehe, an array of 360 solar panels now helps to power the pumps, pushing water through 24 miles of pipeline, 14 water storage tanks, 40 public water taps and 67 household connections.¹⁸⁵ A recent report indicates that operation costs have been cut in half and exposure to pollution in the community has been reduced. The system serves a population of some 22,000 people — 11,000 of them adolescent girls and women — along with seven schools, two health posts and one medical center.¹⁸⁶

¹⁸² Ministry of Health (2019). National Handwashing Strategy.

¹⁸³ UNICEF (2022). RAM.

¹⁸⁴ UNICEF (2018). Annual Report

¹⁸⁵ Sarah Ferguson (2023). Solar-Powered Water Systems a Game Changer for Girls in Rwanda.

¹⁸⁶ Sarah Ferguson (2023). Solar-Powered Water Systems a Game Changer for Girls in Rwanda.

An example on the use of innovation to enhance gender and equity-related results is the Disability Management Information System (DMIS) being piloted in select districts that was jointly supported by UNICEF, GIZ and other partners. In the education sector, the School Connectivity Project (commonly referred to by stakeholders as the GIGA project) is worth emphasizing. The project aims to help accelerate the roll-out of digital learning through connecting schools to the internet and ensuring access to learning platforms in Rwanda. Under the current CP, UNICEF piloted the connectivity of 63 target schools to the internet which provides access to digital tools and content for delivery improved education quality for 40,000 children by over 1,000 teachers.

There is general agreement among key CP stakeholders that, although the RCO has supported the introduction of many innovations, securing capital for their scale up remains a challenge. It appears that, under the current CP, the RCO has not sufficiently capitalized on the innovation ecosystem in Rwanda to address this bottleneck. Doing so would have resulted in more concrete innovation partnership arrangements, including with potential private investors, to bring UNICEF's tested models and successful pilots to scale.

Harnessing evidence to influence change

Harnessing the power of evidence as a driver of change for children has been successfully used by UNICEF through different programme areas. In WASH, for instance, UNICEF supported the rapid assessment of drinking water quality in rural areas and based on this assessment a policy brief was produced to enable decision-makers to understand rural water quality issues. This was further followed by work to address rural water supply sustainability and safety, notably by strengthening the financial management capacity of rural water private operators and reviewing the rural water tariff with RURA, the regulator. All these evidence generation-related outputs are being used to contribute to guiding change for children.

Evidence from evaluations has also contributed to planning and programming to drive change. For example, The Final Evaluation of the UN Joint Programme for Accelerating Integrated Policy Interventions to Promote Social Protection in Rwanda generated sound evidence regarding multidimensional deprivation, the linkages between social protection and external shocks, and the effects on the most marginalized. This evidence influenced programming in the social protection sector in Rwanda.¹⁸⁷

Policy influence is also expected from the CLAC which recommends how climate, energy and environment-related issues affecting children could be better integrated into UNICEF's work in Rwanda. Stakeholders consulted in this evaluation argued that the CLAC study is likely to boost the focus of UNICEF's work in the country on climate change, resulting in supporting many activities seeking to protect children from climate change effects and reduce their vulnerability vis-à-vis climate change impacts. A further example is the work of UNICEF did with Rwanda Water Resources Board: the groundwater mapping study in drought-prone districts, which is expected to influence policy and action on sustainable groundwater management in Rwanda.

Many respondents emphasized the value of research in helping to shape UNICEF programming. For instance, in the ECD area, the UNICEF-published business case for employer-supported childcare¹⁸⁸ (officially endorsed by NCDA) demonstrated how the daily productivity of workers who have access to employer-supported childcare and retention improved when companies provided childcare. Reportedly, this case study inspired many companies to implement family-friendly workplace policies, while others established ECD Centres for their employees. In a similar vein, consulted UNICEF staff indicated that the results of a UNICEF-supported research on behavioural drivers of suboptimal maternal and child feeding practices in Rwanda has been instrumental in driving nutrition-sensitive interventions, such as the distribution of livestock and VSLAs to improve suboptimal maternal and child feeding¹⁸⁹. consulted UNICEF staff indicated that the results of a UNICEF-supported research on behavioural drivers of suboptimal maternal and child feeding practices in Rwanda has been instrumental in driving nutrition-sensitive

¹⁸⁷ UNICEF Rwanda, Southern Hemisphere, and Educational Consulting Success (2022). Final Evaluation of the UN Joint Programme for Accelerating Integrated Policy Interventions to Promote Social Protection in Rwanda: Final Report.

¹⁸⁸ <https://www.unicef.org/rwanda/media/3536/file/Business%20Case%20for%20Employer-supported%20Childcare.pdf>

¹⁸⁹ Birungi, A., Koita, Y., Roopnaraine, T., Matsiko, E., & Umugwaneza, M. (2023). Behavioural drivers of suboptimal maternal and child feeding practices in Rwanda: An anthropological study. *Maternal & Child Nutrition*, 19(1), e13420.

interventions, such as the distribution of livestock and VSLAs to improve suboptimal maternal and child feeding.

Finally, worth mentioning are the UNICEF-supported Budget Briefs which have been used to advocate for a greater domestic budget for children's issues. For example, UNICEF supported the conduct of the WASH sector financial analysis and WASH budget Brief, which informed the development of WASH sector financing strategy in 2022. The strategy analyses the financing landscape and estimates funding gaps in the provision of climate-resilient WASH services to meet national targets and the SDGs. The strategy also identifies financial bottlenecks and suggests how to close them.

5.3.4 Contribution to Gender, Equity, Human rights, and Disability Inclusion

Finding 14: The cross-cutting issues of gender, equity, human rights, and disability inclusion have been incorporated to some extent into CP's activities, contributing to the achievement of programme results, for the most vulnerable boys, girls and women, including those with disabilities. Achieved results from embracing disability approaches include, for example, UNICEF contribution to the development of the national disability policy and action plan and supporting the GoR in the preparation of the 2nd UNCRPD report. A key achievement in this area has resulted from UNICEF's deliberate focus on CwD in expanding family-care/institutionalization.

As indicated previously, the CP reporting of sex-disaggregated data across sections has improved over the course of the CP implementation. Thus, the evaluation found evidence of gender-sensitive results as evidenced by the information and data reported in RAM documents and annual reports, where attempts are systematically made to disaggregate data by sex. To illustrate, UNICEF supported partners that work in the refugee camps to implement different activities in nutrition and ECD, producing gender-disaggregated results. For example, children aged 3-6 years in the Mahama refugee camp received school-readiness programmes through partnerships with UNHCR and the Ministry of Emergency Management. In this camp, 2,997 boys and 3,663 girls from Burundi received integrated ECD services¹⁹⁰ consisting of health services, nutrition, education (early learning and stimulation), hygiene and sanitation, child protection and inclusiveness and positive parenting.¹⁹¹ However, focus group discussions with ECD teachers in the Mahama refugee camp shared the challenges they experience with having ECD centers of adequate quality in refugee camps to respond to increased school attendance, with teachers reporting overcrowding of classrooms, and insufficient teaching and learning materials. They explained that teachers and students barely have enough to eat with no access to WASH facilities. Challenges are further exacerbated for students with disabilities who cannot access toilets; teachers in the camps expressed that children with disabilities require separate classes with teachers that have the expertise to manage and dedicate time for these students' particular needs.

The evaluation found that together with the National Council of Persons with Disabilities, UNICEF adapted communication materials on EVD and COVID-19 to be accessible to the needs of persons with disabilities, with a total of 8,700 persons (60% female and 40% male) reached directly and 60,000 persons (60% female and 40% male) reached indirectly.¹⁹² With UNICEF support, Rwanda developed its combined 3rd, 4th and 5th state party reports under the Convention on the Rights of Persons with Disabilities (UNCRPD). During the current CP, UNICEF and the Umbrella of Persons with Disabilities continued to engage youth to combat stigma and discrimination towards children with disabilities, notably through behaviour-change messages and community engagement efforts. It has been reported that these efforts reached 100,130 community members (54% female) who participated in community dialogues from which 15 champions (9 female) of disability inclusion were identified.

In the Education sector, UNICEF and partners enabled access to education in an inclusive environment for 7,200 children with disabilities (3,188 girls) and 43,093 refugee children (21,216 girls). UNICEF also supported children at risk of dropping out of school due to unresolved social issues by referring 418 children

¹⁹⁰ UNICEF. 2019_End_of_Year_Results_Summary_Narrative. 2019.

¹⁹¹ Ministry of Gender and Family Promotion. Integrated ECD model guidelines. 2019.

¹⁹² UNICEF. 2020_End_of_Year_Results_Summary_Narrative. 2020.

with disabilities to health and social protection services.¹⁹³ In order to regain pandemic learning losses, UNICEF introduced remedial education in particular to girls (16,423/24,261 total learners who benefited were girls) in an effort to target those at risk of dropping out/irregular attendance.¹⁹⁴

In addition to the CP's efforts to systematically report disaggregated data by sex, there have been progressive improvements in the CP's ability to reach the most disadvantaged communities and deliver results for the most vulnerable categories of women and children, including persons with disabilities. At the programmatic level, the CP was notably effective in reaching women/girls and persons with disabilities in the areas of social protection, child protection, and education. Within Social Protection programming, several stakeholders highlighted the positive effects of the VSLA Cash+ model that was piloted to enhance women and youth economic empowerment. The model strategically targeted women and girls from the poorest households in group composition, establishing savings groups for adolescent boys and girls (including those in and out of school), and also savings groups for women. It was noted that women are increasingly involved in the leadership of VSLA savings groups (e.g., as Presidents or committee members), with those groups led by women performing exceedingly well. These groups have reportedly bolstered women's confidence, slowly building economic empowerment through their savings. Savings groups were also combined with 'smart spending' which aimed to empower VSLA members to save towards given priorities (e.g., towards nutrition, WASH, ECD). This combined approach was considered highly appreciated by the government for its success in contributing to the economic empowerment of the most vulnerable and to important mindset change. Moreover, livelihood support interventions in five districts were effective in reaching and supporting vulnerable households in rural communities in remote areas.

There has also been remarked success in increasing gender balance and equal opportunities for education, with a significant rise in the enrollment of female students (at par if not more than male students) and greater attendance of children with disabilities in schools, with improved learning outcomes for these students due to UNICEF support. To regain pandemic learning losses, UNICEF introduced remedial education in particular to girls (24,261 total learners, with 16,423 of those who benefited were girls) in an effort to target those at risk of dropping out/irregular attendance. In 2022, 3,933 young children (2,006 of which were girls and 150 children with disabilities in poor families) accessed integrated ECD services with established partners, and 418 children with disabilities with unresolved social issues were referred to health and social protection services. UNICEF has also contributed to the achievement of other education indicators that enabled gender results, such as strengthening the capacities and skilling of teachers, and curriculum enhancing with the UNICEF-led Gender Teaching Pedagogy.

To some degree UNICEF has adapted materials, such as communication materials on EVD and COVID-19, to be accessible to the needs of persons with disabilities. Through these materials, a total of 8,700 persons (60% female and 40% male) were reached directly and 60,000 persons (60% female and 40% male) together with the National Council of Persons with Disabilities. Stakeholders explained that there has been the distribution of mobility aids and assistive devices in some districts, and advocacy for infrastructure of schools (e.g., entrance, toilets) to be disability-friendly to comply with the new policy that mandates all public buildings be physically accessible. UNICEF also funded the renovation of schools built prior to the policy in order to be accessible to children and young people with disabilities. UNICEF also collaborated with ILIBAGIZA and relevant partners to provide digital support to advocate for disability-friendly infrastructure at the health post level with the aim of strengthening the overall health system and leaving no one behind.

It was raised that disparities remain for some of the most disadvantaged geographies, for example in WASH where disparities remain highest in rural areas, with unserved and underserved people in urban areas due to urban inequalities resulting from Rwanda's rapid urbanization. Persisting gender barriers and inaccessibility (including the combination of the two for girls with disabilities) of facilities and services hinder the ability to reach marginalized groups (e.g., for some health services). The endline evaluation of the Developing Human Capital in Rwanda (DHCR) also revealed that people with disabilities and teenage mothers and their children were not sufficiently prioritized for the interventions, with community discussions indicating that targeting and beneficiary prioritization did not always include or provide benefits to the most deserving households. From the nutrition perspective, the adolescent mothers' nutrition and health may be

¹⁹³ UNICEF. 2020_End_of_Year_Results_Summary_Narrative. 2020.

¹⁹⁴ UNICEF. 2020_End_of_Year_Results_Summary_Narrative. 2020.

compromised by many factors such as lack of income and skills in food preparation, harsh treatment at home and in the community, lack of/ or interrupted education, lack of foods and knowledge for complementary feeding among others. In this way, interventions that focus on empowering adolescent mothers simultaneously contribute to their nutritional status and that of their children.

Finally, important results have been achieved stemming from UNICEF's contribution to the development of the National Disability Policy and Action Plan, advocating for greater awareness and consideration of different disability issues. It was noted that UNICEF took a deliberate approach to work with the government to come up with a comprehensive policy and action plan instead of focusing only on children with disabilities. In 2022, UNICEF also supported the government to development and submit the second UNCRPD report, which is currently awaiting approval. Interviews with government partners explained that they are also working on a child and disability grant with UNICEF that they expect to be introduced next year, attesting that there has been "quite a big impact, for children with disabilities in particular." External partners shared the perception that UNICEF's approach to disability inclusion is observable in the different interventions, making sure more and more that persons with disabilities are participating and included as targets among beneficiaries.

5.3.5 Contribution to Adolescents and Youth Empowerment

Finding 15: There is evidence that the CP's realization that considering adolescents as a predominant age range in UNICEF's targeting and supporting their agency has contributed to tangible results. The evaluation found that, with the CP's shift (in the latter half of its implementation) in favour of a youth empowerment approach, initial seeds are being sown in this area. Stakeholders underscored the immense value-added of a youth empowerment approach that is centered in youth participation and youth-led involvement in decision-making, suggesting the model as best practice to be built more explicitly into a strategy going forward. While this area is still in its infancy to attribute major concrete benefits for young people, there is strong evidence of positive effects from the little that has been conducted. However, challenges and limitations remain that obstruct this strategy from achieving full potential.

As discussed in section 5.1.4, the CP's strategy of mainstreaming adolescent-sensitive approaches does not reference youth empowerment and the CP does not appear to have considered this cross-cutting issue from the onset. However, it has grown to be more at the heart of programming through the course of implementation. This also coincides with the launch of the new global Child Protection strategy for UNICEF, with an evaluation that recommended for "more engagement of adolescents and children not only as beneficiaries but as agents of change" and have their voices and actions and agency at the heart and center of interventions.¹⁹⁵

Interviews showed that there have been both internal and external reflections on the intrinsic value of young people's direct involvement and recognition of its catalytic effects, including the empowerment of youth. As a result, UNICEF has shifted to a youth empowerment approach (model) that is centered in youth participation and youth-led involvement in decision-making. There is increasing evidence that the adopted approach is beginning to shift perceptions of young people and their capacities as leaders and change agents, with pathways beginning to unfold through UNICEF collaborations with young people. Engaging and empowering adolescents and youth, including those with disabilities, in life skill development and capacity building allows their meaningful participation in implementing activities. The participatory approach to developing communication assets was reportedly key to ensuring that the content appeals to different audiences. This participatory approach has also begun to be extended to persons with disabilities with continued engagement with disability and inclusion champions who are personally motivated to advance the disability agenda, which has been identified as a key ingredient for normalizing discussion around the rights of children with disabilities.

UNICEF has initiated considerable work in the area of youth participation by strengthening the Children's Forum Committees (CFCs) (e.g., in Social policy, Child Protection, and SBC) in 13 districts and at the national level in partnership with CLADHO. This UNICEF-supported initiative developed a Memorandum with the Ministry of Economic Planning to work in partnership with local organizations to train and involve

¹⁹⁵ UNICEF Child Protection Strategy Note.

youth in the community in their role in prevention and shaping government planning and budgeting. As a result, there has been a noted budget increase towards youth issues. CFCs are elected democratically to identify pressing priorities to be considered in the national budget framework together with parliamentarians. For example, these committees raised the issue of school feeding which has since become a national concern and major priority area with the budget increasing year to year.

The evaluation findings on youth participation point to promising initial evidence on how the model has started to translate into agency and empowerment. For example, CLADHO reports that CFCs have resulted in increased self-confidence in articulating their views and pride as positive role models, with positive results maximized by feedback sessions as a critical accountability mechanism. The success of CFCs and their model of youth participation has motivated children and young people's broader participation in other platforms, such as "Dusangire Ijambo" created to gather the views from community including children, and participation in community meetings (e.g., *intenko z'abaturage*, *umugoroba w'Umuryango*). It was also reported that young people's views expressed in CFCs guided new partner interventions (e.g., JADF connecting new partners with CFC) and the prioritization of district interventions. CFCs also reaffirmed the growing role of young people in VAC prevention (e.g., cascading training/skills transfer, information sharing, advocacy, awareness-raising campaigns, youth clubs, home visits) in safe and age-appropriate ways, evidencing young people's contribution to case identification, referral and reporting by reaching out to at-risk peers and some reporting of young people providing direct support. However, it was noted that there are persisting 'sticky norms' that undermine the capabilities of young people, resulting in feeling minimized or undervalued, and contributes to insufficient buy-in of adult stakeholders and inconsistent support for child-led plans.

UNICEF has worked with the Association of Rwandan Journalists to enhance the participation of children and young people in national planning and budgeting and promote fiscal and budget accountability. It has been reported that in 2022, the CP's interventions in this area reached more than 14,827 young people to engage in the decision-making process on planning and budgeting and in community dialogues. According to government partners, more than 12,000 children in secondary school were also sensitized about 'Vision 2050: The Rwanda We Want'.

The Generation Unlimited (GenU), a UNICEF-supported initiative allowed to operationalize ten youth centres providing digital literacy, entrepreneurial and life skills, with more than 5,000 youths reached in 2021.¹⁹⁶ The GenU further contributed to the development of a database of adolescents' and young people's initiatives, culminating in the mapping of the various youth-focused projects being implemented by different stakeholders across the country.¹⁹⁷ Under the same initiative, UNICEF and UNDP supported the YouthConnekt Africa Summit, reaching over 10,000 children and youth development advocates.¹⁹⁸ In 2021, the Ministry of Youth and UNICEF launched two challenges for young people to formulate innovative ideas related to national development and COVID-19 recovery. These challenges were concluded in 2022 and winners received grants to implement their ideas. In the same year, a capacity building initiative was organized for over 50 youth organizations, covering key issues such as project management, leadership skills, entrepreneurship, understanding of child protection, proposal writing and mental health.¹⁹⁹

Another foundational achievement resulting from UNICEF's youth participation approach is the Youth Advocacy Guide (YAG) and its training of trainers component that connected and mobilized a network of trained youth advocates, which yielded multiplier effects.²⁰⁰ This initiative connected and mobilized a network of skilled and passionate youth leaders and advocates, creating the business case for investing in youth and the catalytic potential of capacity building to empower youth advocates who in turn extend reach through each of their individual impacts in their communities. All of the youth partners interviewed in this evaluation overwhelming shared positive effects with a lot of value-added from having participated in the experience. They confirmed that they were then able to share and extend to others in supporting other

¹⁹⁶ Annual Report, 2021

¹⁹⁷ COAR 2020

¹⁹⁸ UNICEF. Country Programme 2022 Full Approved Report

¹⁹⁹ UNICEF (2022). Annual report.

²⁰⁰ <https://gdc.unicef.org/resource/2022-unicef-youth-advocacy-guide>, Youth Advocacy Guide (YAG) training highlight: [Empowering Youth Advocates in Rwanda: UNICEF and Partners' Cascading Training | UNICEF Rwanda](#)

young people through their youth-led capacity building and advocacy work.²⁰¹ Some consulted stakeholders noted that it is very uncommon for an organization to bring together 100+ youth in the way that was done through UNICEF YAG, which is perceived as being first of its kind, with UNICEF leading in this way. The success of this approach, and those discussed above, further support the investment case for youth-led models.

However, according to some external partners, challenges remain in the perceptions of many young people and trusting in their capabilities to contribute, which is a strong disincentive for most agencies to trust and fund young people and youth-led organizations. This leaves young people feeling unseen because of the limited resources available for youth.

5.3.6 Contribution of Multi-sectoral approaches

Finding 16: While there is evidence of multi-sectoral approaches contributing to the CP results in some of UNICEF's work, such approaches were not systematically used across all CP programme areas. Consistent efforts have been made to programmatically conceive and deliver ECD centers as cross-sectoral interventions. Similarly, the CP has implemented interventions to prevent chronic malnutrition through a multisectoral approach, with support from other partners including government, other UN Agencies, and donors. However, due to the lack of a unifying framework, the CP has remained mostly sectorally driven, as many programming areas were not able to jointly plan and deliver common results. This has limited the achievement of results that respond holistically to children's needs and to the environments in which they grow up.

The evaluation found that the CP implemented interventions that benefited more than one programme area, including health, nutrition, and education, both in development and humanitarian contexts. To illustrate, UNICEF staff confirmed that many UN Joint Programmes were conceived and implemented on the basis of robust joint proposals developed between UNICEF and other agencies (or within UNICEF sections such as nutrition and social protection). The evaluation found also that during the current CP, it has been possible to integrate WASH services into health, nutrition and education services, which has helped to maximize intervention results. For example, in 2018, UNICEF worked with the Ministry of Education to build eight pre-primary centres with WASH facilities.²⁰²

Similarly, interviews and document review revealed that the 53 ECD centers that were established following UNICEF's private engagement activities and technical support adopted a holistic approach. The ECD centers which created safe and stimulating environments for children while their mothers are at work (in tea plantations, in local markets or as cross-border traders) were found to be multi-sectoral investments in nature, in the sense that all UNICEF sectors collaborate when establishing the centers. In a similar vein, the evaluation determined that the cash transfer interventions implemented over the course of the CP cycle integrate multi-sectoral approaches. For instance, the expansion of the GoR's VUP Social Protection Programme and the Expanded Public Works pilot incorporated both child-sensitive programming and nutrition services.²⁰³ Both cash transfer modalities demonstrated a high level of effectiveness in terms of addressing child protection and nutrition-related needs, including household food security and childcare.

Furthermore, improving nutrition required multi-sectoral interventions, involving WASH, child protection, education, economic empowerment, and agriculture, among others. Our analysis in this area suggests that, in addition to kitchen gardening and distribution of agricultural inputs and the creation of VSLAs, interventions tailored to improving WASH were undertaken along with nutrition interventions. Participants in focus group discussions confirmed the importance of water supply in improving nutrition aspects in their communities. For example, the water supplied in communities is used by households to irrigate the kitchen gardens, which allows them to have vegetables all year round. The Joint UN nutrition project funded by the Swiss Development Cooperation and involving four UN agencies (FAO, UNICEF, WFP and WHO) to

²⁰¹ For more testimonies from the YAG initiative, see: <https://www.unicef.org/rwanda/blog/my-testimony>

²⁰² UNICEF (2018). Annual Report.

²⁰³ Government of Rwanda, UNICEF, and CARE International (2016). Child-Sensitive Social Protection and Nutrition-Specific Interventions (CSSP) Pilot Evaluation: Summary Report.

prevent chronic malnutrition in two districts severely affected by stunting and poverty is a good example of nutrition interventions that adopted a multisectoral approach.²⁰⁴

However, the evaluation did not find sufficient evidence that, by design, all CP programme areas adopted a multi-sectoral approach, developing joint proposals and conducting joint monitoring and reporting. For example, Child protection includes a large focus on cross-sector issues, such as adolescents, children with disabilities, mental health and psychosocial support, social and behavioral change, etc. and addressing them involves multiple sectors (e.g., education, health, nutrition) working together in concert. Comprehensively addressing child protection concerns related to VAC involves both education and raising awareness for SBC for prevention, alongside a coordinated health system for effective service-delivery for survivors. Not many cross-cutting interventions were identified in this programme area, although there are some recent proposals for intersectoral programme with joint planning such as the Swiss Natcom - supported integrated disability programme. Given the cross-sectoral nature of Child Protection, a more systematic and coordinated multi-sectoral approach that creates links across sectors is required to achieve further impact than working on these issues separately in silos.

The above signals that the entire CP did not truly follow a multi-sectoral approach, which would ensure a coherent, coordinated, and joint approach from the design phase to implementation and evaluation of interventions across all sectoral areas. While the evaluation found that the CO established some cross-sectoral teams, bringing staff from different sections together to focus on the same tasks across the whole project cycle, it appears that, overall, cross-sectoral collaborations remained occasional, as “inter-sectoral” interventions per se were not that many. UNICEF staff expressed that fostering multi-sectoral approaches is an area that can be advanced further, with stronger coordination among the different sectors involved in integrated interventions. An important challenge identified through interviews is the lack of a unifying framework, implying that there is still a tendency to work in silos, and a lack of accountability processes, which limits achievement of results that respond holistically to children’s needs and to the environments in which they grow up (communities, schools, etc.). Thus, staff and their teams are not necessarily motivated to embrace integrated approaches, especially when they are feeling overburdened and overworked. Sectoral silos remain in practice, which limits the achievement of results that respond holistically to children’s needs and to the environments in which they grow up.

5.3.7 Contribution of SBC

Finding 17: Across CP’s components, UNICEF implemented several SBC activities aimed at creating behaviour changes (e.g., health seeking behaviour for common childhood; child protection professional service-seeking behaviour) or triggering shifts in social norms. The evaluation noted a few instances of social norm changes, including in the areas of gender norms, with the primary example of this being SBC around girls’ education. However, in other areas, it is hard to tell whether UNICEF’s SBC activities have contributed to changes in social norms and behaviours of targeted individuals and communities for the benefit of the rights of children.

In determining the contribution of SBC, it is important to note upfront structural shifts that took place throughout CP implementation, with reshuffling of roles, responsibilities, and resources allocated to SBC. According to interviews and document review, SBC was originally under Communication for Development (C4D) and formerly within the Communication, Advocacy and Partnerships (CAP) section, but following MTR recommendations SBC started reporting to the Deputy Representative (instead of to the Chief CAP), with the RCO Gender Specialist shifting roles and responsibilities to support the SBC section. This merging of roles with less resources dedicated exclusively to SBC has had an incidence on the coherence of SBC interventions and the ability to trace their specific outcomes.

The evaluation findings document a few instances of the early stages of social norm change, including in the areas of gender norms, that has allowed for programming benefits to be enhanced and sustained in the long term. In line with the recent GPR, given the impact of investing in girls’ education as a considerable protective factor and enabling factor that ‘unlocks’ the achievement of broader gender results, “investing in girls can yield high returns”²⁰⁵ with catalytic effects for girls, their families and their communities.

²⁰⁴ UNICEF (2022). RAM

²⁰⁵ Gender Programmatic Review

Stakeholders consulted in this evaluation overwhelmingly pointed to the change of attitudes around child preferences for education as a primary example of shifting gender norms contributing to sustained programming benefits in Rwanda. Previously, girls were not attending school due to child preferences, but now less of a push is needed to encourage or educate parents to put both boys and girls in school, and it has slowly become a new norm for girls to go to school. Though difficult to trace the exact contribution of the current CP to the observed change in this area, all stakeholders acknowledged that UNICEF has invested quite substantially in girls' participation in primary education, with increased admission rates of both girls and boys in primary and secondary school, and higher rates for girls than boys for enrollment in primary school. Specific UNICEF initiatives that have been considered successful in contributing to social behaviour change in this area include:

- Supporting teachers with gender responsive pedagogy (e.g., collaborating with Chance for Childhood);
- Utilizing community-based initiatives such as Umugoroba w'Imiryango/Families Evening Forum for Gender Transformational Parenting Workshops;
- Calling to action a Working Group for the development of a national SBC strategy based on gender-responsive pedagogy with Imbuto Foundation, MIGEPROF, and women's, men's and youth networks;
- Rolling out the Itetero TV programme to promote positive masculinities and positive parenting, use play to challenge social norms surrounding gender inequality, and to disseminate information on the new curriculum on sex ed and gender-responsive pedagogy to sensitize communities;
- Scaling up gender-responsive training in schools and strengthening the 'girls rooms' concept for safe spaces for girls in schools (in response to a request from partners).

The evaluation also found that, in general, there is more widespread understanding of and support for children's rights, including among young people themselves. Focus group discussions with youth and youth-focused partner organizations confirmed that, thanks to UNICEF's and other partners' SBC efforts, young people are increasingly aware of their rights through youth clubs/volunteer networks, youth committees (e.g., cells) at the sector, district and province levels, as well as through training, sporting events, mass media and radio public talks (see Box 5.4). UNICEF has contributed to this social change by bolstering a comprehensive policy framework (e.g., Rwandan Youth Policy, NCDCA) with decentralized youth structures and mobilization mechanisms, and targeted youth programming.

Notwithstanding the above positive results, the evaluation revealed that stigma and harmful social norms are a persisting barrier to the achievement of gender and equity-related results. This is evidenced by interviews with internal and external stakeholders and confirmed by the GPR. The GPR pointed to the fact that "research in Rwanda has found that stigma is a major barrier to youth's use of family planning services and methods where girls in Rwanda can face consequences when seeking sexual and reproductive health (SRH) services; rumours have been known to spread in communities regarding girls accessing these services and have even, at times, resulted in physical violence/punishment by parents".²⁰⁶ Constraining socio-cultural beliefs around sex and women/girls being assertive about their choices (e.g., family planning and use of contraceptives) and their bodies limits the ability to achieve desired changes and contribute to impact. This is further exacerbated by other existing barriers in accessing SRHR services and commodities, such as financial means and accessibility (e.g., in rural areas). All this raises the need to invest further in SBC to address harmful social and gender norms that hinder the achievement of gender and equity-related results.

Box 5.4: Perceptions on contribution of SBC

"UNICEF is helping children realize their full potential. UNICEF encourages youth to acquire and practice skills to help break stereotypes, constructively interact, and implement innovative ideas in all our activities hence making youth more self-reliant."

Source: FGD (with youth group)

An important entry point for deconstructing harmful gender norms includes the engagement of men and boys to shift dominant mindsets and promote positive masculinities, as allies in supporting women/girls' rights and gender equality, particularly in the areas of VAC and SRHR. For example, there are valuable entry points for UNICEF to collaborate with NCDCA, and leveraging partnerships with REAL (Responsible, Engaged and Loving) Fathers Initiative and with MIGEPROF on the Men Engage strategy. The evaluation revealed gender disparity among ECD centers, with most participants being women and very few men

²⁰⁶ Gender Programmatic Review

involved or engaged on social norm change. Consulted stakeholders expressed that questions remain on how to better engage men in childcaring activities because of existing gender stereotyping with females dominating early childhood service provision, inadequate knowledge about the potential benefits of father engagement, and cultural and social norms around gender.^{207 208} While initiatives such as the “Super Dad Campaign” conducted by Rwanda Interfaith Council for Health are implemented to encourage men to play their part in childcaring and nutrition, there remains significant room for improvement in this regard.

Cultural taboos and harmful social norms also contribute to misinformation on disability, and sometimes this intersects with gender to produce gendered implications. For example, mothers are often accused of bringing a curse on the family with the birth of a child with a disability. Interviews also emphasized the persisting mindsets of citizens as a key barrier to sustaining results and achieving impact, with some families still guided by harmful social norms that hinder the enjoyment or fulfillment of children’s rights. A UNICEF study on public attitudes towards children with disabilities revealed that an alarming 81% of respondents felt that institutions were the best place for children with disabilities.²⁰⁹ UNICEF has made efforts to address this misinformation around people with disabilities through sensitization and community awareness activities at the community and parents/household level, as these perpetuated taboos often result in the neglect, abandonment and abuse of children with disabilities (see Effectiveness).

Programme areas such as WASH and Nutrition incorporated SBC activities in their approach to enhance the sustainability of positive behaviour changes among the target populations, especially at community level. For example, during the celebration of Global Handwashing Day and World Toilet Day in 2020, over 2 million people were reached with messages on handwashing with soap through a mass media campaign supported by UNICEF.²¹⁰ A year before, over 7,500 people had been trained on sanitation and hygiene promotion, building quality latrines and on COVID-19 Infection Prevention and Control (IPC), and more than 100,000 people had been reached with messages on safe hygiene practices and COVID-19 IPC through interpersonal communication.²¹¹

As regards creating awareness of quality ECD and services and families for nurturing and responsive care to young children (0–6 years), the CP supported the provision of behaviour change communication messages on responsive caregiving to families, development and use of national parenting curriculum, and outreach activities for families through home visitation programme. UNICEF’s social media content reached over one million people during the Parenting Month campaign in June 2019.²¹² Another major SBC intervention in the current CP was the RCCE (Risk Communication and Community Engagement) on COVID-19. UNICEF is the co-chair of the RCCE technical working group for COVID-19 prevention and vaccine uptake and coordinates all RCCE activities in this sector. For example, in 2021, over 100,000 people (52% female) living in the Mahama refugee camp and host communities were engaged in COVID-19 RCCE efforts.²¹³ While these activities are perceived by stakeholders as having contributed to some changes in people’s behaviours, it remains difficult to argue that the changes are sustainable, given that the SBC interventions were generally implemented within the framework of short-term plans. Yet, sustainable shifts in social norms and behaviours result from long-term efforts.

Overall, though initial seeds of change are being sown, further investment is needed in the area of SBC to specifically address harmful social norms that hinder the achievement of gender and equity-related results. This is intricately linked with gender-transformative programming, in addressing root causes and structural factors related to inequality and exclusion by tackling underlying gender norms to contribute to gender transformation.

²⁰⁷ Save the Children. A father’s place: An assessment of male engagement in integrated early childhood development in Rwanda. 2021

²⁰⁸ Catholic Relief Services. Father Engagement in Nutrition: A qualitative analysis in Muhanga and Karongi districts in Rwanda. 2016.

²⁰⁹ UNICEF (2021). Annual Report

²¹⁰ RAM (2022)

²¹¹ RAM (2021)

²¹² UNICEF. 2019_End_of_Year_Results_Summary_Narrative. 2019.

²¹³ UNICEF. 2021_End_of_Year_Results_Summary_Narrative. 2021.

5.3.8 Factors influencing the achievement (or not) of results

Finding 18: Factors at UNICEF, partners and government, and community levels influenced the achievement of the CP's intended results. Enabling factors included building on existing local systems/community structures and partners, enabling environment with political will and instruments to address children's rights issues, UNICEF's deep understanding of local context and innovative approaches, strategic use of funds, and flexibility in dealing with partners. Hindering factors mainly centered around the short-term nature of some interventions, high staff turnover among government institutions, and limited resources (financial) devoted to sections within UNICEF.

The evaluation identified many factors that have influenced (negatively or positively) the achievement of the CP results. They are discussed below.

Implementation capabilities (enabling)

At the UNICEF level, UNICEF collaborated well with all its partners from the project design throughout the implementation and evaluation. Consulted stakeholders attributed the success of the CP interventions to the availability of UNICEF's key personnel to guide and/or support implementing partners' teams. Across the entire project cycle, UNICEF's staff was available, and partners consulted it for technical support and provided the necessary accompaniment. Maintaining partners on the side of UNICEF was also mentioned as an important factor that helped the programme to achieve results. This was an important factor because there was a continuum of mentors and capacity building if the partners were maintained. The evaluation found that UNICEF had a high level of trust in its implementing partners' capabilities, and this boosted confidence in implementing the programme, which in turn contributed to the successful implementation of funded projects, hence contributing to CP results.

It was also reiterated in many interviews that UNICEF had adequate capacity in terms of human resources and technical expertise. Availability of reporting systems encouraged the partners to report on the project implementation status in a timely manner which allowed both UNICEF and partners to keep track of the activities and initiate actions when some activities were flawed. An effective monitoring and reporting system permitted feedback collection and adaptability of the projects for better achievement. In sum, the human resource capacity at UNICEF was key in ensuring the right interventions were selected for implementation and were done in the right way.

At the partners' level, most UNICEF partner organizations are perceived as generally having appropriate and adequate technical capacity to run projects. Consulted implementing partners expressed having had experience and capacity in implementing similar projects. UNICEF helped the partners collect and analyse feedback for project adaptation and maintain the implementation momentum. All these enabled the programme to achieve results at the partners' level. The fact that the Government of Rwanda as a partner is particularly committed to improving the conditions of children has created an enabling environment for the CP interventions. The strong leadership of the GoR ensures that every institution is accountable for its actions and the necessary follow-up drives the result-oriented actions. The performance contracts were pointed out as factors that govern development efforts at different levels (national, district, community), and the fact that each government partner works towards achieving the performance contract has assisted the CP to achieve the results. The availability of functioning systems from the central to community level was identified as a key factor driving the results' achievements. Finally, the CP has been implemented in a politically stable environment which is a critical factor for achieving results.

At the community level, the CP's success was based on community involvement and commitment to improving child growth and development. As seen in this study, in some communities, UNICEF supported partners to use a human-centered approach which entailed designing programmes based on facts derived from the community and this contributed to increasing awareness of the project activities and ownership of the project outcomes. The available community structures such as community health workers and community volunteers were the key drivers of the programme achievements, as they were trained and involved in the programme activities (e.g., growth monitoring and behaviour change communications among others).

The evidence-based programming and monitoring systems helped to achieve the CP outcomes. The programme design was based on situational analysis and the findings obtained from national and other small-scale surveys. This means that the programme activities were grounded in evidence and the evidence was used for advocacy which increased government involvement in the programme activities. The CP supported research to generate evidence which UNICEF used during advocacy and designing projects with the CP.

Staff turnover and short-term nature of interventions (hindering)

On the negative side, a number of barriers were identified to have challenged CP implementation to some extent. The main challenge proved to be the high staff turnover in government institutions which, in some cases, affected the continuity of programme activities. For instance, it was consistently emphasized across interviews that when a staff person who was aware of the programme activities and had participated in the design and implementation of the activities leaves the institution, the process of informing and involving a new staff person restart, which leads to some lags in implementation. It was noted that some of the UNICEF-funded projects had short project implementation periods (six or 12 months). This was voiced by some partners who thought that a short period of project implementation did not allow them to optimise and monitor results to document how the project impacted the community (Box 5.5).

Funding Challenges (hindering)

This evaluation found that funding gaps to expand services remains a challenge to achieve the CP results. For example, while the Government of Rwanda remains committed to improving the WASH sector, as evidenced by the increased expenditure on WASH from USD 55 million in 2021/22 to \$78 million in 2022/23,²¹⁴ UNICEF staff and external partners indicated that the inadequacy of public financial resources is the most important factor explaining why the country is unlikely to achieve the objective of ensuring access to WASH services by all Rwandans by 2024. It seems also that external factors such as the COVID-19 pandemic have changed the priorities of some donors, which affected the mobilization of anticipated UNICEF and government funding, thus affecting the achievement of outcome-level results.

Box 5.5: Perceptions of short-term nature of projects

"We wish to have more time for the project to see how the project achievements are sustained. For example, if the kitchen gardens are maintained and operational, if chickens provided produce eggs and how this contributes to animal sources food consumption" (Staff, NGO)."

Source: Key informant interview, NGO

5.4 Efficiency

5.4.1 Strategic allocation and utilization of financial resources

Finding 19: The CP effectively allocated and strategically utilized financial resources, allowing to make good progress towards achievement of planned outcomes and outputs. A key component that supported effective financial management were monthly and quarterly cash forecasts that were used to monitor financial needs across the CP, provide timely monitoring and reporting to the Management to inform decision-making in addressing identified gaps and challenges. These mechanisms ensured the Country Office was agile and able to adapt financial allocations based on real-time information.

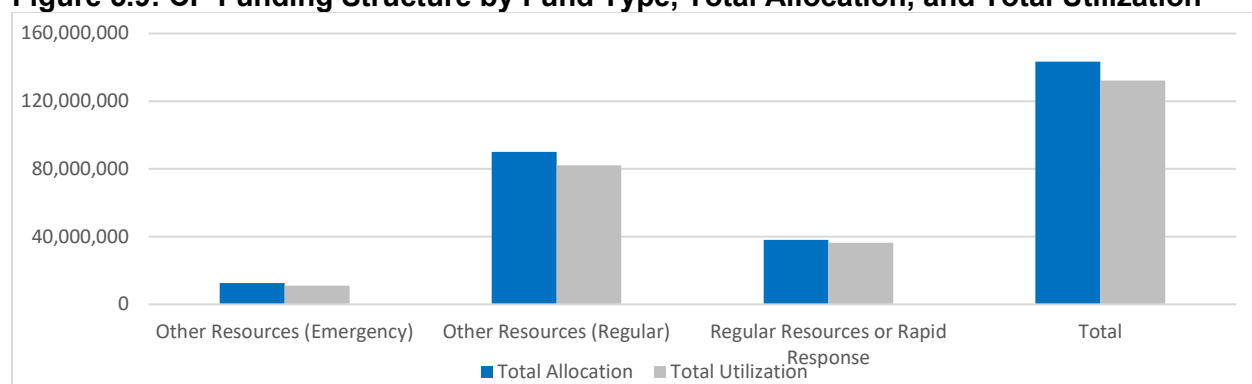
In terms of funding structure and strategies, the evaluation found that the RCO has been innovative in the optimization of funding modalities despite a chronic need for increased funding. Several stakeholders noted that access to Regular Resources ended at the beginning of 2022 which resulted in UNICEF using Other Resources to fill the financing gap. This scenario is illustrated in Figure 5.9 as Other Resources (Regular) allocation and utilization is more than double Regular Resources. Despite the use of Other Resources there is a balance of nearly USD 8 million for Other Resources (Regular), suggesting that the RCO has additional funding available if required. Despite these nuances in funding, the general sentiment of a constrained funding landscape was shared by respondents in the Perception Survey as only 17% of respondents agreed

²¹⁴ UNICEF Rwanda (2023). WASH Budget Brief

that the UNICEF Rwanda had a significant comparative advantage compared to other UN agencies in terms of budget.

Our analysis shows that internal financial controls were regularly reviewed and updated as needed and strategic discussions on integrated budget at Management level were made regarding resource allocation, budgetary compliance, and financial reporting. Moreover, meetings of the country management team (CMT), programme management team (PMT) and operations coordination meetings enabled RCO to continuously monitor key performance indicators (KPIs). These control mechanisms ensured the RCO was agile and able to adapt financial allocations based on real-time information. Stakeholder consultations and document review indicate that the RCO successfully pursued the value-for-money approach throughout the CP implementation period, for example by consolidating consultancy fees. In that regard, UNICEF instituted a monitoring system to track spending on consultancy fees at the beginning of the CP.²¹⁵ It has been reported that the RCO managed to save nearly USD 1 million in expected consultancy fees across all Programme Areas during the CP period, including over USD 300,000 in 2019 alone, which was repurposed.²¹⁶

Figure 5.9: CP Funding Structure by Fund Type, Total Allocation, and Total Utilization²¹⁷



Despite these efficiencies, there remains structural challenges to delivery of UNICEF's interventions. Stakeholders remarked the importance of prioritization of funding needs based on key interventions whilst better payment delivery modalities are implemented, which can support long-term strategic planning. Perception survey respondents shared similar opinions, as only 61% of respondents agreed to a significant extent that UNICEF delivered programme inputs in a timely and efficient manner, which was the lowest ranking among response options.

As shown in Figure 5.10, the RCO has had mixed results in achieving the intended funding targets across Programme Areas. The Education Programme Area received nearly double the total target amount of USD 24,123,000, with a total allocation of USD 45,714,642 (190% of the total funding target). This indicates that the RCO successfully mobilized financial resources for education-related interventions. However, there are Programme Areas that failed to reach their funding targets. Notably Child Nutrition, Early Childhood Development, Social Policy, and Programme Effectiveness received total allocations below their total target amount, representing 60%-65% of the total target funds set out in the CP document. A similar situation was observed across the Nutrition, Early Childhood Development, and Social Policy areas where shortfall between funds allocated, and the funding target was about 35%. Several stakeholders remarked that the shortfall in funding resulted in missed opportunities, including for public-private partnerships, which could support long-term programming. For example, one Development Partner reported that they were interested in a partnership with NCDA and requested UNICEF funding for ECD financing to develop a monitoring system for ECD investments in the national budget, which did not materialize due to inadequate funding. Another potential intervention area in Social Policy that could be supported through public-private partnerships is public finance, and area that UNICEF has been a strong advocate for, particularly Public Finance for Children (PF4C). Stakeholders noted that in general, Social Policy is an expensive intervention

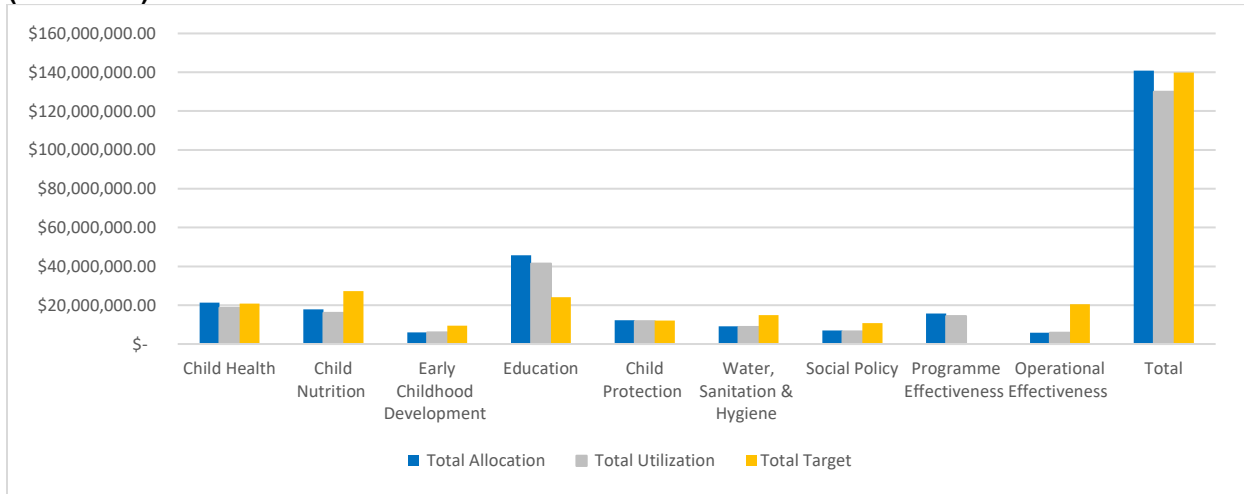
²¹⁵ UNICEF Rwanda (2023). Report on SSA Fee Negotiations 2023.

²¹⁶ Ibid.

²¹⁷ UNICEF Rwanda (2023). Country Programme Development Funding – Programme Implementation.

area with a wide scope which can be cumbersome for Development Partners to intervene in and is often regarded as within the purview of governments. To this effect, interventions in public finance offer a useful avenue to engage in public-private partnerships, whilst leveraging the institutional knowledge of UNICEF through past PF4C interventions in other Country Offices.

Figure 5.10: Total Allocation, Total Utilization, and Total Target by Programme Area (2018-202) ^{218, 219, 220}



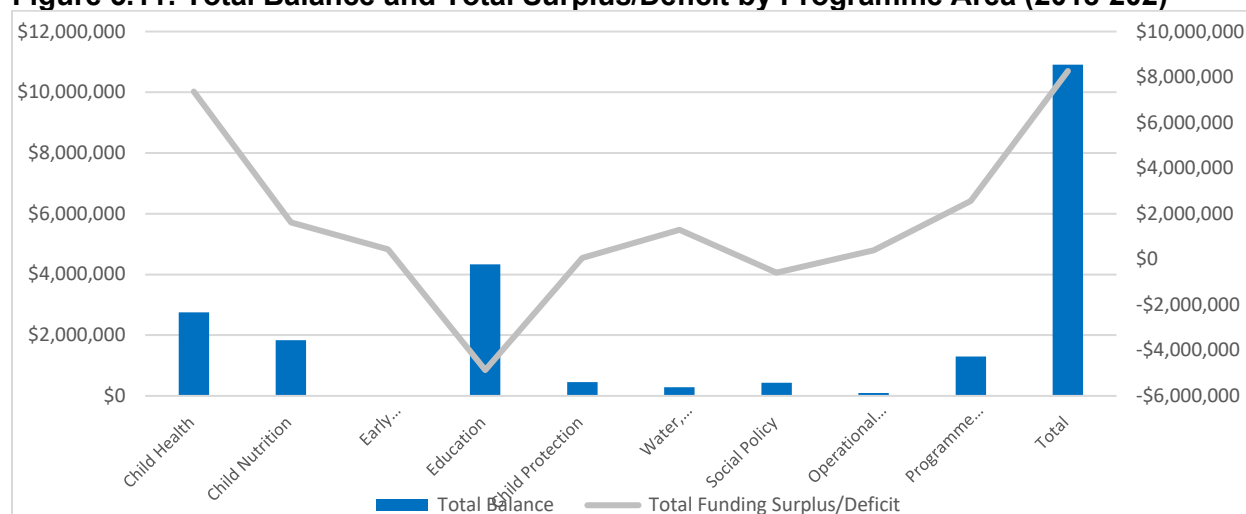
In terms of resources utilization, the evaluation team observed that the total utilization rates were mostly consistent across Programme Areas. The RCO demonstrated a high degree of utilization of the available funds, with an average utilization rate of 93.8% and a total utilization rate of 92.3% between 2018 and 2022. Disaggregating across Programme Areas reveals a more nuanced picture, showing a full utilization of the available funds for ECD prior to discontinuation following the Mid-Term Review. Conversely, Child Health had the lowest utilization rate of 87%.

Figure 5.11 shows that Education had the largest remaining balance in funds not utilized during the programme cycle (USD 4,333,819), which can likely be attributed to the unexpected high level of funding allocated for this area. Additionally, Child Health had a surplus of USD 2,753,919, representing the largest share of unutilized funds at 13%. Overall, the CP reported a balance of nearly USD 11 million, suggesting there remains opportunities for further programming. In terms of surpluses or deficits (the difference between allocation and output planned), Education and Social Policy were the only Programme Areas to receive allocations that were below their planned output spending. Notably, Education operated with a USD 4 million budget deficit at the beginning of the CP cycle but managed to complete the CP with a USD 4 million balance, suggesting both high degrees of efficiencies and high degree of agility to adjust programming to a changing funding landscape.

²¹⁸ UNICEF (2018). Draft Country Programme Document: Rwanda.

²¹⁹ UNICEF Rwanda (2023). Rwanda Country office Utilization Cube ORR ORE RR.

²²⁰ Note: There is no total target figure provided for Operational Effectiveness. See UNICEF (2018). Draft Country Programme Document: Rwanda.

Figure 5.11: Total Balance and Total Surplus/Deficit by Programme Area (2018-202) ^{221, 222}

5.4.2 Strategic allocation and utilization of human resources

Finding 20: The Country Office strategically used available human resources to achieve the CP's objectives, including through consolidation and streamlining of roles (e.g., SBC), transitioning from temporary to fixed term staff, and hiring of qualified personnel. Despite a shared feeling among UNICEF staff and external partners that some section teams are stretched, the Office had motivated teams, with most relevant capacities to deliver the current CP's results. Challenges remain in the number of fixed term staff, and there is a need to increase human capacity in emerging areas (such as climate resilience), to ensure sustained programme delivery.

Available evidence suggests that the RCO ensured strategic utilization of available human resources to achieve the CP objectives. Several significant initiatives were undertaken by UNICEF to optimize its workforce. These include the consolidation and streamlining of roles, transitioning from temporary to fixed-term staff, and the recruitment of qualified personnel. This proactive approach has had a notable impact on the RCO's ability to fulfill its mandate effectively.

A pivotal component identified by key stakeholders that contributed to the effective utilization of human resources is the incorporation of critical review moments such Strategic Moments of Reflection (SMR), the Mid-Term Review (MTR) and the Programme and Budget Review (PBR) into the strategic planning process. These assessments are not merely administrative exercises but serve as vital tools for identifying resource gaps in terms of human capacity. They also aid in prioritizing areas that demand immediate intervention and support, aligning resources with programmatic needs. Another important aspect of the RCO's successful human resource management strategy is the constant dialogue between management and staff. UNICEF staff consistently emphasized that this open and friendly working environment encourages a culture of collaboration and support, which keeps staff motivated and dedicated to delivering their expected results. Throughout the CP implementation, this dialogue resulted in the implementation of working modalities that respond to the needs of UNICEF staff, namely the institutionalization of a hybrid working modality. This collaborative spirit is integral to maintaining a high level of employee engagement and achieving the CP's objectives.

The evaluation also noted the RCO's ability to maintain motivated teams, possessing the relevant skills and capacities required to deliver on the CP's objectives. Despite potential concerns about stretched section teams, the general sentiment among UNICEF's staff is one of commitment and capability. This underscores the successful management of available human resources to meet programme goals.

²²¹ Ibid.

²²² UNICEF (2018). Draft Country Programme Document: Rwanda.

Despite these positive steps in workforce management, there are still challenges to address. One of these challenges pertains to the number of fixed-term staff, which is essential due to a directive from UNICEF Headquarters. The transition from temporary to fixed-term staff underscores the need for increased human capacity at the RCO. On the other hand, the evaluation noted also that some positions within the RCO remain unfilled, which has somewhat affected the CP implementation. For example, in the "Communications and Partnerships" section, the decision to hire a Digital Media specialist was made following the MTR, but this position remains vacant. Filling such gaps is essential to ensure the completeness of the team and the effectiveness of programme delivery. While UNICEF utilized temporary staff members as mechanism to fill capacity gaps (which proved to be very useful during the COVID-19 pandemic) and was able to meet its targets for hiring temporary staff, particularly UN Volunteers, this mechanism is subject to being phased out as per the aforementioned directive from UNICEF Headquarters to hire only fixed-term staff. Furthermore, there are emerging areas, such as climate resilience, which require a more significant investment in human resources to ensure the continued success of the programmes in these critical sectors.

5.4.3 Role of CP structure and the office structure in ensuring efficiency

Finding 21: The implementation of the MTR recommendations contributed to refining the CP and Office structures. Overall, these structures were agile and responsive to the CP needs and priorities, particularly during the COVID-19, and effectively supported the cost-effective use of resources and timely delivery of the CP.

The evaluation found that the current RCO and CP's structures enhance the delivery of interventions. Following the MTR, the RCO recognized the need to pare down its workforce and structure, which it did through a few streamlining processes. This involved, among others, the removal of the separate programme section for ECD and its integration into Nutrition and Education programme areas. Besides, the Health and Nutrition sections were merged into a single section. UNICEF also used the MTR opportunity to align the RCO structure with corporate developments and priorities. In this regard, the Communication for Development team was renamed Social and Behaviour Change (SBC) and the newly created team started reporting to the Deputy Representative instead of to the Chief of Communications, Advocacy and Partnerships. Furthermore, the RCO has intensified its innovation activities, with the hiring of an innovation specialist who reports directly to the Country Representative and the development of an innovation strategy, all this with the aim to capitalize upon Rwanda's openness to innovation.

The evaluation found that these new features not only enabled the RCO to be consistent with other UNICEF Offices in the Region, but also allowed cost-effective use of human and financial resources. For example, the changing working modality during COVID-19 to a hybrid model was cost-effective during the global pandemic. UNICEF staff and external partners acknowledged that the RCO has a structure and competent staff which ensured the projects funded were technically accompanied along the implementation. As stated by one government staff, "Whenever we seek support from UNICEF, we get it, and this shows that they have strong structures which respond to various needs of the partners". The technical expertise of the RCO's teams is also highly appreciated by UNICEF's external partners. Regarding whether the RCO has sufficient workforce, the stakeholders argued that there is a need for more capacity, particularly if the next CP will have an increased focus on emerging areas such as climate resilience.

Overall, the programme area interventions have been implemented within the intended timeframes, and the overall CP is being delivered as planned. Consulted implementing partners appreciated the monitoring and supervision activities by UNICEF teams, indicating that this has been the principal tool for project-level monitoring for UNICEF-supported projects. It appeared from interviews that UNICEF's supervision missions were carried out regularly during the current CP, involving members from implementing agencies. Implementing partners were generally positive about the quality of monitoring done by the UNICEF staff members, adding that the latter have ensured routine follow-up of projects (including through phone calls) and provided timely solutions to project implementation challenges faced by executing agencies.

5.5 Sustainability

5.5.1 Sustainability of positive changes and effects of the CP

Finding 22: The sustainability of results has been ensured through two important measures undertaken by the CP, including the design and implementation of the CP in an inclusive manner, and UNICEF's focus on strengthening systems and capacities. These approaches based on implementation using existing structures and through local partners foster ownership and therefore contribute to sustainability of the CP's results. In some cases, exit and sustainability strategies have been developed and established with the government and communities. However, weak capacities at district levels are perceived as constraining the sustainability of the results.

UNICEF Rwanda acknowledged that sustainability of positive changes and impacts resulting from the CP at both the national and district levels is contingent on buy-in and ownership by CP partners and beneficiaries. In so doing, the RCO made a strategic choice to conceive and implement the CP as an inclusive process, which implied strong involvement of actors at national and district levels and from the public, private and civil society sectors, thus fostering ownership and therefore contributing to sustainability of the CP's results.

The evaluation identified several instances of the CP's interventions where exit and sustainability strategies have been developed and established with the government. In the Social Programme area, the government has expressed its commitment to gradually phasing out financial assistance and taking full ownership of social protection initiatives initiated with UNICEF's support. A good example is the pilot project for the micronutrient fortification programme²²³ which has been successfully transitioned to GoR ownership, including financial and programmatic responsibilities by operating through health centers. A comparable case identified by key stakeholders is the VSLA intervention whose operations the GoR oversees and to date has expanded to 14 districts with plans for further expansion.

Along the same lines, a successful pilot programme launched by the UNICEF Rwanda (in partnership with the GoR) and focusing on gender and child-sensitive programming has been expanded over the course of the current CP. At present, the initiative covers 307 out of 460 sectors and has expanded its scope to include a childcare component, including home-based care. This programme has been transferred to full ownership by the GoR with financial support from the World Bank in terms of financial and programmatic dimensions. These cases of pilot projects/programmes that were launched, expanded upon, and transitioned to GoR management in various capacities demonstrates the high degree to which of the CP results are likely to be sustained beyond the current programme cycle.

UNICEF has made investments in local leaders and partners, building capacities where growth is needed and entrusting local organizations to manage and implement programmes, with positive and sustainable results. UNICEF's way of working through piloting approaches with strong accompaniment allows for other organizations to in time adopt piloted models, carry over and even scale up interventions without dependence on UNICEF. For example, the partnership with the NCDA allows developing and strengthening a sustainable coordinated child protection workforce that is recognized in government structures, building child protection policies, acts, and guidelines, coupled with collaborations at the grassroots level with the Friends of Family volunteers for holistic child protection systems.

UNICEF's systems-strengthening approach particularly increases the chances of sustainability. Across the CP's operating areas, consulted government stakeholders, implementing partners, as well as UNICEF teams believe that the systems developed are likely to be sustained beyond the current CP with or without UNICEF support. For example, the strengthening of the management information systems (MIS) in different sectors (e.g., WASH and Education) allows the country to continuously have critical information at the right time, which helps to improve the targeting of resources to where they are needed most, irrespective of whether UNICEF continues to support or not. The strengthened capacities of staff in implementing partners are generally perceived as likely to be sustained.

²²³ Collaboratively implemented by the UNICEF Rwanda and the Government of the Netherlands and contributing to reducing anemia for kids between 2 and 6 years old.

An important sustainability factor identified across UNICEF's programme areas was that interventions were implemented using the existing structures. For example, for most sectoral interventions UNICEF worked with other actors including local NGOs, international NGOs, civil societies and government institutions and structures. The capacity gained during the implementation of the CP will certainly help the local partners implement similar projects. The community structures such as community health workers, farmer promoters and para-social workers were reached by the CP activities tailored to their capacity building needs. The capacity of local administration was built through training. For example, in Nutrition, UNICEF provided anthropometric equipment for growth monitoring and promotion and this equipment is likely to continue being used in all the growth monitoring activities done by the CHWs. Similarly, behaviour change messages have transferred valuable nutrition and ECD knowledge and skills to a substantial number of people in the districts where UNICEF intervenes and beyond. The acquired capabilities will be maintained beyond the programme and continue being used by the community to better feed and care for the children.

In the health sector, the involvement of districts, sectors, schools and communities, as well as engaging academia (e.g. an MoU was signed with the University of Rwanda) in the implementation of CP-funded activities has set the foundation for sustainability by increasing the sense of ownership and accountability among partners. UNICEF has supported Rwanda Pediatric Association to train healthcare providers champions who reportedly are willing to train their colleagues on some medical procedures. Even without UNICEF support this innovative approach will continue to be implemented and make positive changes.

Despite efforts made in terms of capacity strengthening, the evaluation found that capacity and workforce issues remain; in particular, district capacities are still weak (e.g., not all districts have WASH officers, limited social workforce, etc.), which affects sustainability. In fact, there is a widely recognized government staff turnover in Rwanda, particularly at district level, which was identified as a key factor hindering capacity building efforts and thus sustainability. The GoR also has a lean staffing structure which makes most technical staff of government overstretched and hampers transfer of skills to government. The rapid turnover of staff among partners produces a continuous cycle of training and capacity building; significant UNICEF investment in capacity building activities is partially lost with those trained often reshuffled or moved on to another institution. Interviews with UNICEF staff (SBC) raised this as a challenge for implementation, especially at the district level which is highly dependent on having a strong local partner.

While leveraging partnerships through systems-strengthening relies on effective capacity-building, in areas such as child protection and partnerships with media, a remaining challenge with UNICEF capacity building efforts rests in making sure training delivered is essential (i.e., making sure knowledge provided is considered useful and effective), and being applied on both a short and long-term basis. For example, how to ensure training parents goes beyond just attending a training to measure whether they are applying the knowledge gained. Or, how to ensure that journalists trained on children's rights promotion end up doing so and in appropriate way. Finally, in most sectors, external partners raised the need for dedicated training for district level structures on monitoring and evaluation to measure results and progress towards intended impact, as they "came to realize M&E is something that local organizations do not prioritize", with many organizations finding this area particularly challenging. For example, there are concerns over the increase in the number of teen mothers, and how concrete monitoring frameworks could be developed to enable better tracking of what's being done to change this.

5.5.2 Contribution of CP implementation strategies to sustainability

Finding 23: UNICEF's systems-strengthening approach contributes to sustainability 'by design'. Implemented in line with this approach, the CP's implementation strategies have collectively contributed to improved capacities of national actors, including the government and implementing partners, as evidenced by good sector coordination, complementary programming, easy mobilization for policy support, and effective service delivery by local partners. These improved capacities are the necessary condition to sustain the positive changes created by the CP.

UNICEF's strategy of leveraging partnerships when combined with systems-strengthening is strongly linked with the sustainability of positive changes resulting from the CP at both the national and district levels. UNICEF has demonstrated key investment in local leaders and partners (district level, village leaders, community volunteers, CHW, etc.), building capacities where growth is needed and entrusting local

organizations to manage and implement programmes. This has been identified in this evaluation as a key ingredient for sustainability of the CP's results. Put differently, the fact that UNICEF ensured delivery of the CP's interventions through local partners systems and structures has enhanced the prospect of sustainability, especially for UNICEF's developmental efforts. Across the CP areas, UNICEF has adopted an approach whereby partners' taking the driver's seat is built into partnership agreements. This approach creates a collaborative framework in which partners agree to continue to contribute to government programme so that interventions have ongoing continuity as part of a government programme rather than a UNICEF project. This has helped foster a strong sense of ownership of the CP's interventions and their results among partners.

There is evidence that UNICEF has implemented the programming-at-scale strategy to achieve meaningful results for children in Rwanda, while ensuring their sustainability. Strengthening institutions, systems, and capacity of actors in targeted government institutions, implementing partners, and at community level has been a significant contribution to sustainability. The bottom line is that the support to development of sector planning documents, strategies, and policies, and training of sector professionals opens pathways for UNICEF partners to address children's rights issues in a more systematic and sustainable way. However, as discussed above, since the sustainability of strengthened human capacities somewhat depends on the degree to which they are retained in the sector, there is a concern in that regard, given the high level of turnover, especially in government institutions. The inability of government institutions to retain trained staff in different areas may threaten the sustainable use of their improved competencies.

The CP has used the power of evidence to drive sustainable change for children, including adolescents, in several regards, notably through supporting relevant research as well as promoting sustainable data and information systems. A notable example is the CLAC study which is perceived as being critical for addressing children's vulnerabilities due to climate change in a systematic and sustainable way.²²⁴ Identifying and addressing such vulnerabilities is a prerequisite for leaving no child behind; it is also vital for building a more sustainable future for children in Rwanda. Other evidence generation related activities supported by UNICEF and that were highly regarded by many respondents in this evaluation as helping to shape programming for children in a sustainable way include the many sectoral budget briefs produced by the RCO during the CP implementation period.

In pursuing the use of innovation to foster sustainable change for children, the RCO introduced many technological and non-technological innovations. Of note, UNICEF's innovation partnerships with GoR have aimed beyond pilots, involving mobilizing financial resources to scale up innovations (e.g., GIGA). Stakeholders consulted for this evaluation perceive UNICEF's work in Rwanda as being generally very innovative and UNICEF supported innovations are recognized as making a significant contribution to sustainable delivery of services to children in the country. For example, it has been reported that, after realizing that the national sanitation and hygiene promotion programme used expensive materials and primarily relied on NGOs, which slowed down the achievement of results in terms of coverage, UNICEF and the Ministry of Health agreed to introduce a low-cost, multi-pronged approach to build the capacity of district authorities and empower them to effectively promote and monitor basic sanitation and hygiene services. This improved technical skills in latrine builders and communities and engaged traders to sell affordable products locally.²²⁵

With the deployment of this approach, seven districts increased coverage by 18% after 18 months, achieving a district average of 94% coverage of basic sanitation services across the country. The new approach demonstrated that empowering district authorities is more effective to reach 'everyone' than short-term partner-led projects and engenders sustainability as district authorities remain responsible over time. In addition to that, using locally available affordable products and services enables households to access what they require to build better, more comfortable, and sustainable latrines.²²⁶ A second example relates to the promotion of alternate energy solutions through the introduction of solar powered water systems. Such systems are not only sustainable but also save money, protect communities from climate shocks and ease the water burden for girls and women in a sustainable manner.²²⁷

²²⁴ UNICEF (2023). A Climate Landscape Analysis for Children: Rwanda.

²²⁵ UNICEF (2019). Annual Report

²²⁶ UNICEF (2019). Annual Report

²²⁷ Sarah Ferguson (2023). Solar-Powered Water Systems a Game Changer for Girls in Rwanda.

During the current CP, the private sector was engaged in investing in ECD centers, and partnerships of this kind are likely to continue to provide child-friendly environments to children. The evaluation identified that UNICEF has shifted its approach to ensure the private sector is engaged in a sustainable way. UNICEF staff explained that, rather than providing money to companies to build ECD centers, businesses use their own resources to do work that promotes children’s rights (this is sustainable). Finally, the evaluation underscored involving adolescent and young people as a key element of sustainability. As indicated by one external partner “young people are the future, the Heroes and leaders for tomorrow”. As seen above, the CP has seen particularly promising results on the catalytic potential of a youth engagement strategy, and this is a burgeoning area that warrants greater investment and dedicated attention. For example, there is a wealth of potential with youth volunteers and, when combined with capacity building for peer-to-peer networks, this can make a significant contribution to sustainability.

5.5.3 Role of changing funding landscape in the sustainability of results

Finding 24: To be resilient and sustain what has been achieved, the GoR still needs financial support from external partners like UNICEF. As such, the leaner funding landscape for Rwanda may affect the sustainability of some benefits of the current CP. While results achieved in areas such as ECD (e.g., ECD centers) could be sustained through continued leveraging of private sector finance, for sectors such as Child Protection where it is harder to make the case for investment, funding reductions or withdrawals will negatively affect the sustainability of results.

The funding landscape has seen shifts in Rwanda in recent years, and the uncertainty stemming from the COVID-19 pandemic has created a tangible threat to the sustainability of CP results. Overall, it is evident among consulted stakeholders that aligning priorities between donors and beneficiaries is a critical factor for ensuring sustainability when donor funding decreases. A key component to address as noted by stakeholders is the lack of government follow-up and monitoring after the phasing out of a project poses a significant risk to the continuation of positive outcomes.

UNICEF partners still rely on external sources of funding and will continue to do so to sustain many of the current CP-supported activities. A good example here is the procurement of nutrition commodities. Although advocacy is underway to explore the use of GoR funds for this procurement, external sources are currently essential. A similar situation was observed in the WASH sector where Government spending in Rwanda remains a determining factor for ensuring not only the expansion of WASH services, but also their sustainability. The evaluation found that public spending on WASH has increased over the past years, and the sector relies increasingly less on external funding, which reinforces the financial sustainability of access to water and sanitation services. In that regard, UNICEF-supported WASH budget brief indicates that the domestically financed budget for the WASH sector was set to double to RWF 46.6 billion in 2022/23, up from FRW 23.1 billion allocated in 2021/22, which implied an increase of 102%.²²⁸ Consequently, the share of external resources for the WASH sector was set to decrease from 59% in 2021/22 to 41% in 2022/23. However, the WASH budget brief indicates that additional external resources still need to be mobilized to accelerate progress towards NST1 and SDG targets for WASH.²²⁹

In the Education sector, challenges to sustainability of results identified by stakeholders consulted include a lack of required teaching personnel, high employment turnover, an overloaded timetable for teaching staff, insufficient learning and teaching resources in schools, and inadequate school infrastructures, including classrooms, water and electricity supply, ICT devices, and internet connectivity. These challenges require additional financial resources to be addressed in order to ensure sustainability of CP results. In the same vein, despite an increase in funding allocation to the Social Policy in Rwanda, it is essential to recognize the chronic underfunding challenges faced by the GoR in enhancing capacity of the social protection sector. Most GoR stakeholders have expressed the GoR’s intention to gradually reduce reliance on financial aid and transition toward full GoR ownership of social protection systems. However, this transition is hindered by the current lack of capacity within the GoR’s social protection sector.

Private sector engagement to invest in children issues seems promising, as evidenced by the investments made in ECD services, and it is likely that this approach will continue to attract funding. Hence, it can be

²²⁸ UNICEF Rwanda (2021). Country Programme Full Approved Report: RAM.

²²⁹ UNICEF Rwanda (2023). WASH Budget Brief.

argued that results in this area will be sustained. However, for sectors such as Child protection where it is harder to make the case for investment, funding reductions or withdrawals will definitely affect the sustainability of results. A particular challenge highlighted by several stakeholders is that Child Protection is one of the least funded areas, not only in Rwanda but across various UNICEF Country Offices. The RCO staff remarked that the inherent difficulty in making a compelling case for investment in Child Protection, given its high human capital intensity and the challenges in demonstrating concrete, quantifiable results, exacerbates the situation. Unlike other sectors where metrics like the number of children in primary school can easily demonstrate impact, the outcomes of child protection initiatives are less straightforward to measure.

5.6 Orientation Towards Impact

5.6.1 Demonstration of impact for children and impact at scale

Finding 25: There are a few instances of CP-supported interventions that have been (or are likely to be) integrated or scaled up by the government (or other partners), sometimes with UNICEF helping to leverage resources for replication. It is expected that such interventions will result in improvements in the lives of children (rights holders) and duty bearers (institutions, families, etc.) at scale. The CP's work on national systems strengthening and capacity development has built-in potential to create impact at scale.

Changes in country's capacities and systems

The CP's work on national systems strengthening and capacity development has built-in potential to create impact at scale. The previous sections have provided detailed evidence that capacity development has been generally an integral component of all CP's programme areas. By anticipating the need for technical capacity at national level, CP's interventions strengthened the capacities of relevant staff and relevant systems and structures. The strengthening of the MIS is likely to have a large-scale impact on targeted sectors (WASH, Education, etc.) in the country, as their national operationalization enables to monitor the sector performance across the country in terms of respect of children's rights. These MIS are an important tool that will help to continuously assess and analyse children's rights status, while helping duty bearers to take informed decisions. All this has enhanced the capacity of the GoR and other duty bearers to create large-scale impact in sectors where UNICEF intervenes for the benefit of children, including adolescents, thus helping to realize their rights.

At the district level, the strengthening of institutional capacity resulted in changes in the ways the promotion of children's rights is implemented by districts. For instance, in the ECD sector, capacity building trainings have been conducted and now local government officials are well equipped to initiate and sustain ECD services. As evidence, all districts now have ECD integrated in their development plans and budgets. Capacity building at the community level is best exemplified by the adoption of the human-centered approach through which the community is empowered to identify and address their issues.

Most consulted external partners have noted observed changes in systems around children's rights in Rwanda, attributing much of this success to UNICEF. UNICEF teams and external partners consistently remarked that there have been important strides in shifting mindsets and general understandings of children's rights across the country. Rwanda is now considered to be progressing rapidly compared to other African nations, with very strong laws in favour of children and adolescents, and which UNICEF played a key role in establishing. UNICEF has contributed to creating awareness of child rights, with a perceived increase in children and young people voicing their rights, including the right to be heard.

Interventions with scale-up potential

It is expected that UNICEF-supported interventions that have been (or are likely to be) integrated or scaled up by the government (or other partners) will result in improvements in the lives of children (rights holders) and duty bearers (institutions, families, etc.) at scale. In the health sector, for example, the scale-up of the polyvalent model of community health workers (CHWs) from 18 districts to all districts will ensure that all Rwandan children receive proper care at scale which will lead to a significant reduction in child mortality. In the innovation domain, the ongoing efforts by UNICEF, MINEDUC, and MINICT to mobilize technical and

financial resources to scale up the GIGA initiative are worth mentioning. According to interviews, the key donors have been mobilized– including World Bank, Tony Blair Institute and Bank of China, resulting in USD 60 million being committed. Thus, it is anticipated that, once these financial resources are provided, they will be enough to connect all the 3,500 schools (targeted in Rwanda). Worth mentioning also are UNICEF’s efforts and leadership role in advocating for the establishment of ECD centres, which has since resulted in the government seeing the value of ECDs in the well-being of children, with ECDs now set as a high priority for government at the national and district levels. Finally, UNICEF’s coordination and advocacy brought together the World Bank, USAID, Enabel and JICA to integrate community health worker training on the CHW multi-topic package, eLearning and RapidPro, which is expected to be scaled up in all 30 districts by the end of 2023.

5.6.2 Positive and negative long-term outcomes/impacts

Finding 26: The long-term impacts of the CP relate mostly to its contribution to Rwanda’s human capital development and economic development of the country, as well as strengthened resilience of systems and communities. Contributing to these impacts are intermediate positive effects the CP’s interventions have had or are likely to have on the living conditions of children in schools and communities as well as changes in social norms.

The evaluation shows that the CP’s achievements are likely to result in many longer-term effects. In the areas of health, nutrition, and WASH, expected long-term effects relate to Rwanda having a healthy population. The evaluation found that WASH services in visited communities have already transformed children and community lives (see Box 5.6), and it appears that these services will continue to have an impact on the quality of life for communities, households, and children. Community members who participated in focus group discussions confirmed that their behaviours have changed, and they adopted new hygiene practices, such as handwashing.

The long-term impacts of WASH interventions relate also to the changes that are likely to occur in other sectors that are dependent on WASH – such as health, nutrition and education. Concretely, there is potential that safe hygienic practices will translate into considerable health impact such as on the reduction of diarrhea and stunting among under-five children. Similarly, an increase in the primary school enrollment or attendance rate is expected due to access to WASH services and people’s changes in behaviour (such as handwashing with soap). These observations are consistent with the existing body of research on the impact of WASH interventions.^{230,231}

Another long-term impact of WASH interventions is the potential to reduce gender-based inequalities and improved social-economic well-being. For instance, community members consulted indicated that women and girls were increasingly becoming free as a result of installed water systems. The time freed up from fetching water will allow women and girls to engage in other activities (e.g., attending to children, taking an active role in community activities), most of which advance their socio-economic well-being.

Nutrition, Health, ECD, and Education services implemented in the current CP will have a long-term impact on human capital development and economic development of the country through improved nutrition status, cognitive development, and increased education literacy as well as skills and competences among the population. In the ECD domain, the number of children who access ECD services has increased and exposure to ECD services is a key to early childhood stimulation and learning, which are both pillars of

Box 5.6: Perceptions of water users on the effects of UNICEF WASH support

“Currently children do not go to fetch water far away because some of us have water piped in the dwelling”

“Children no longer spend time going to fetch water down the mountains”

“Hygiene of the children has improved”
“Children no longer get to school late - this has contributed to increasing school attendance”

“Security of children is ensured (...) before they were worried when they went down mountains to fetch water.”

Source: FGD with water users in Ngororero

²³⁰ Esry et al (1991, 1996) et al (1991,1996), The effects of water supply and sanitation WHO

²³¹ Fewtrell, L. and Colford, J.M. (2004), Water, sanitation and hygiene: Interventions and diarrhoea, a systematic review and meta-analysis, Discussion paper for the World Bank

cognitive development. ECD is the foundation of human development and, therefore, investing in it ensures not only the family's economic development but also the economic development of society.²³²

With the CP's interventions, children with severe acute malnutrition were treated with nutritional products and this saved their lives and reduced the likelihood of child mortality. The CP contributed to increasing the proportion of children between 6-23 months whose diet met the minimum dietary diversity and the distributed doses of Vitamin A supplements reached many children with a long impact on improved immunity for child survival. In addition, many children aged 6-23 months received micronutrient powders, which have the potential to improve micronutrient profile and reduce micronutrient deficiencies, particularly anaemia among children. All these interventions have contributed to a reduction in cases of child undernutrition, especially stunting which is a developmental challenge.

As discussed in this report, the prevalence of stunting has been declining during the CP period. None-stunted children are more likely to perform better in school, attain their full adult height, and have higher economic productivity and reduced morbidity.²³³ Reduction in stunting will further contribute to improved work productivity in adulthood and this will lead to quality human capital for the country's economic development.

From the health sector perspective, it is interesting to note that the rate of death among newborns has reduced due to timely seeking of care and the improved quality of antenatal care services. This may reflect an improvement in the secular conditions shaping newborn health prior to admission. As for the education sector, the CP has achieved positive results that are likely to produce a long-term impact as well. These include changes in social norms that prevent equal access to school between boys and girls, parents' traditional negative perceptions regarding the use of play for teaching and learning, a stronger focus on ECD, on student-centered teaching methodology in schools, and on good quality learning for all children, as well as the availability of real-time education data. Finally, interventions aimed at communities (e.g., social protection interventions strengthened community resilience for the most vulnerable households to external shocks) are likely to result in resilient populations/communities in the long term while SBC-related interventions have long-term impacts in terms of shifts in norms at the societal level (e.g., in relation to girls' education).

6 CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

6.1 Conclusions

The CP's interventions are highly congruent with the priorities of the Government of Rwanda in achieving national and global objectives related to the promotion of the rights and protection of the most vulnerable children, including adolescents, in development and humanitarian contexts. Across its outcome areas, the CP has remained relevant over time, including before and after the MTR. The Programme's focus is rooted in UNICEF's comparative advantages, enabling the RCO to position itself very well in shaping the country's children's rights agenda, both current and future. This positioning has allowed UNICEF to remain reliable and credible, leading to the selection of interventions that were complementary to those of other partners, including the Government of Rwanda, other UN Agencies, and development partners. However, areas such as climate resilience could have benefited from more integration into programme sections, while violence against children could have attracted more attention, with strong interventions dedicated to issues such as teenage pregnancy.

During the period 2018 -2024, the CP has had a positive performance, playing a substantial role in addressing children's needs in Rwanda. In different programme areas (WASH, Child Protection, nutrition,

²³² ²³² Bernadette Daelmans, et al. Early childhood development: the foundation of sustainable development. The Lancet, Vol 389, Issue 10064, 7–13 January 2017, Pages 9-11

²³³ Horta BL, Victora CG, de Mola CL, Quevedo L, Pinheiro RT, Gigante DP, et al. Associations of Linear Growth and Relative Weight Gain in Early Life with Human Capital at 30 Years of Age. J Pediatr. 2017;182:85-91.e3

Health), a wide range of interventions were clearly effective, achieving the expected results. UNICEF provided support for strengthening the enabling environment through upstream work (including development of legislation, national policies, and sector strategies and plans) which has demonstrably enhanced the capacity of the Government of Rwanda to realize children's rights. UNICEF also helped to mobilize human and financial resources, strengthened capacities at the national, district and community levels through technical deployments (such as in Ministries) and training of district staff and communities. In other cases, the CP supported evidence generation activities and provided supplies, contributing to improved access to basic services by the most vulnerable communities.

Under the current national development framework, many of the assumptions underpinning the CP proved plausible (e.g., high-level political commitment, capacities of partners to implement interventions) in determining the observed success. Rwanda's Vision 2050 for development has increased the level of the country's ambition previously embedded in Vision 2020 and NST1. Therefore, achieving the targets set in Vision 2050 requires considerably more resources than previously needed. While public spending has increased over the past years in some sectors (e.g., WASH) and the sectors rely increasingly less on external funding, additional external resources will have to be mobilized to accelerate progress towards the 2030 SDG targets and the Vision 2050 in Rwanda. UNICEF will continue to play a significant role in this, to ensure that the sectors where it intervenes achieve consistent and predictable funding for more efficient delivery of basic services for children. Hence, the strategies of leveraging resources and partnerships, as well programming for-at-scale results will continue to guide the integrated planning of UNICEF interventions. Looking to the future and changing context, there is a strong recognition that UNICEF needs to maintain the shift it made to do more upstream work, while continuing to assist the GoR to implement catalytic interventions.

During the current CP, the RCO successfully engaged the private sector to invest in children's issues in Rwanda but in a limited number of sectors. The results achieved in this area clearly indicate that there is ample opportunity for the RCO to engage in more meaningful and impactful business engagements going forward. The evaluation found examples of inter-sectoral collaborations within UNICEF and partnerships between the GoR, UNICEF, and UN Agencies that address specific issues. Moreover, during the course of CP implementation, RCO introduced the concept of Cross-Sectoral Task Forces that outlines mechanisms to support integrated implementation through coordinated efforts across programme areas. The seeds planted in this area provide scope for greater inter-sectoral and multi-stakeholder partnerships to address persistent complex issues and equity gaps among children.

UNICEF's inclusive engagement strategy, combined with the explicit focus on system strengthening and capacity development, has paved the way for increased ownership of the CP's interventions and results by partners, thus increasing the likelihood of sustainability. However, this will require that the government focuses on improving employee retention and engagement strategies to address the issue of high staff turnover. While the CP's work on national systems strengthening and capacity development has built-in potential to help Rwanda realize children's rights at scale, demonstration of CP's impact for children at scale is equally likely through UNICEF-supported initiatives that have already been integrated or scaled up by the government (or other partners), including with UNICEF helping to leverage resources for replication. The CP appears to have positively contributed to the achievement of long-term impacts centered around Rwanda having a healthy population, improved human capital and strengthened resilience of systems and communities (e.g., of pupils, teachers and school, communities, parents) and economic development of the country.

Finally, UNICEF has made progress towards gender-responsive programming, but there are key gaps in the way this is understood and being applied across RCO sections. To achieve gender transformative results, more consolidated investment with a packaged strategy is needed to address root causes/structural changes in shifting mindsets and addressing underlying harmful social norms. This demands greater engagement of men and boys as allies for gender equality to ensure that RCO work in this area – and how this work is done – is truly transformative. UNICEF's embracement of a youth empowerment approach towards the latter half of CP implementation is considered best practice and signals the beginning of the pathway to youth-led models being paved. UNICEF has also made important strides towards disability inclusion, working with well positioned partners to sensitize families and communities, and advocate for disability-inclusive policies and initiatives that consider the needs of children with disabilities.

6.2 Lessons Learned

This section captures the key lessons derived from the analysis of the findings presented in Section 5.

Lesson 1:

Creating effective private sector partnerships in children’s rights promotion involves complex processes and requires an incremental approach. UNICEF Rwanda initiated its first private sector partnership with one Tea company, and, through experimenting and learning, this partnership moved from one company to the whole Tea industry in Rwanda. Leveraging the successful model of the tea sector, UNICEF is expanding private sector partnerships work to other industries, spanning from the Mining to Banking, and telecommunication companies (such as Airtel, MTN), and others.

Lesson 2:

As Rwanda aspires to transition towards a Middle-Income Status, with improved governance and public financial management systems, there is a need for UN Agencies to invest more in advocacy, technical assistance, innovation and knowledge management. Playing these roles effectively requires sound subject matter expertise and good mastery of ground realities. When UNICEF Rwanda realized that more bilateral and multilateral donors were contributing funds directly to the GoR instead of through UN Agencies, a strategic decision was made to shift from service delivery to upstream work. Service delivery remained, but increasingly focused more on interventions that help UNICEF to maintain ties with the ground. In particular, UNICEF’s service delivery support focuses on work that helps the Country office to “prove the concept” and develop “high-impact intervention models” with good Knowledge Management to support quality assurance for the services delivered by NGO/CSO partners with multiple financial resources.

Lesson 3:

UNICEF’s technical capacity and high level of trust from the GoR and other partners places the Country Office in a strong position to help in identifying and promoting relevant innovations to promote children’s rights and protection in Rwanda, both through developing proofs of concept and leveraging resources for scale up. During the current CP, UNICEF has supported the piloting of some innovations and, cognizant of the fact that scaling up can be too expensive for GoR alone, UNICEF has jointly worked with other partners to mobilize resources for scaling some of these interventions, with promising results.

6.3 Recommendations

The recommendations presented in this section have been formulated based on the findings and the conclusions of this evaluation. The preliminary recommendations have been commented on by a wide range of RCO staff and managers in a PowerPoint Presentation of the evaluation findings, conclusion, lessons learned and recommendations which was shared with the RCO in September 2023. They were further discussed in a virtual presentation to the ERG members which was held on 02 November 2023. This process enabled the evaluation team to receive feedback, which helped to refine the recommendations. The recommendations are presented in Table 6.1.

Table 6.1: Recommendations

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<p>Recommendation 1: Gender - responsive programming</p> <p>For more integrated cross-sectoral gender-responsive programming towards the achievement of transformative results, the Country Office should consider strengthening its gender architecture, with established gender accountability mechanisms and training to build staff's technical capacities to mainstream gender at the country-level, and greater focus and resources to SBC to address deeply entrenched discriminatory gender norms and harmful taboos.</p> <p>This will require:</p> <ul style="list-style-type: none"> Strengthen the Gender Task Force by ensuring that members receive the needed skills and put in place accountability measures for Section Chiefs to account for Gender actions; Integrate gender and equity more strongly in the results framework, with the inclusion of indicators that consider gender/equity dimensions, with sex-disaggregated baselines, targets, and results reporting; Particularly in consideration of human resource gaps to deliver gender and equity related results, tap into the use of volunteers (youth volunteers, UN volunteers) and other youth-led opportunities to supplement these gaps. However, fair compensation that adds value for volunteers should also be considered, such as vocational training; Consolidate investment in a dedicated SBC strategy, with clearly defined roles and resources for improved coherence across programme areas in addressing underlying harmful social norms and shifting mindsets. 	<p><u>Lead:</u> UNICEF Rwanda: Representative, Deputy Representatives, Gender Specialist, Section Chiefs);</p> <p><u>Support:</u> Regional Gender Specialist at ESARO, MIGEPROF.</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and Implementation of CP 2024–2029</p>	<p>Related to findings: 18, 13.</p>
<p>Recommendation 2: Multi-sectoral Approaches</p> <p>Building on the changes that the Country Office made in the CP's structure following the 2021 MTR, some of which aimed at ensuring more CP's integration (e.g., merging of Health and Nutrition sections, integration of ECD into education and nutrition), advance work on the “multisectoral” approaches, with the objective to increase Programme convergence, by promoting more integration and collaborative work among Country Office Units and their respective programmes.</p> <p>This will require:</p> <ul style="list-style-type: none"> Initiate a strategic dialogue within UNICEF and with external stakeholders to ensure shared understanding (among UNICEF's staff and managers, and stakeholders) of “multisectoral” approaches and associated benefits; Develop a corporate strategy to advance the multi-sectoral approaches agenda 	<p><u>Lead:</u> UNICEF Rwanda – Deputy Rep. Programmes, Section Chiefs.</p> <p><u>Support:</u> other UN Agencies, Relevant Government institutions and other development partners.</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	<p>Related to findings: 16.</p>

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<p>across programme sections;</p> <ul style="list-style-type: none"> ▪ Within this strategy, define multi-sectoral objectives and themes to which specific Programme sections seek to contribute, with clear accountability mechanisms and incentives for staff to work across sectors; ▪ Continue identifying focal points (or multi-sectoral approach Champions) to carry forward cross sectoral interventions. 			
<p>Recommendation 3: Climate resilience Building on the recommendations of the Climate Landscape Analysis for Children (CLAC), bring climate resilience into focus as a cross-cutting dimension in the next CP. This would create scope for innovative interventions and joint programming with potential to protect and /or reduce child vulnerability to climate change impacts in Rwanda.</p> <p>This will require:</p> <ul style="list-style-type: none"> ▪ Develop a corporate strategy upholding children’s rights in line with the UN Framework Convention on Climate Change (UNFCCC) goals and targets, and building on the recommendations of the CLAC; ▪ Review CO’s internal capacity to guide the process and coordinate with Programme sections to ensure that Sector strategy Notes take into account child vulnerability to climate change. ▪ Consider hiring a climate change/climate resilience expert to guide strategy development process and help Programme sections to integrate climate resilience; ▪ Acknowledge that protecting children from climate impacts calls for a multi-level approach (i.e., involving national, district, community levels). 	<p><u>Lead:</u> UNICEF Rwanda (Deputy Rep. Programmes, Section Chiefs, Climate resilience Specialist (if hired).</p> <p><u>Support:</u> Government of Rwanda (relevant line ministries); other development partners.</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	<p>Related to finding: 5</p>
<p>Recommendation 4 – Promoting Innovation In the next Country Programme, UNICEF Rwanda should continue the advocacy work on existing innovation initiatives, with the objective of ensuring scale-up and demonstrating results for children at scale.</p> <p>This will require:</p> <ul style="list-style-type: none"> ▪ In collaboration with GoR and partners, develop models to ensure realistic scalability plans that consider national capacity and buy-in as well as potential to mobilize resources outside Rwanda; ▪ Continue advocacy to ensure that the Government of Rwanda, development partners and the private sector commit more resources to invest in UNICEF-supported innovation pilots that were successful (follow the GIGA example); ▪ Support costing analysis of all piloted and replicable innovations. 	<p><u>Lead:</u> UNICEF Rwanda (Representative, Innovation Specialist, Section Chiefs).</p> <p><u>Support:</u> Relevant Sectoral Ministries (incl. MINICT); other UN Agencies, other development partners,</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	<p>Related to findings: 9, 13,25.</p>

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<ul style="list-style-type: none"> Prioritize innovations based on their potential to be scaled-up. 	Private sector.		
<p>Recommendation 5 – Basic Education</p> <p>To contribute to improving learning outcomes for all students in Rwanda, UNICEF Rwanda should continue working with other education sector development partners to strengthen foundational learning programs in the country, by focusing on improving internal efficiency, strengthening pre-primary and primary quality education to ensure smooth transition to secondary, and by improving evidence informed planning.</p> <p>This will require:</p> <ul style="list-style-type: none"> Support the implementation of national foundational learning plan (currently being costed with World Bank support); Support the improvement of teacher effectiveness, notably through training in competence-based curriculum and related pedagogical methodologies; Support efforts aimed at ensuring accessibility learning materials (e.g; textbooks) and harmonization of learning assessments; Continue supporting the development of accessible multimedia teaching and learning resources for kids with disabilities; Foster and encourage the engagement of parents in their children’s learning through guidance provided by schools. 	<p><u>Lead:</u> UNICEF Rwanda (Deputy Rep. Programmes, Chief Education);</p> <p><u>Support:</u> Government of Rwanda (Ministry of Education) RENC, N&INGO, Other education partners.</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	Related to findings: 11,13,24.
<p>Recommendation 6 – Leveraging Private sector investment</p> <p>Continue expanding private sector partnerships to other industries, building on the achievements and progress made in leveraging investment in the Tea sector.</p> <p>This requires more strategic frameworks, guidelines, and processes, ensuring that the Country Office capitalizes on lessons learned and seizes any potential business engagement opportunities.</p> <p>This will require:</p> <ul style="list-style-type: none"> Clearly define UNICEF’s comprehensive strategy towards private sector engagement in Rwanda (its vision, scope of work, value proposition, approach and methods, procedures and processes); Integrate in all CO’s corporate documents and processes (Evidence Synthesis, prioritization, TOC and Result and Resource Plan) the role of the private sector; For all relevant programme components, ensure a clear indication of results for children to be achieved with the support of the private sector; Increase CO’s staff capacity in facilitation of private sector partnerships to keep the momentum of the private sector engagement agenda. 	<p><u>Lead:</u> UNICEF Rwanda (Communications, Advocacy and Partnerships section, all Section Chiefs);</p> <p><u>Support:</u> Private Sector organizations</p>	<p><u>Priority:</u> High</p> <p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	Related to findings: 13,23,24.
<p>Recommendation 7 – Impact Reporting</p>	<p><u>Lead:</u> UNICEF</p>	<p><u>Priority:</u> High</p>	Related to

RECOMMENDATIONS	RESPONSIBILITY	PRIORITY AND TIMELINE	KEY FINDINGS
<p>Strengthen impact reporting to better measure and communicate UNICEF's impact on society.</p> <p>This will require:</p> <ul style="list-style-type: none"> ▪ Clearly determine the focus areas of impact reporting; ▪ Consider partnering with a reputable entity that has sound expertise in impact management and data analysis, as well as impact report writing; ▪ Involve stakeholders in the impact reporting process to guarantee the visibility of impact evidence, thereby enhancing trust and credibility in the societal impact of UNICEF's efforts. 	<p>Rwanda (Communications, Advocacy and Partnerships section; Planning Monitoring and Evaluation section).</p> <p><u>Support:</u> Other UN Agencies, Relevant Government institutions and other development partners.</p>	<p><u>Timeline:</u> Preparation and implementation of CP 2024–2029</p>	<p>finding: 13</p>

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