



Monitoring and Evaluation (M&E) Plan for the National Child Development Agency (NCD) Operational Plan (2022/3-2024/5)



Republic of Rwanda
National Child
Development Agency



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Abbreviations

ANC	antenatal care
CHW	community health worker
CP	child protection
CPDP	child protection, development, and promotion
CPWO	child protection and welfare officer
CRVS	Civil Registration and Vital Statistics
CSB	corn soy blend
DG	Director General
DDG	Deputy Director General
DHS	Demographic Health Survey
DPEM	District Plans to Eliminate Malnutrition
DPEO	district pre-primary education officer
DQA	Data Quality Assurance
ECD	early childhood development
FBF	fortified blended flour
HMIS	Health Management Information System
HOD	Head of Department
H&N	health and nutrition
ICD MIS	Integrated Child Development and Management Information System
IECD	integrated early childhood development.
IZU,	Inshuti z'Umuryango
KAP	knowledge, attitude, and practice
LODA	Local Administrative Entities Development Agency
M&E	monitoring and evaluation
MCH	maternal child health
MIGEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Government
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MNP	micronutrient powder
MOH	Ministry of Health
MTR	mid-term review
MUAC	mid-upper arm circumference

NCC	National Commission for Children
NCD	National Child Development Agency
NECDP	National Early Childhood Development Program
NISR	National Institute of Statistics of Rwanda
RUTF	ready-to-use therapeutic food
SD	strategic direction
SDMS	School Data Management System
SOP	standard operating procedure
TMM	Tubarerere Mu Muryango
TWG	technical working group
VAC	violence against children
WASH	water, sanitation, and hygiene

Introduction

Background and Context

The National Child Development Agency (NCD) is established by Presidential Order No. 83/01 of 28/08/2020 with a mandate to foster the development of a child and the promotion and protection of their rights. The NCD is a merger of the former National Commission for Children (NCC) and the National Early Childhood Development Program (NECDP). The two institutions had separate strategic plans and results frameworks, with key indicators and targets. The NECDP had a six-year Strategic Plan (2018–2024) with nine pillars and the NCC had a five-year Strategic Plan (2019–2024) for the National Integrated Child Rights Policy structured in seven pillars.

Against this background, the NCD, with the support of the World Bank/Global Financing Mechanism, undertook a mid-term review (MTR) of the two strategic documents and developed a three-year operational plan (2022/3–2024/5), integrating strategies and priorities from the NCC and NECDP strategic plans. The operational plan underlines the need to develop a comprehensive monitoring and evaluation (M&E) plan, with agreed-upon sets of input, process, output, and outcome indicators for tracking implementation progress over the three years of implementation (2022/3–2024/5).

The development process of the NCD M&E plan was preceded by the MTR of the Strategic Plan for the Integrated Child Rights Policy (2019–2024) and the NECDP National Strategic Plan (2018–2024). The MTR process culminated in the development of the NCD operational plan (2022–2024), which reflects six new strategic directions (SDs) in line with the NCD’s mandate within the Government of Rwanda. The development of the NCD M&E plan was informed by the National Monitoring, Evaluation, and Learning Guidelines (2021), developed by the Ministry of Finance and Economic Planning (MINECOFIN). The National Monitoring, Evaluation, and Learning Guidelines outline broader principles to guide the monitoring and evaluation of policies and programs funded by the Government of Rwanda and development partners.

This M&E plan has been developed through a participatory process coordinated by the M&E team at the NCD, with technical support from the Data for Impact project funded by the United States Agency for International Development under the terms of the Data for Impact associate award 7200AA18LA00008. The NCD technical specialists actively participated at all stages of the plan’s development, including indicator identification, definition, and review of multiple drafts of the M&E plan.

Goals and Objectives of the M&E Plan

The goal of the M&E plan is to facilitate the collection of quality data that will be used to monitor and evaluate the implementation of the NCD operational plan (2022/3–2024/5) and inform decision-making processes. The plan outlines the processes that will be applied to determine the extent to which the strategic objectives of the operational plan are met. It defines the data needed and how the data will be collected, and their quality ensured, analyzed, and utilized for decision-making at all levels.

The specific objectives of the M&E plan are:

- a. To strengthen the NCD’s capacity for leadership and coordination of M&E activities.
- b. To strengthen M&E partnership and collaboration at national and decentralized levels (districts, sectors, cells, and villages) to enable information sharing, dissemination, and use.
- c. To improve the availability and use of data in decision-making processes at national and decentralized levels.
- d. Facilitate the documentation of progress, challenges, and lessons learnt to enhance performance through continuous improvement.

NCD Operational Plan and Results Framework

The overall vision of the NCD operational plan (2022/3–2024/5) is to ensure that “every child has access to comprehensive, integrated, and quality care that allows for their full survival, growth, and development.” To achieve this, the operational plan outlines priority action areas and activities, structured around six strategic directions:

- **Strategic Direction 1:** Children are well-nourished, healthy, and able to thrive.
- **Strategic Direction 2:** Young children reach their development and learning potential.
- **Strategic Direction 3:** Young children and adolescents are safe, well cared for, and empowered to full participation and make the right choices.
- **Strategic Direction 4:** Vulnerable households with children under five years old and pregnant and/or lactating mothers, and early childhood development (ECD) facilities have access to food security, social safety nets, and basic sanitation and hygiene services.
- **Strategic Direction 5:** Integrated frontline delivery is strengthened (community-based platforms)
- **Strategic Direction 6:** Enabling environment is improved.

Results Framework

Figure 1 depicts the results framework of the operational plan (2022/3–2024/5). The results framework illustrates the intended results, which provide a reference for performance monitoring and evaluation. The results chain of the framework is organised into six strategic objectives (outcomes), which will be achieved over the course of the three-year operational plan.

Figure 1. Results framework for the operational plan

Goal: Every child has access to comprehensive, integrated, and quality care that allows for their full survival, growth, and development.							
Outcome 1: Increased, equitable access to high impact, evidence-based integrated early childhood development services with a focus on the first 1,000 days through a life cycle approach	Outcome 2: Increased, equitable access to quality ECD services for all children under six years and provision of nurturing care and stimulation by parents	Outcome 3: All children have access to child protection services, and parents, caregivers, and community volunteers have the skills and knowledge to support young children and adolescents in all areas of development and protect them from abuse and neglect	Outcome 4: Vulnerable households with children under five years old and pregnant and/or lactating mothers, and ECD facilities have access to food security, social safety nets and basic sanitation and hygiene services		Outcome 5: Increased demand for and use of quality, integrated frontline ECD services	Outcome 6: Improved coordination, planning, budgeting, and monitoring to deliver high priority multisectoral integrated child development and protection services with optimal convergence at household level	
Output 1.1: Improved and sustained quality of effective health and nutrition interventions in the first 1,000 days of life	Output 2.1: Increased quality infrastructure for ECD facilities, equitably distributed geographically	Output 3.1: Strengthened capacity to identify and provide care and support for children exposed to child abuse and neglect, and to refer children to appropriate services	Output 4a.1: Increased supply of safe, reliable, and sustainable WASH to ECD facilities	Output 4b.1: Scale-up the local production of nutrient dense foods and small livestock production and mainstreamed to targeted poor households	Output 4c.1: Improved targeting, coverage, and eligibility criteria of social safety net programs, and expand livelihood opportunities for families with low labor capacity and to address financial barriers to accessing integrated childhood development and protection services	Output 5.1: Increased capacities of frontline workers (CHW, friends of family (IZU), agriculture promoters, youth volunteers, ECD caregivers and Para social workers) to effectively deliver a coordinated and high-impact high impact, quality health, nutrition, and ECD services	Output 6.1: Strengthened platforms at all levels to enable multi-sectoral coordination of integrated child development and protection services
Output 1.2: Healthcare professionals have the skills and competencies to provide an integrated package of inclusive maternal, newborn, infant child and adolescent health and nutrition services, including appropriate antenatal health care for all pregnant women	Output 2.2: ECD caregivers and teachers are skilled, incentivized and have the teaching and learning materials, resources, and standards to provide a full package of quality, integrated ECD services to all children including children with disabilities	Output 3.2: Parents and/or primary caregivers have increased knowledge, attitudes, and practice to identify, prevent, respond to, and report on child abuse and neglect for the optimal development of their children	Output 4a.2: Households, ECD facilities and schools have the knowledge, skills, and resources to adopt appropriate sanitation and hygiene practices.	Output 4b.2: Necessary strategies, standards and guidelines are in place, implemented and monitored		Output 5.2: Increased investments in incentives for community-based platforms service providers to improve quality and enhance convergence of interventions (including through community performance-based financing)	Output 6.2: Strengthened planning, M&E tools, and systems to scale-up integrated child development and protection interventions to targeted households at all levels
Output 1.3: Enhanced early identification of malnutrition, appropriate use of growth monitoring tools and data	Output 2.3: Strengthened capacity of parents, caregivers, and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home through improved parental education	Output 3.3: Children are given the space and are empowered to contribute and act on issues that affect their lives	Output 4a.3: District water safety plans that prioritize safe drinking water at ECD facilities, schools, and household level are developed and implemented.	Output 4b.3: Improved availability and use of data on micronutrient availability and research on food security and nutrition		Output 5.3: Improved capacity of frontline workers to collect and use community information systems for effective reporting on integrated and quality service delivery	Output 6.3: Strengthened learning agenda for integrated child development through harmonized approaches to evaluations, surveys and research, and improved management information systems
Output 1.4: Improved diets and nutrition practices for all children and adolescents	Output 2.4: Strengthened capacity of parents, caregivers and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home	Output 3.4: Improved participation of adolescents in the elaboration and implementation of plans and policies related to their holistic development					Output 6.4: Increased financing for integrated child development leveraged through resource tracking systems and evidence-based advocacy

Indicators and Data Sources

Indicators

To monitor the implementation progress of the operational plan (2022/3–2024/5), a set of core indicators, including outcome and output indicators, have been selected for each strategic direction. The indicators were developed and selected based on the following criteria: (a) relevance to the strategic directions of the operational plan, (b) clarity of indicator, (c) alignment with national and international standards, (d) builds on what is currently being collected, and (e) availability of information. Appendix A presents the Results Framework with a list of indicators, data sources and how the data will be disaggregated, the agency responsible for data collection, and reporting frequency. Data will be disaggregated by age, sex, district, disability status, direct services, referral services, case category, refugee status, type of placement, type of training, adult type, actor type among others.

Data Sources

Data to monitor implementation progress will be collected from different sources—both routine and non-routine:

Routine Data Sources

Data to report on the indicators will be gleaned from different routine data sources, including:

Table 1. NCD Routine Data Sources

System	Agency Responsible	Tools	Who collects data
Existing data sources			
Inshuti z'Umuryango (IZU) System	NCD Agency	Unstructured supplementary service data platform with a specific format 711 Hotline Child protection case management tools	Data is collected by the IZUs volunteers, the child protection and welfare officers (CPWOs), and the public
Civil Registration and Vital Statistics (CRVS) system.	National ID Agency (NIDA)	-	Civil registers
School data management system (SDMS)	Ministry of Education (MINEDUC) and Schools	-	School administrators
Health Management Information System (HMIS)	Ministry of Health's HMIS Department at the Central level	-	Health facility staff (Community health workers) CHWs
Community Health Information System	Ministry of Health's HMIS Department at the Central level	Community Health Information System Form	Health facility staff CHWs
Integrated Electronic Court case management system	Ministry of Justice (MINIJUST)	-	Judiciary staff
NCD Database	NCD Agency	Interventions Registry	CPWOs ECD Focal Points Technical Specialist
ICD MIS	NCD Agency	-	ECD Focal Points Technical Specialist
Local Administrative Entities Development Agency (LODA) MIS	LODA	-	Local authorities
Data Sources in Development			
Child Protection Case Management Information System (CPCMIS)	NCD Agency	Child Protection Case Management Framework Tools	CPWOs IZU volunteers
Partner Reporting System	NCD Agency	Reporting template	Partner staff
Integrated Child Development Management Information System (ICD)	NCD Agency	Retrieval of data from other systems (i.e., Health	M&E Specialist Data Analyst

System	Agency Responsible	Tools	Who collects data
MIS)— <i>other modules under development</i>		Management Information System (HMIS), Child Protection Information System, Partner Reporting System, etc.)	
ECD App	NCD Agency	ECD Tools e.g., ECD Monthly reporting tool	M&E Specialist, Data Analyst

Integrated Child Development Management Information System

The NCD has completed the first phase of the Integrated Child Development Management Information System (ICD MIS), which consists of its integration with the Health Management Information System (HMIS) from the Ministry of Health. The ICD MIS is being developed in a phased approach, and it will draw data from different data sources, including NCD's internal reporting platforms and other information systems from other public institutions. The ICD MIS will include a Performance Accountability Report, to provide a high-level snapshot of progress against targets for a selection of priority indicators. This will enable stakeholders from across all social cluster ministries to track progress on key national strategic plan indicators including ECD, maternal and child health (MCH); nutrition, water, sanitation, and hygiene (WASH); agriculture; social protection; and child protection.

Existing Information systems from which the ICD MIS will draw data include:

- HMIS (facility & community)—MCH & Nutrition data
- LODA—Social protection data
- Inshuti z'Umuryango (IZU) System
- District-level Excel-based databases (if any)

Non-routine Data Sources

Non-routine data sources will include:

- Demographic Health Surveys (DHSs)** are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition. The latest 2019–2020 Rwanda DHS collected information for monitoring progress on healthcare programs and policies in Rwanda, including the First National Strategy for Transformation (NST1 2017–2024) and the Sustainable Development Goals. The DHSs produce national- and subnational-level estimates.
- The **knowledge, attitude, and practice (KAP) study or survey** is like the DHS but is implemented on a smaller scale and does not include birth histories. The KAP studies are intended to generate an understanding of the communities' knowledge, attitudes, and practices for interest areas such as water sanitation and hygiene, education, youths' children living with disabilities amongst others versus the program performance indicators. Some of the examples of KAP studies conducted in Rwanda are for WASH, United Nations High Commissioner for Refugees (2021), study on children with disabilities living in families and institutions in Rwanda, National Council of Persons Living with Disabilities, NCD (2021), education of children and youth living with disabilities by Rwanda Education for all Coalition (2020) amongst others. The KAP survey produces national-level estimates.
- Violence against children (VAC) surveys** measure the prevalence and circumstances surrounding sexual, physical, and emotional violence in childhood and young adulthood (before age 24). They provide important data on demographics and education, risk factors, protective factors, and consequences of violence as well as access to services for survivors. In Rwanda, the latest VAC survey was in 2018. VAC surveys provide national-level estimates.

- d. **Comprehensive Food Security and Vulnerability and Nutrition Analysis Survey:** This data source collects indicators on human and social capital, natural capital, physical capital, economic capital, as well as livelihood strategies, food consumption, and health and nutrition. This type of survey provides national level estimates.
- e. **Early childhood development (ECD) Scorecard:** This consists of survey-type data collection to monitor the quality of ECD services and beneficiary satisfaction. They are designed to catalyze dialogue and identify action areas for improving service provision. The initiative is led by the NCD in collaboration with the Rwanda Governance Board. The scorecard measures and scores a range of quality indicators and collates citizens' perceptions and experiences via surveys as well as data collected from institutions working in ECD.
- f. **District Plans to Eliminate Malnutrition (DPEM) Scorecard:** The DPEM Scorecard has been developed to monitor the progress of MCH, nutrition, WASH ECD & Child Protection activities carried out to prevent and reduce malnutrition at the district level in various areas of intervention. the DPEM scorecard is supports service quality through collecting feedback amongst the stakeholders.
- g. **Enquête Intégrale des Conditions de vie des Ménages or Integrated Households Living Conditions Survey** is conducted every five years, this data source provides information on changes in the well-being of the population such as poverty, inequality, employment, living conditions, education, health and housing conditions, household consumption, among others.

Data Flow, Management, and Quality

This section provides information on how data for each indicator will be collected, analysed, reported, stored, and accessed by relevant stakeholders. The section also describes the data flow is structured.

Data Flow

Figure 2. Overview of data flow



Data flow is the process of moving data from the point where they are collected (the source) to the point where they will be processed into usable formats for stakeholders at different levels. A simple, functional system for transmission of data is fundamental to timely reporting. Data flow encompasses several data management processes: data collection, collation, analysis, reporting, and data use.

Data collection involves obtaining data from primary data sources, such as child records and case intake forms, and using standardized tools to aggregate and format data such that they are relevant for later stages of the data flow. Next, data are collated (using paper tallying forms or automated computer

processing tools) and combined into standardized summarized formats to be reported to the next level. Data collation happens at multiple levels to provide data to stakeholders at each level.

Next, data should be analysed into information that can inform decision making. This can include presenting trends over time, comparing information from different reporting units, or more advanced statistical methods. An additional use for M&E data is to report information to various stakeholders to inform them of progress, problems, successes, and lessons learned during program implementation. Information can then be applied to make timely and appropriate decisions to manage programs more effectively and inform policies. These decision points and questions can be fed back to those collecting the data at the source through feedback mechanisms.

Routine data to report on the results framework indicators will be collected and managed at different levels. Data for the three departments in the NCD flows from the lower level, in this case from the district to the national level, and the M&E team is the custodian of the data.

Child Protection Data Flow

This is a description of the child protection data flow in more detail according to the select administrative level in Rwanda (i.e., the village or community at the district and national level).

At the village level

IZU volunteers use a predetermined template to collect and report child protection cases at the village level using an unstructured supplementary service data platform. The reported cases include both violence, exploitation, neglect, and abuse cases (statutory) and non-statutory cases.

IZU volunteers use the 771-hotline to update details of reported cases.

The public reports child protection cases happening in their community or at the village level using the 711-hotline.

All cases reported via the 711-hotline are received by a team of the hotline operators at the national level, who record the data directly onto the web-based IZU System.

The web-based IZU system automatically shares/assigns reported cases to relevant district level officers—CPWOs, depending on where the cases were reported from. For example, if a case is reported by an IZU Volunteer in Bugesera District, the hotline operator records the case and related information in the web-based IZU system which automatically assigns the case to the CPWOs in Bugesera District for action.

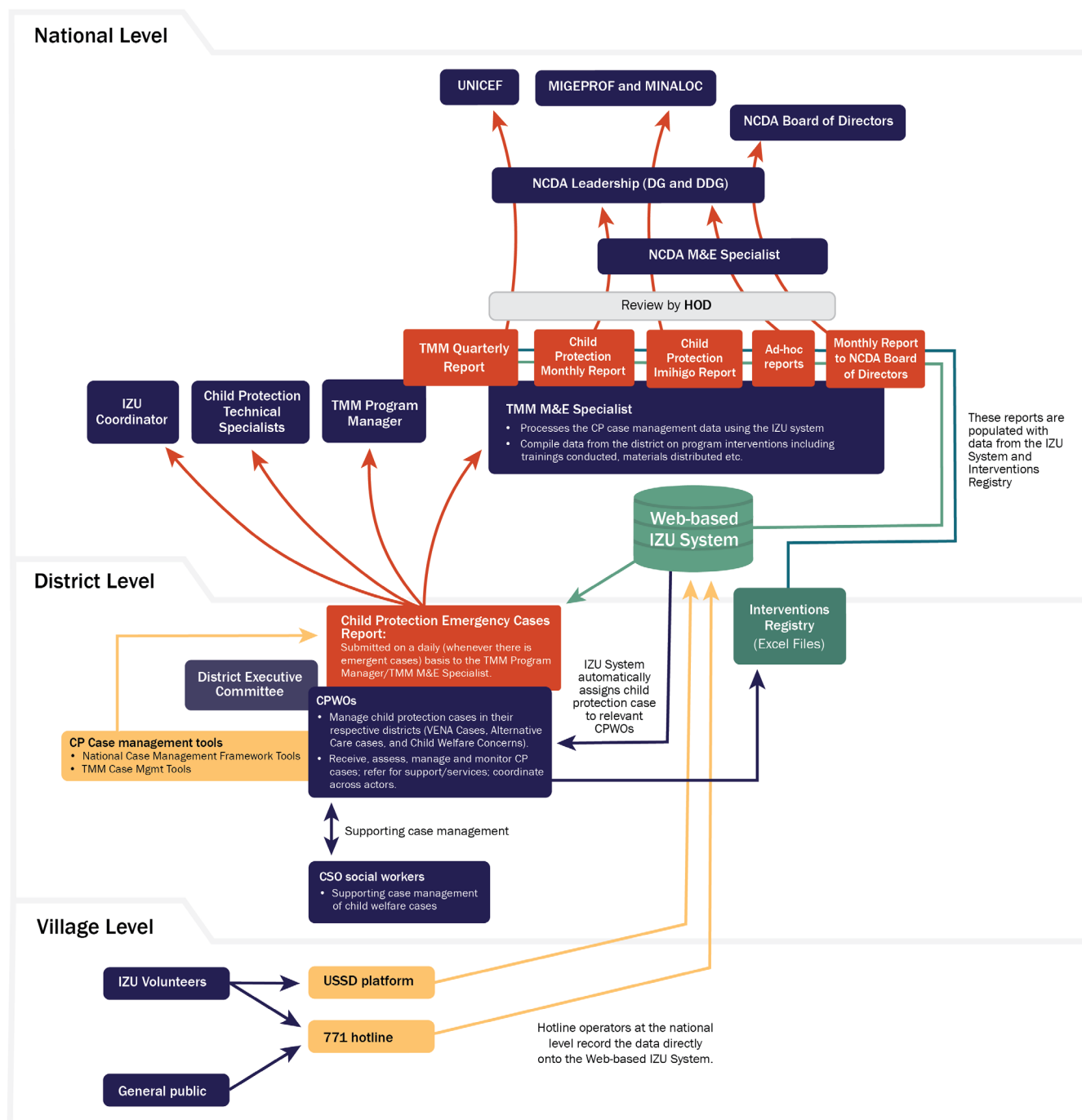
At the district level

- The CPWOs are designated government staff at the district level who manage child protection cases in their respective districts. This includes all violence, exploitation, neglect and abuse cases, alternative care cases, and child welfare concerns. The CPWOs receive child protection cases automatically assigned to them by the web-based IZU system.
- The district based CPWOs receive, analyse, manage, update, provide solutions, or refer the child protection cases to relevant entities.
- While managing child protection cases, the CPWOs use child protection case management tools provide in the approved national Case Management Framework, 2022.
- The CPWOs compile data on child protection interventions (beyond case management) such as trainings conducted, and materials distributed in their respective districts. These data are collected using tools including training registers, distribution lists, and so forth.
- The CPWOs produce different child protection reports that are submitted on a daily, monthly, and quarterly basis. The reports include:
 - **Child Abuse Emergency Cases Report:** This is a report submitted on a daily (whenever there are emergent cases) basis by the CPWOs to the Tubarerere Mu Muryango (TMM) Program Manager/TMM M&E Specialist.
 - **Child Protection Monthly Report:** This report is submitted monthly by the CPWOs to the TMM Program Manager/TMM M&E Specialist, and it also includes data on interventions other than case management.
 - **Ad-Hoc reports:** Whenever the need arises, CPWOs submit reports to the district executive committee or the TMM Program Manager.

At the national level

- At the national level, all the case management data is stored in the web-based IZU system.
- The IZU system automatically assigns child protection case to relevant CPWOs.
- The TMM M&E Specialist processes the child protection (CP) case management data using the IZU system.
- The TMM M&E Specialist compiles data from the district level on child protection that are not case management.
- The TMM M&E Specialist produces reports which are submitted to relevant audience as is described below:
 - **Child Protection Quarterly Report:** This report is compiled by the TMM Program Manager/ TMM/CP M&E Specialist, reviewed by the Head of Department and submitted to the United Nations International Children's Emergency Fund.
 - **Monthly Report to the NCD Board of Directors**
 - **Social Protection Imihigo Report:** This is a report compiled by the NCD M&E Specialist and submitted to the Ministry of Gender and Family Promotion (MIGEPROF) as the NCD line ministry.
 - **Ad-hoc reports:** These reports are compiled and submitted by the TMM M&E Specialist as the need arises.

Figure 3: CP Data Flow



Data Flow Nutrition and Health

The nutrition and WASH data flow for select administrative levels in Rwanda (i.e., the village, sector, district, and national levels) is as follows:

At the village level

- Community health workers use a predetermined set of tools to collect and report data on nutrition, and WASH at the village level.
- Community health workers record the collected data into specific registers which are submitted to health centres.
- Community health workers submit WASH data to their representative at the cells, and then at sector level.

At sector level

- At the health centre level, data managers process data from the above-mentioned registers into the HMIS.
- At the sector level, WASH data is compiled from cells' reports.

At the district level

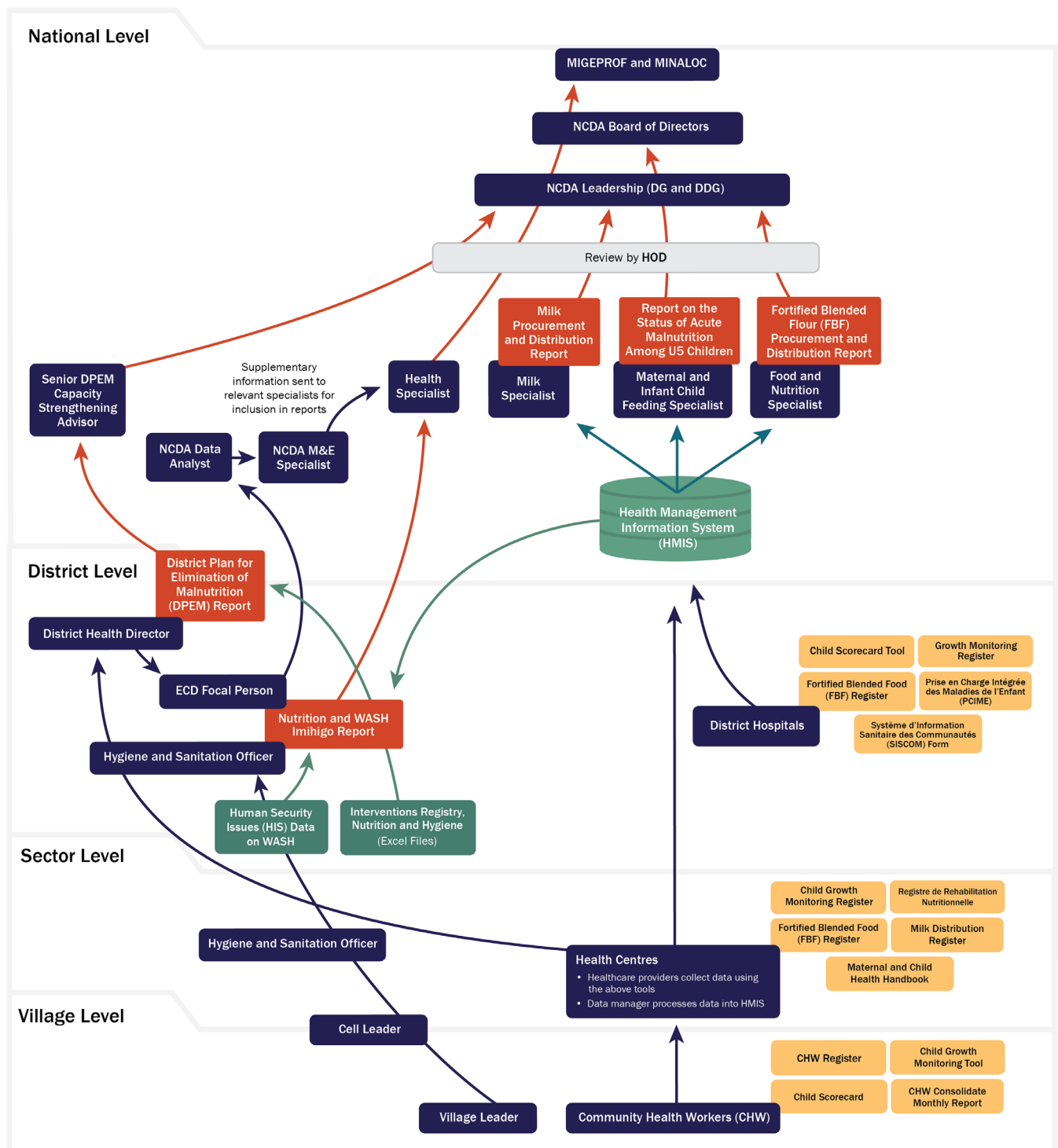
- At the district level data managers have direct access to nutrition data from health centres managed using HMIS.
- WASH officer compiles WASH data from sectors, and (in collaboration with the ECD Focal Points person) submits the data to the NCD Data Analyst and M&E Specialist at the national level.

At the national level

- At the national level, all nutrition data is stored in the HMIS.
- WASH data is compiled and stored using excel files.
- The data analyst processes nutrition data using the HMIS.
- Relevant technical specialists with the support from the Data Analyst produce reports which are submitted to relevant audience as is described below:
 - **Fortified Blended Flour (FBF) Procurement and Distribution Report:** This report is compiled by the Food & Nutrition Specialist and submitted to the Head of the Nutrition and WASH Department
 - **Milk Procurement and Distribution Report:** This report is compiled by the Milk Specialist, and submitted to the Head of the Nutrition and WASH Department
 - **Report on the status of acute malnutrition among children under five:** This report is compiled by the Maternal and Infant Feeding Specialist, reviewed by the Head of the Nutrition and WASH Department, and submitted to the NCD leadership. This report is also shared with the NCD Board of Directors.
 - **DPEM Report:** This report is compiled the Senior DPEM Capacity Strengthening Advisor, reviewed by the Head of Nutrition and WASH Department, and submitted to NCD leadership.
 - **Monthly Report to the NCD Board of Directors:** This report is compiled by the M&E Specialist with the support from the Data Analyst, reviewed by the NCD leadership,

specifically the Director General (DG) and Deputy Director General (DDG), and submitted to the NCD board of directors.

Figure 4. Nutrition and Health Data Flow



Data Flow ECD

The early childhood development data flow for select administrative levels in Rwanda (i.e., the village, sector, district, and national levels) is as follows:

At the Village level

- ECD Caregivers use a predetermined template to collect and report data on their respective ECD settings at the village level.

At the sector level

- Sector ECD Supervisors are designated NGO/CSO staff at the sector level who manage ECD interventions in their respective sectors.
- The Sector ECD Supervisor receive ECD data from individual ECD settings, compile, and submit data reports to the District ECD Field Officers

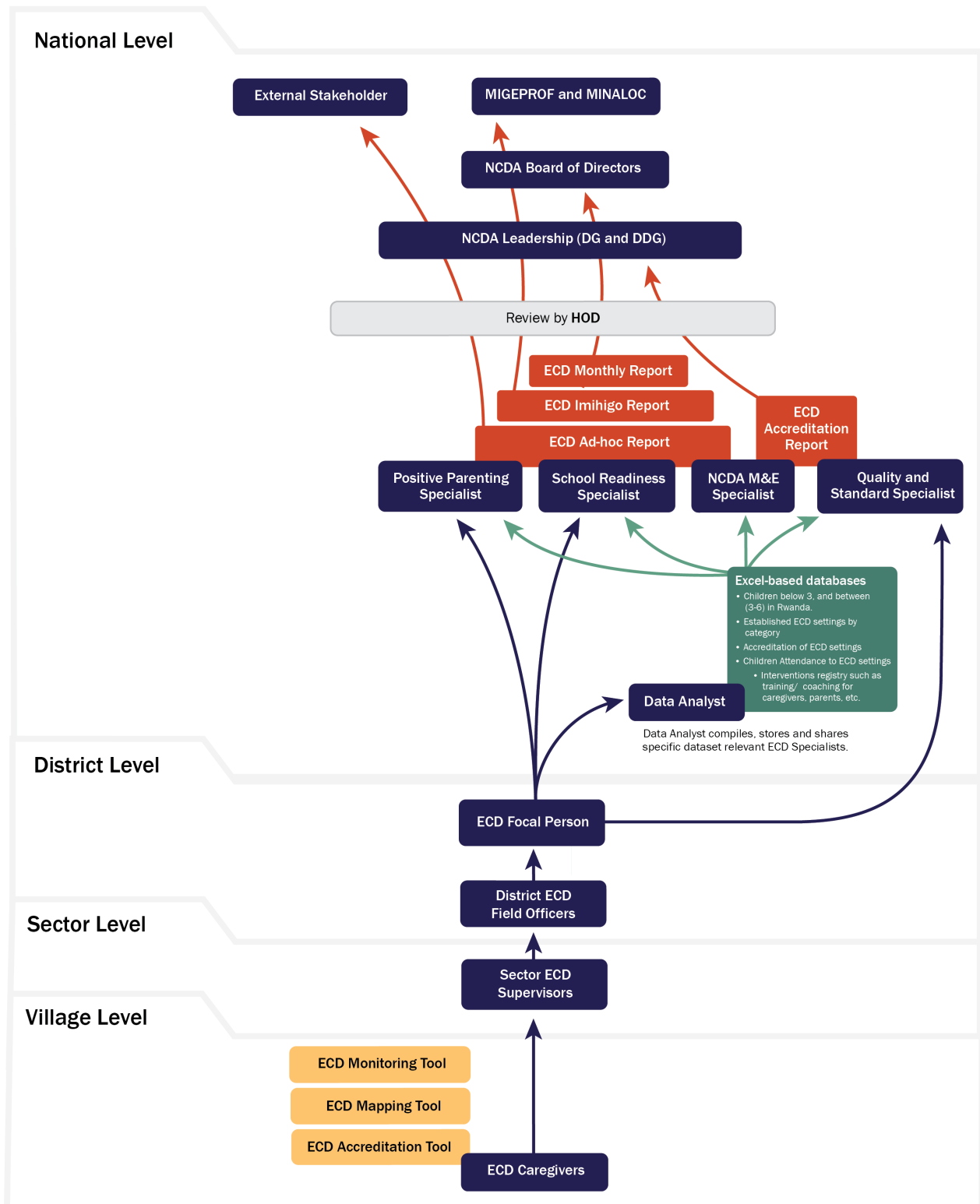
At district Level

- District Field Officers are designated NGO/CSO staff receive and compile data from the Sector ECD Supervisor and submit it to the district authorities.
- The ECD Focal Persons are designated government staff at the district level who manage ECD interventions in their respective districts.
- The district based ECD Focal Persons are responsible for submitting ECD data from their respective districts to NCD Agency, using excel files. The data includes ECD monitoring data from designated NGO/CSOs, and that on training, and material distribution amongst others.

At the national level

- At the national level, all the Early Childhood Development data is stored in the excel-based databases.
- The School Readiness Specialist and the Positive Parenting Specialist are the national technical specialist based at NCD Agency, who receive ECD data from the districts.
- In close collaboration with NCDA M&E Specialist, The School Readiness Specialist and the Positive Parenting Specialist process and share the data to the Head of Department Child Development Protection and Promotion for review and validation, and then to the DDG and DG
- The School Readiness Specialist and the Positive Parenting Specialist submit the data to the NCD Agency's Specialist for compilation and submission to DDG and DG.
- The School Readiness Specialist and the Positive Parenting Specialist produce reports which are submitted to relevant audience as is described below:
 - **ECD Monthly Report:** This report is compiled by the The School Readiness Specialist and the Positive Parenting Specialist, reviewed by the Head of Department and submitted to NCDA Leadership.
 - **Monthly Report to NCDA Board of Directors.**
 - **ECD Imihigo Report:** This is a report compiled by the NCDA M&E Specialist and submitted to MIGEPROF as the NCDA line ministry.
 - **Ad-hoc reports:** These reports are compiled and submitted by the NCDA M&E Specialist as the need arises.

Figure 5: ECD Data Flow



Data Management

Data management consists of procedures for collecting, processing, validating, and storing data. This includes procedures for retention, storage and confidentiality, and data backup. Overall, all data will be handled in accordance with the law relating to the protection of personal data and privacy and determines their processing (i.e., Law No. 058/2021 of 13/10/202). The law includes several provisions aimed at prevention of harms across the data life cycle, and the designates the National Cyber Security Authority as the supervisory authority charged with the enforcement of this law. It particularly provides for end-to-end data responsibility by assessing risks during the collecting, storing, preparing, sharing, analysing, and using stages of the data life cycle. All agencies that collect data about a child and his/her family are obliged to abide by data protection and privacy.

Specifically, the law provides for several principles relating to the processing of personal data which controllers and processors must adhere to. Regarding sharing, transfer, storage and retention of personal data, the law prohibits a data controller or the data processor from sharing or transfer personal data to a third party outside Rwanda without consent of the data subject, authorisation from the supervisory authority. Further, personal data must be stored in Rwanda in accordance with Article 50 of the law. The storage of personal data outside Rwanda is only permitted if the data controller or the data processor holds a valid registration certificate authorising him or her to store personal data outside Rwanda, which is issued by the supervisory authority.

Furthermore, the controller or the processor may retain personal data only until the purposes of the processing of personal data have been fulfilled (Article 52 of the law). The law also includes provisions on processing a child's personal data. Specifically, article 9 states that, "Where the data controller, the data processor or a third party knows that personal data belong to a child under the age of 16 years, he or she must obtain the consent of a holder of parental responsibility over the child in accordance with relevant laws."

Data Quality Assurance (DQA)

Data quality assurance is the process of ensuring that data clearly and adequately represent the result that they intend to measure. Data quality dimensions in monitoring and evaluation include accuracy (validity), reliability, precision, completeness, timeliness, and integrity. Child protection and rights data is collected and reported using paper forms and/or electronic formats or applications. At every stage all data should be reviewed and verified for completeness and accuracy at the point of collection and collation before reporting to the next level. Frontline workers at the decentralised level should be responsible for routinely validating and cleaning data. For example, CHWs, ECD caregivers and district child protection and welfare officers are responsible and accountable for the quality of data that they report.

Routine DQA Activities

The NCD M&E team, with technical support from national level technical specialists (i.e., the child protection specialists, ECD specialists, and health and nutrition [H&N] specialists) will coordinate and conduct routine data quality assurance activities once a year among selected districts. The M&E team will use an adapted data quality guideline to assess the strengths and weaknesses of the M&E systems, from the service delivery point to the national level.

Following each routine data quality assurance activity round, a plan of action will be developed to address M&E gaps identified to strengthen the M&E of the operational plan. For each data set, the following data quality issues will be considered:

- **Accuracy:** To what extent are the data reported correct?
- **Reliability:** Are the data collected consistently?

- **Completeness:** Have all reporting units reported the data? Have they reported all the required data?
- **Timeliness:** Are data reported when they are needed? Are the reported data current?

Supportive Supervision

Supportive supervision aims to review and validate reports received as well as to identify operational plan implementation challenges and best practices. Supportive supervision visits will be conducted at decentralized levels (Districts, Sectors, Cells, and Villages) as follows:

- **From the national level to the district level:** The M&E and technical staff from the NCD will conduct joint supportive supervision visits to a selected number of districts and implementing partners quarterly.
- **From the district level to cell and village levels:** District child protection and welfare officers and implementing partner program focal officers will conduct joint supportive supervision visits to a selected number of cells and villages every quarter.

A supportive supervision checklist, which includes items on M&E and quality improvement, will be used. The NCD M&E team, will organize and lead the implementation of a supportive supervision plan across the districts. Supportive supervision reports will be produced and shared during child development and protection technical working groups (TWGs) meetings, namely, the CP TWG, the ECD TWG, and the H&N TWG at the national level. At the district level, supportive supervision reports will be shared during child protection coordination meetings.

Data Review, Analysis, and Use

Data Review Meetings

Technical working group meetings should be leveraged for data review to ensure an efficient, consistent process that allows participants to apply data in program decision-making processes. Data-driven meetings will ensure that data producers and users work together to ensure timely and quality data. Building relationships between producers and users at different levels will enable an understanding of the prevalent issues through a focused analysis of available data to make informed decisions on how best to provide services for children. Data-driven meetings also provide an opportunity to clarify data quality issues, identify additional requests for data and analyses, and clarify questions and issues about existing data sources.

The timing of these meetings at the national and district level should align with strategic implementation planning and budgeting processes for the Government of Rwanda. The meetings should result in detailed action plans that will be continually monitored for progress. The NCD will develop detailed guidelines for planning and facilitating these meetings, along with standardized reporting templates for presentation during review meetings.

Data Analysis

Data analysis involves reviewing and examining data and transforming them into useful information to answer priority questions of interest. Data analysis and synthesis will be done at all levels to generate results and provide feedback to enhance evidence-based decision-making. At the district and national levels, relevant management information systems will include aggregated reports for each of the selected routine indicators. The reports will include data disaggregated by sex, age, district, disability status and other relevant disaggregates. In addition, all information systems used should include decision support tools such as dashboards and graphs to show, for example, aggregated data and allow comparisons between districts and against targets, as well as comparisons between different data points on specific indicators. In addition, systems should allow the customization of information and exporting of data for further analysis. At the

community level, simple descriptive analysis will be carried out for reporting purposes and to support decision-making.

Data Use Strategy

The NCD **data use plan**¹ provides specific guidance on how key stakeholders will use the data to inform policy and programmatic decisions. The plan also outlines and describes specific strategies and interventions that will be implemented to strengthen the use of integrated child development data in decision-making.

Data Dissemination

All data generated will be disseminated to targeted users and policy makers to support policy, plans and program interventions at all national, district, and community levels. Data will be packaged and disseminated in customised formats that consider the needs of stakeholders at various levels. The information products—reports and technical presentations will include visualization and for the targeted audience. Information products will be disseminated appropriately to different stakeholders and fed back down to data users and producers at lower levels. This is necessary for sharing information about progress and underperformance, providing feedback on the efforts and resources committed, and sharing lessons learned and best practices.

The timing of information dissemination should align with the planning cycles and decision-making needs of the users. Information products will include regular and periodic reports that summarize progress on the routine monitoring indicators and offer recommendations to prompt action. The information products will be user friendly and include visualizations, such as charts, graphs, and maps that prompt action.

Table 2 provides a summary of the different information products. These will be disseminated at various forums at national and decentralised levels, such that key stakeholders can review the progress and use the information to make program decisions.

¹ NCD data use plan with support from the World Bank Project.

Table 2: M&E Information Products and Dissemination Plan

Forum	Participants/ members	Information products	Method of dissemination	Frequency
National Steering Committee meetings (inter-ministerial coordination mechanism)	Led by the Prime Minister's office and attended by the minister of MIGEPROF. DG of NCD convenes cluster meetings and submits reports to the minister of MIGEPROF; social cluster ministries including MINISANTE, Ministry of Agriculture, Ministry of Local Government, (MINALOC), MINEDUC, Ministry of Infrastructure, Ministry of Sports, Ministry of Emergency Management, Ministry of Youth and Culture; other relevant ministries including MINECOFIN, Ministry of Trade and Industry, Ministry of Environment; and affiliated agencies including NCD, Rwanda Biomedical Centre, Rwanda Food and Drugs Authority, Rwanda Agriculture Board, LODA, Rwanda Basic Education Board, Water and Sanitation Corporation.	Quarterly progress reports, PowerPoint presentations Periodic reports, Assessment reports	Sending the reports on email, presentation, and discussions in forums	Quarterly
Child Development and Protection sub-cluster: (a) Nutrition and WASH TWG (b) EECD & Child Protection TWG	The sub-cluster is led by the DG for NCD. The TWGs are chaired by the (Head of Department) HOD for NCD. Members are drawn from the government institutions, development partners, nongovernment organizations, civil society organizations, faith-based organizations, private sector actors	Quarterly report PowerPoint presentations	Sending the reports on email, presentation, and discussions in forums	Quarterly
Child Development and Protection Coordination Forum committees	Chaired by the Vice Mayor in charge of social affairs at the district level. It brings together staff/ agencies whose intervention are ECD, child protection and child rights promotion ² , Rwanda Police, Rwanda Investigation Bureau (RIB) and coordinator of the Joint Action Development	Monthly summary reports PowerPoint presentations	Sending the reports on email, presentation, and discussions in forums	Monthly

Evaluation of the Operational Plan

Evaluations are conducted to measure the effectiveness of program interventions in relation to objectives. The evaluation of the operational plan will focus on key outcomes in relation to the prioritised activities, and the implementation process.

The NCD M&E team, with technical support from the other M&E implementing partners will be responsible for coordinating and managing the evaluations. This will include:

- Developing scope of evaluations and evaluation questions in relation to indicators, including terms of reference for evaluations.
- Sharing the evaluation protocol with other stakeholders for feedback.
- Submitting to ethics review boards as required.
- Advertising tenders for conducting evaluations and selecting study implementers.

² The ECD, child protection and rights promotion actors are education, governance, health, nutrition, social protection, disability, child protection and welfare officer based at the district,

- Ensuring that the evaluation teams adhere to study protocol and timeline and provide feedback on the status of the evaluation and any other technical issues related to the evaluation.
- Reviewing evaluation draft reports and ensuring that all key stakeholders make comments on the draft and that the evaluators receive feedback.
- Ensuring that the final evaluation reports are disseminated to key stakeholders for use in program planning and decision-making processes.

Evaluation Approach

Baseline values for indicators identified in this M&E plan will be collected to facilitate target-setting, as funding permits, and to serve as the basis for measuring progress in achieving program objectives and outputs. For some indicators, baseline values will be given when the indicator is first reported. Data collected during program implementation will be used to measure progress against targets. An evaluation of the operation plan will be conducted as funding is available at the end of the implementation period. The evaluation will focus on both the process and outcomes. Results will inform the development of a new NCD Strategic Plan.

Partners may conduct **special studies or assessments** during implementation. The studies would focus on lessons learned during program implementation, and the findings would be used for modification of implementation strategies. Studies could include feedback from beneficiaries and stakeholders regarding access to, utilization of, and satisfaction with the services delivered.

Research and learning agendas will be developed to ensure research and learning systematically targets key knowledge gaps and that there are clear opportunities to learn from and act on the findings promptly.

Coordination, Roles, Capacity Strengthening and Implementation of the M&E Plan

Coordination

The NCD has the mandate of coordinating, monitoring, and evaluating all services related to children's care, protection, and development. Accordingly, the NCD's M&E team will be responsible for coordinating the rollout and implementation of this M&E plan. It is responsible for ensuring coordination among all stakeholders implementing the M&E plan and that they are aware of their roles and responsibilities. There are two levels of coordination of M&E activities as follows:

- **National level:** The M&E team will lead the coordination of all M&E activities at the NCD. The M&E team will provide technical support to the national level technical specialists and to the Child Development and Protection sub-cluster in the rollout and implementation of the M&E plan. The team will meet quarterly to share the M&E plan implementation status and implementation progress of the operation plan. They will then share the same with the three technical working groups—the CP TWG, the ECD TWG and the H&N TWG and the Child Development and Protection sub-cluster.
- **Decentralised level:** The CPWOs and ECD Focal Points person will coordinate M&E activities at the district level and will be responsible for coordinating monthly and quarterly meetings.

Roles and Responsibilities for Managing the M&E Plan

The implementation, monitoring and evaluation of the operational plan will be the responsibility of several stakeholders, including the NCD and other government agencies, ministries, departments, and local government authorities, development partners, implementing partners (including nongovernmental organizations, community-based organizations, and faith-based organizations). Coordination and oversight of the M&E plan, however, is the responsibility of the NCD and will be led by the M&E Team.

Table 2 summarizes the roles and responsibilities of each stakeholder in the implementation of the national M&E plan.

Capacity Strengthening

To ensure that the NCD staff and stakeholders have the necessary skills in M&E, several activities will be undertaken. The M&E team will coordinate and implement activities aimed at building the capacity of front-line workers including the technical specialists, local authorities, and service providers at decentralised level to be able to implement this M&E plan. The trainings will include orientation on the NCD M&E plan, fundamental M&E concepts for child protection and rights, data collection and reporting requirements, use of relevant management information systems, data analysis and interpretation, and data review and use. It will also address knowledge of data quality concepts and skills in conducting supportive supervision and data quality assurance. The NCD M&E unit together with the national level technical specialists will provide on-site M&E mentoring and coaching at decentralised levels. This will be done during supportive supervision visits. The NCD will develop a standard M&E training manual to be used for training trainers to ensure consistency of training contents and materials.

Appendices

Appendix A: Results Framework

Table A1. SD1: Children are well nourished, healthy, and able to thrive (Health and Nutrition)

Indicator	Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Outcome 1. Increased, equitable access to high impact, evidence-based integrated early childhood development services with a focus on the first 1,000 days through a life cycle approach													
SD1 Outcome 1.b	Proportion of children <5 diagnosed in health facility with acute malnutrition	Number children <5 diagnosed in health facility with severe acute malnutrition	Number of children under 5 screened at health facilities	Sex, districts Severe and acute malnutrition						MOH	Monthly	HMIS	NCD Leadership CDP Sub-cluster HN TWG
SD1 Outcome 1.d	Percentage of 6–59 months old identified as moderately and severely malnourished using MUAC at the community level	Number of children 6-59 months old identified as malnourished using MUAC	Total number of children between 6-59 screened using MUAC at the community	Sex, districts						MOH	Quarterly, Monthly	HMIS	NCD Leadership CDP Sub-cluster HN TWG
SD1 Outcome 1.e	Percentage of children aged 3,6,9,12,15 and 18 months screened using length mat for stunting visualization	Number of children aged 3,6,9,12,15 and 18 months screened using length mat for stunting visualization	Total number of children aged 3,6,9,12,15 and 18 months	Sex, districts						MOH	Quarterly, Monthly	HMIS	NCD Leadership CDP Sub-cluster HN TWG
SD1 Outcome 1.f	Percentage of livebirths that weigh less than 2,500 grams	Number of births that weigh less than 2,500 grams	Total number of births	Sex, districts						MOH	Monthly	HMIS	NCD Leadership CDP Sub-cluster HN TWG
SD1 Outcome 1.g	Percentage of infants 0–5 months (<6 months) who are fed exclusively with breast milk	Number of infants below 6 months who are reported to be fed exclusively with breast milk	Total number of infants below 6 months in the sample	Sex, districts						NISR	Every 5 years	DHS	NCD Leadership CDP Sub-cluster HN TWG
SD1 Outcome 1.h	Number of cases of diarrhea received by CHWs (children 2–59 months)	N/A	N/A	Sex, districts						MOH		HMIS	NCD Leadership CDP Sub-cluster HN TWG
Output 1.1. Improved and sustained quality of effective health and nutrition interventions in the first 1,000 days of life													
1.1.1	Percentage of health centers with stock-out of nutrition commodities as per the national guidelines [MNP, FBF; CSB++, RUTF]	Number of health centers with stock-out of nutrition commodities as per the national guidelines [MNP, FBF; CSB++, RUTF]	Total number of Health Centers	District Commodity type (FBF, RUF, MIL, etc.						MOH	Quarterly	HMIS	NCD Leadership CDP Sub-cluster HN TWG

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
1.1.2	Prevalence of children (6–23 months) receiving a minimum dietary diversity (MAD)	Number 6–23 months of age in the sample who had at least the minimum dietary diversity and the minimum meal frequency	Total children surveyed children aged 6–23 months	Sex, districts							NISR	Every 5 years	DHS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.3	Prevalence of children (6–23 months) receiving a minimum meal frequency (MMF)	Number of children aged 6–23 receiving MMF	Total number of surveyed children aged 6–23 months	Sex, districts							NISR	Every 5 years	DHS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.4	Number of individuals currently enrolled as beneficiaries of nutrition commodities	N/A	N/A	Sex, District, Type of beneficiary (e.g., 6–24-month-old, pregnant or lactating women, disability status, etc.), district Commodity (FBF, RUF, etc.)							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.5	Total number of beneficiaries who received FBF	N/A	N/A	Sex, District, Type of beneficiary (e.g., 6–24-month-old, pregnant or lactating women, disability status, etc.)							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.6	Number of children (6–23 Months) receiving micronutrient powders (ONGERA)	N/A	N/A	Sex, District, Type of beneficiary (e.g., 6–24-month-old, pregnant or lactating women, disability status, etc.)							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.7	Number of malnourished (acute and underweight) children under 5 who received milk	N/A	N/A	Sex, District							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.8	Number of breastfeeding corners operational/functional according to approved guidelines	N/A	N/A	Sex, District, new or existing							NCD	Quarterly	ECD Database	NCD Leadership Technical Specialists CDP sub cluster HN TWG
1.1.9	Percentage of beneficiaries who consumed FBF in the past 24 hours	Number of respondents who reported to have consumed FBF in the last 24 hours	Total number respondents in the sample	Sex children 6-23 months; pregnant women; lactating women							NCD	Annual	FBF Monitoring Survey	NCD Leadership Technical Specialists CDP sub cluster HN TWG

Indicator	Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Output 1.2. Healthcare professionals have the skills and competencies to provide an integrated package of inclusive, Maternal, Newborn, Infant Child and Adolescent Health and nutrition services, including through the provision of appropriate antenatal health care for all pregnant women.													
1.2.1	Number of health care workers trained on an integrated package of inclusive Maternal, Infant, and Young Child Nutrition (MIYCN) services.	N/A	N/A	Type of health care worker; sex (Community Hygiene Officers, Nutritionist) Sex District						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.2	Perinatal deaths (still births, deaths within the first 7 days of life) per 1000 live births	N/A	N/A	District						MOH	Annual	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.3	Number new ANC registrations within 1st trimester of pregnancy	N/A	N/A	District Age						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.4	Number of pregnant women with at least 4 ANC standard visits	N/A	N/A	District Age						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.5	Number of pregnant women referred by CHW for first ANC during first trimester	N/A	N/A	District						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.6	Number of mothers who received postnatal care visit (PCN1) within 24 hours of birth.	N/A	N/A	District						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.7	Percentage of newborns that received home visits by CHWs on the third day after birth	Number of newborns that received home visits by CHWs on the third day after birth	Total number of newborns	District						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.8	Percentage of pregnant women screened in health facility for anemia.	Number of pregnant women screened in health facility for anemia.	Total number of pregnant women treated at health facility level	District						MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.9	Percentage of girls aged 15–19 years screened for anemia in the last 12 months	Number of girls aged 15–19 years screened for anemia in the last 12 months	Total number of girls aged 15–19 years	District						MOH	Annual	HMIS	NCD Leadership Technical Specialists HN TWG

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
1.2.10	Percentage of pregnant women who received full course of iron and folic acid supplements (i.e., for at least 90 days)	Number of pregnant women who received full course of iron and folic acid supplement	Total number of pregnant women	District Age							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.11	Percentage of pregnant women who received full course of Multiple Micronutrient Supplements/MMS (i.e., for at least 90 days)	Number of pregnant women who received full course of MMS	Total number of pregnant women	District Age							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
1.2.12	Percentage of adolescent girls (both at school and outside school) who received full course of iron and folic acid supplements (i.e., for at least 90 days)	Number of adolescent girls who received full course of iron and folic acid supplement	Total number of adolescent girls	District Age							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG
Output 1.3. Enhanced early identification of malnutrition appropriate use of growth monitoring tools and data														
1.3.1	Number of children <5 years screened for acute malnutrition in health facilities	N/A	N/A	By age range below 24 months, 24–59 months Sex							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG and CP TWG/Partners
1.3.2	Number of children <24 months diagnosed in health facilities with moderate acute malnutrition	N/A	N/A	District Sex							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG and CP TWG/Partners
1.3.3	Number of children between from 24–59 months diagnosed in health facilities with moderate acute malnutrition	N/A	N/A	District Sex							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG and CP TWG/Partners
1.3.4	Number of children <24 months diagnosed in health facilities with Severe acute malnutrition	N/A	N/A	District Sex							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG and CP TWG/Partners
1.3.5	Number of children between from 24–59 months diagnosed in health facilities with severe acute malnutrition	N/A	N/A	District Sex							MOH	Quarterly	HMIS	NCD Leadership Technical Specialists HN TWG and CP TWG/Partners

Indicator	Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Output 1.4. Improved diets and nutrition practices for all children and adolescents													
1.4.1	Number of school authorities, teachers and parent committee members trained on national nutrition program for school-aged children and adolescents	N/A	N/A	Type of actor trained District Sex						NCD	Quarterly	Training Database	NCD Leadership Technical Specialists HN TWG and Education Partners
1.4.2	Prevalence of anemia among women of reproductive age (15–49)	Number of women of reproductive age (15–49) diagnosed with anemia	Total Number of women of reproductive age	Age range (15-19, 20-49)						NISR	Every 5 years	DHS	NCD Leadership Technical Specialists HN TWG and Education Partners

Table A2. SD2: Young children reach their development and learning potential.

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data Users
Outcome 2. Increased, equitable access to quality ECD services for all children under six years and provision of nurturing care and stimulation by parents														
SD2 Outcome 2.a	Percentage of ECD facilities that are accredited	Number of accredited ECD facilities	Total number of ECD settings	District type (Community ECDs, home-based ECDs and school-based ECD, Center-based, Model ECD, and workplace ECD)							NCD	Annual	ECD database	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.b	Percentage of ECD centers with satisfactory scores on quality scorecard	Number of ECD centers with satisfactory scores	Total number of ECD centers in the sample	District type (Community ECDs, home-based ECDs and school-based ECD, Center-based, Model ECD, and workplace ECD)							Rwanda Governance Board (RGB)	Annual	ECD Scorecard	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.c	Number of children 3–6 years enrolled in ECD facilities/settings (home, community, center based)	N/A	N/A	District Type (Community ECDs, home-based ECDs and school-based ECD, Center-based, Model ECD, and workplace ECD) Sex (M, F) Disability							NCD	Annual	ECD database	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.d	Number of children below three years enrolled in ECD facilities/settings	N/A	N/A	District type (Community ECDs, home-based ECDs and school-based ECD, Center-based, Model ECD, and workplace ECD) Sex Disability							NCD	Quarterly	ECD database	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.e	Percentage of children 3–6 years enrolled in ECD who are regularly attending ECD facilities/settings (home, community, center based)	Number of children 3–6 who regularly attend ECD facilities/settings	Total number children between 3–6	District type (Community ECDs, home-based ECDs and school-based ECD, Center-based, Model ECD, and workplace ECD) Sex Age Disability							NCD	Quarterly	ECD database	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.f	Percentage of ECD facilities offering full package of integrated services	Number of ECD facilities that offer full package of integrated ECD services	Total number ECD facilities	District							NCD	Quarterly	ECD database	NCD Leadership CDP Sub-cluster HN TWG

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data Users
SD2 Outcome 2.g	Proportion of children 3–6 years with disabilities enrolled in inclusive education or special schools	Number of children 3–6 enrolled in inclusive education/special schools	Total number of children between 3–6	Type (Community ECDs and home-based ECDs and school based ECD) District							NCD	Quarterly	ECD database	NCD Leadership CDP Sub-cluster HN TWG
SD2 Outcome 2.h	Proportion of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being	Number of children aged 24–59 months who are developmentally on track in health, learning and psychosocial well-being	total number of children aged 24–59 months in the population	Age sex							TBD	Annual	ECD Scorecard	NCD Leadership CDP Sub-cluster HN TWG
Output 2.1. Increased quality infrastructure for ECD facilities, equitably distributed geographically														
2.1.1	Total number of operational ECD settings	N/A	N/A	District							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists
Output 2.2. ECD caregivers and teachers are skilled, incentivized and have the teaching and learning materials, resources, and standards to provide a full package of quality, integrated ECD services to all children including children with disabilities														
2.2.1	Total number of operational ECD caregivers	N/A	N/A	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists
2.2.2	Number ECD settings with adequate learning and playing materials	N/A	N/A	District ECD type (Community-base, Home-base, School-based, model ECD, ECD at workplace)							NCD	Annually	ECD database	NCD Leadership Technical Specialists
2.2.3	Number of children with disabilities provided with special learning materials or resources	N/A	N/A	District Sex Age range (0–6, 7–13, 14 and above)							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists
Output 2.3. Strengthened capacity of parents, caregivers, and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home through improved parental education														
2.3.1	Number of parents and frontline workers (teachers, IZU, ECD caregivers, CHWs, local leaders, etc.) trained to provide nurturing care, brain stimulation and/or early learning environment for 0–6 children as per the updated curriculum.	N/A	N/A	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists CP Sub cluster ECD TWG

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data Users
2.3.2	Number of parents/caregivers who completed training on positive parenting and nonviolent methods of child discipline	N/A	N/A	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists CP Sub cluster ECD TWG
2.3.3	Total number of operational ECD caregivers	N/A	N/A	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists CP Sub cluster ECD TWG
Output 2. 4 Strengthened capacity of parents, caregivers and ECD caregivers to deliver nurturing care and stimulation, and protection from abuse, in ECD facilities and at home														
2.4.1	Proportion of parents with children aged 6–36 months who received messages on brain stimulation	Number of Parents with children aged 6–36 months who received messages on brain stimulation	Total number of parents with children aged 6–36 months in the population	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists
2.4.2	Number of Children below three years of age whose mothers received messages on brain stimulation	N/A	N/A	District Sex							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists

Table A3. SD3: Young children and adolescents are safe, well cared for, and empowered to full participation and making the right choices

Note: Purple shading indicates Indicators that are used in the Partner Reporting System (PRS).

Indicator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
Outcome 3: All children have access to child protection services, and parents, caregivers, and community volunteers have the skills and knowledge to support young children and adolescents in all areas of development and protect them from abuse and neglect										
SD3 Outcome 3.a	Proportion of children whose births were registered	(a) Sex (b) Age range (0 to 5, 6–13, 14 and above) (c) District						National Identification Agency (NIDA)	Quarterly	CRVS/RBC
SD3 Outcome 3.b	Proportion of child protection cases and child rights concerns enrolled in case management that were closed as per Child Protection Case Management Framework	(a) District; (b) Sex						NCD	Quarterly	Child Protection Information System
SD3 Outcome 3.c	Percentage of parents/caregivers with increased awareness on positive parenting principles	(a) Sex (b) Parents of children with disabilities, parents with able children						NCD and partners	Annually	CP KAP survey
SD3 Outcome 3.d	Number of children placed in family-based care	(a) District (b) Sex (Female, Male, Missing) (c) Age (0 to 5, 6–13, 14 and above, Missing) (d) Origin Prior to Reintegration (Abandoned, Formerly in Conflict with the Law, In Institutional Care, Street-Connected, 3 Years And Above Incarcerated with their Mother, Other, Missing) (e) Type of Placement (Biological Family, Extended Family, Foster Care, Adoption, Guardianship, Other, Missing) (f) Disability Status (Vision, Hearing, Mobility, Communicating, Cognitive, Selfcare, Short Stature Disability, Albinism Disability, No Disability identified)						NCD	Quarterly	Child Protection Information System
SD3 Outcome 3.e	Number of laws and national guidelines/SOPs/ documentation/ assessments relevant to child protection produced or revised	(a) Thematic Area (CP Case Management, Family and Alternative Care, Justice, Child Participation, Adolescent Development, Frontliners and CP services Providers) (b) By Type of document (Law, Policies, Guidelines/SOPs, Documentation and Assessments)						NCD	Quarterly	Partner Reporting System/ CDP Sub-cluster report.

Indicator		Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
Output 3.1. Strengthened capacity to identify and provide care and support for children exposed to child abuse and neglect, and to refer children to appropriate services											
3.1.1	Number of child protection frontline workers and other actors who completed a training on child protection and/or child rights issue(s) services	(a) District (b) Sex (Female, Male, Missing) (c) Actor Type (Community-Based Volunteers, Judicial Staff or officer, Local Leaders, Law enforcement officers, Social Workers, (CHWs, IZU, NGO Staff, Police, Officer, Psychologist, Social Workers, Youth Volunteer and Other Child Rights Actors, Other, Missing) (d) Type of Training (Adolescent Development, Child Participation, CP Case Management Services, Gender Based Violence, Legal Aid and Justice, M&E and Reporting, Other, Missing)							NCD	Quarterly	Child Protection Information System
3.1.2	Number of child protection cases identified through appropriate channels (case intake to CPMIS)	(a) District; (b) Case Category (Child Abandonment, Emotional or Psychological Violence or Abuse, Exploitation and Labour, Neglect, Physical Violence or Abuse, Sexual Violence or Abuse, Trafficking, Harmful Practices such as Child Marriage, Female Genital Mutilation- FGM etc.; Other, Missing)							NCD	Quarterly	Child Protection Information System Partner Reporting System
3.1.3	Number of child welfare concerns (rights) reported	(a) District (b) Concern Type (Barriers To Accessing Services [such as Refugee Status, minority/marginalized populations, hard to reach populations], Child Headed Household, Disability of Child or Parent(s), Domestic Violence, Extreme Poverty, Lack of Resources in the Community, Mental Illness (Child or Parent), Single Parent Status, Substance Abuse by Parent, Unemployment, Other, Missing)							NCD	Quarterly	Child Protection Information System Partner Reporting System

Indicator		Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
3.1.4	Number of children supported in child protection case management	(a) District (b) Sex (Female, Male, Missing) (c) Age (0 to 5, 6–13, 14 and above, Missing) (d) Disability Status (Vision, hearing, Mobility, communicating, cognitive, selfcare, short stature disability, albinism disability, No Disability identified) (e) Direct Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training) (f) Referral Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training) (g) Refugee Status (Refugee Children, Non-Refugee Children, Other, Missing)							NCD	Quarterly	Child Protection Information System Partner Reporting System
3.1.5	Number of children supported through child welfare services	(a) District, (b) Sex (Male, Female) (c) Age (0 to 5, 6–13, 14 and above) (d) Disability status Vision, hearing, Mobility, communicating, cognitive, selfcare, short stature disability, albinism disability, No Disability identified (e) Direct Services (Medical/health, livelihoods, Shelter, Family Tracing, Reintegration (reunification and/or alternative), Birth Registration, Education, Justice, Psychosocial support,) (f) Referral Services (Medical/health, livelihoods, Shelter, Family Tracing, Reintegration (reunification and/or alternative), Birth Registration, Education, Justice, Psychosocial support) (g) By Refugee vs non refugee							NCD	Quarterly	Child Protection Information System Partner Reporting System

Indicator		Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
3.1.6	Number of children placed in family-based care	(a) District (b) Sex (Female, Male, Missing) (c) Age (0 to 5, 6–13, 14 and above, Missing) (d) Origin Prior to Reintegration (Abandoned, Formerly in Conflict with the Law, In Institutional Care, Street-Connected, 3 Years And Above Incarcerated with their Mother, Other, Missing) (e) Type of Placement (Biological Family, Extended Family, Foster Care, Adoption, Guardianship, Other, Missing) (f) Disability Status (Vision, Hearing, Mobility, Communicating, Cognitive, Selfcare, Short Stature Disability, Albinism Disability, No Disability identified)							NCD	Quarterly	Child Protection Information System
3.1.7	Total number of foster families identified and accredited	District							NCD	Quarterly	NCD Database
3.1.8	Number of children-headed households who received support services	(a) District (b) Direct Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training) (c) Referral Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training)							NCD	Quarterly	NCD Database
3.1.9	Number of children IN CONTACT with the law who received support services	(a) District (b) Sex (Female, Male, Missing) (c) Age (0 to 5, 6–13, 14 and above, Missing) (d) Category (Child Victim, In Conflict with Law, Witness/Survivors) (e) Direct Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training) (f) Referral Services (Alternative Care, Birth Registration, Direct Material Support e.g. clothing, scholastic materials etc., Education, Family Tracing and Reunification, Health, Legal and Justice, Livelihoods/Economic Support, Nutrition and Food Support, Psychosocial Support, Shelter, Vocational Skills Training)								Quarterly	NCD Database

Indicator		Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
3.1.10	Number of children under three years residing with their mothers in correctional centers supported with Child protection services	(a) District (b) Sex (Female, Male, Missing) (c) Disability Status (Vision, hearing, Mobility, communicating, cognitive, selfcare, short stature disability, albinism disability, No Disability identified)							NCD	Quarterly	NCD Database Partner Reporting System
3.1.11	Number of actors who participated in consultations/advocacy events for increased access to justice for all children	(a) Category of actors (Government, Non-governmental, Community, Other, Missing) (b) Sex (Female, Male, Missing) (c) National							NCD	Quarterly	NCD Database
Output 3.2 Parents and/or primary caregivers have increased knowledge, attitudes, and practice to identify, prevent, respond to, and report on child abuse and neglect for the optimal development of their children											
3.2.1	Number of parents/caregivers who completed training/coaching/mentoring on positive parenting principles	(a) District (b) Sex (Female, Male, Missing) (c) Parents Type (Parent of Children with Disabilities, Parents with Able Children, Other, Missing)							NCD	Quarterly	NCD Database
3.2.2	Number of awareness raising campaigns conducted to support child rights and/or protection	National							NCD	Quarterly	Partner Reporting System/ CDP Sub-cluster report.
3.2.3	Number of child rights and/ or protection dialogues/conference conducted	District National							NCD	Quarterly	Partner Reporting System/ CDP Sub-cluster report.
Output 3.3 Children are given the space and are empowered to contribute and act on issues that affect their lives											
3.3.1	Total number of functional children's forums	National District							NCD	Annual	NCD Database
3.3.2	Number of children trained on child rights/ protection/ promotion / participation	(a) District (b) Sex (Female, Male, Missing) (c) Age (0 to 5, 6–13, 14 and above, Missing) (d) Disability Status (Vision, Hearing, Mobility, Communicating, Cognitive, Selfcare, Short Stature Disability, Albinism Disability, No Disability identified)							NCD	Quarterly	NCD Database
3.3.3	Number of children forum committee that conducted required coordination meeting as per the children forum ministerial order.	District Committee level (District, sector, etc.)							NCD	Quarterly	NCD Database

Indicator		Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
Output 3.4. Improved participation of adolescents in the elaboration and implementation of plans and policies related to their holistic development											
3.4.1	Number of Adolescents who were supported through adolescent development programs	(a) District (b) Sex (Female, Male, Missing) (c) Intervention Type: (Life/Soft Skills, Mental Health and Psychosocial Support (MHPSS), Sexual and Reproductive health information and service (SRHR), Talent Detection & Development, Other, Missing)							NCD	Quarterly	NCD Database
3.4.2	3.5.3 Number of adults reached through parent-adolescent communication programs	(a) District (b) Sex (Male, Female) (c) Adult Type (Teacher, parents/caregiver, Other ...)							NCD	Quarterly	Child Protection Information System
3.4.3	Number of girls aged below 18 who gave birth during the reporting period	District							NCD	Quarterly	HMIS

Table A4. SD4: Children families are food secure, access WASH, and have a minimum standard of living

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
Outcome 4. All Children and households have increased access to WASH													
SD4 Outcome 4.a	Percentage of schools and ECD facilities with access to safe drinking water	Number of schools and ECD facilities with access to safe drinking water	Total number of schools and ECD facilities	Type ECD/school District							NCD	Annually	ECD Database
SD4 Outcome 5.a	Proportion of vulnerable households that have been targeted and supported to adopt BIAT (Bio Intensive Agriculture Techniques)	Number of vulnerable households targeted and supported to adopt BIAT	Total number of households in the Sample	N/A							National Institute of Statistics of Rwanda (NISR)	Every 3 years	CFSVA
SD4 Outcome 6.a	Percentage of targeted HH receiving social protection support	Number of HH that received social protection support	Total number of HH targeted by social protection program	SP program District							Local Administrative entities development Agency (LODA)	Annually	LODA MIS
Output 4.1. Increased supply of safe, reliable and sustainable WASH to ECD facilities													
4.1.1	Total percent of ECD facilities with WASH facilities in place	N/A	N/A	Type of ECD facility District							Rwanda Governance Board (RGB)	Annually	ECD Scorecard
4.1.2	Proportion of schools with WASH facilities in place	Number of schools with WASH facilities	Total number of schools	Type of school District							NCD/MINEDU C	Annually	ECD Database/ SDMS
Output 4.2. Households, ECD facilities and schools have the knowledge, skills and resources to adopt appropriate sanitation and hygiene practices.													
4.2.1	Number of frontline workers and other actors who complete training on WASH	N/A	N/A	Type of worker District							NCD	Quarterly	Training Excel
Output 4.3. District water safety plans that prioritize safe drinking water at ECD facilities, schools and targeted HH level are developed and implemented													
4.3.1	Total number of districts with water safety plans	N/A	N/A	District							NCD	Annually	TBD
Outcome 5. Improved nutritious food production and food security for vulnerable households													
Output 5.1. Scale-up the local production of nutrient dense foods and small livestock production and mainstreamed to targeted poor households													
5.1.1	Number of households supported with farming/livestock inputs	N/A	N/A	Type of livestock/agricultural input District							Local Administrative entities development Agency (LODA)	Annually	LODA MIS

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
5.1.2	Number of individuals who complete training on farming/livelihood practices	N/A	N/A	Age Sex District							Local Administrative entities development Agency (LODA)	Annually	LODA MIS
Output 5.2. Necessary strategies, standards and guidelines are in place, implemented and monitored													
5.2.1	Number of national strategies/guidelines/tools developed/revised to support food fortification	N/A	N/A	None							NCD	Quarterly	TBD
5.2.2	Number of frontline workers trained on food fortification strategies/guidelines/tools during the reporting period	N/A	N/A	Type of worker, Sex District							NCD	Quarterly	Training Excel
Output 5.3. Improved availability and use of data on micronutrient availability and research on food security and nutrition													
5.3.1	Number of research/evaluation studies completed during the reporting period that include food security	N/A	N/A	National							NCD	Annually	Partner Reporting System
Outcome 6. Improved access to social safety nets for vulnerable households													
Output 6.1. Improved targeting, coverage, and eligibility criteria of social safety net programs, and expand livelihood opportunities for families with low labor capacity and to address financial barriers to accessing integrated childhood development and protection services													
6.1.1	Number of households benefiting from social safety nets interventions	N/A	N/A	District Type of social safety net (Direct Income Support, public works, disability allowances, Community Health Insurance, Long-term Saving Scheme, social Security Schemes, Insurance Schemes) Household with children/youth vs. not Household with children with disability vs. not							Local Administrative entities development Agency (LODA)	Annually	LODA MIS
6.1.2	Number of households with a pregnant or lactating mother that receive social assistance.	N/A	N/A	District Type of social assistance Ubedehe category (Cat1, Cat2)							MOH	Quarterly	LODA MIS

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source
6.1.3	Proportion of people with disabilities in Ubudehe 1 & 2 receiving socio-economic inclusion support during the reporting period	Number of people with disabilities in Ubudehe 1 & 2 who received social economic support	Total number of people with disabilities in Ubudehe 1 & 2	District Sex (Male, Female)							National Council of Persons with Disabilities (NCPD)	Annually	NCPD MIS

Table A5. SD5: Integrated frontline delivery is strengthened (community-based platforms)

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Outcome 7. Increased demand for and use of quality, integrated frontline ECD services														
SD7 outcome a	# of functional frontline workers	N/A	N/A	District Sex (Male, Female) (c) Type of Frontline worker (local Leaders, Judiciary, Security Organ members, social workers, psychologist, members of Security organs, CHWs, ECD caregivers, IZU, youth volunteers, child rights actors, other community-based volunteers)							NCD	Quarterly	NCD Database	NCD Leadership CDP Sub-cluster CP TWG
SD7 outcome b	Number of child protection cases referred by IZU to appropriate authorities	N/A	N/A	(a) District; (b) Case Category (Sexual Abuse, Physical Abuse, Emotional Abuse, Child Abandonment, Neglect, Exploitation, Trafficking, Non-VENA cases)							NCD	Quarterly	IZU System	NCD Leadership CDP Sub-cluster CP TWG
Output 7.1. Increased capacities of frontline workers (CHW, friends of family, agriculture promoters, youth volunteers and ECD caregivers) to effectively deliver and coordinate high impact quality health, nutrition and ECD services														
7.1.1	Number of laws and national guidelines/SOPs/ documentation/ assessments relevant to Early Childhood Development	N/A	N/A	N/A							NCD	Quarterly	Partner Reporting System/ CDP Sub-cluster report.	NCD Leadership CDP Sub-cluster CP TWG
7.1.2	Number of frontline workers trained in integrated ECD services	N/A	N/A	Type of frontline worker a) District (b) sex (c) Type of Frontline worker (local Leaders, Judiciary, Security Organ members, social workers, phycologist, members of Security organs, CHWs, ECD caregivers, IZU, youth volunteers, child rights actors, other community-based volunteers)							NCD	Quarterly	NCD Database Partner Reporting System	NCD Leadership Technical Specialists

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Output 7.2. Increased investments in incentives for community-based platforms service providers to improve quality and enhance convergence of interventions (including through community performance-based financing)														
7.2.1	Number of frontline workers who received an incentive to improve the quality of interventions	N/A	N/A	Disaggregated by: (a) District (b) Sex (Male, Female) (c) Type of Frontline worker (local Leaders, Judiciary, Security Organ members, social workers, psychologist, members of Security organs, CHWs, ECD caregivers, IZU, youth volunteers, child rights actors, other community-based volunteers) (d) Type of incentive (financial, in-kind, social, other)							NCD	Quarterly	NCD database	NCD Leadership Technical Specialists
Output 7.3. Improved capacity of frontline workers to collect and use community information systems for effective reporting on integrated and quality service delivery														
7.3.1	Number of frontline workers trained on data collection tools/ digital reporting platforms	N/A	N/A	Type of frontline worker a) District (b) Type of Frontline worker (local Leaders, Judiciary, Security Organ members, social workers, psychologists, members of Security organs, CHWs, ECD caregivers, IZU, youth volunteers, child rights actors, other community-based volunteers)							NCD	Quarterly	NCD Database	NCD Leadership Technical Specialists
7.3.2	Number of districts submitted a complete child scorecard during the quarter	N/A	N/A	Province							NCD	Quarterly	ECD database	NCD Leadership Technical Specialists

Table A6. SD6: Enabling environment is improved

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Outcome 8. Improved coordination, planning, budgeting, and monitoring to deliver high-priority multisectoral integrated child development and protection services with optimal convergence at household level.														
SD8 Outcome a	Joint, multi-sectoral annual government budget development for child development and child protection	N/A	N/A	None							NCD	Annually	NCD reports	NCD Leadership CDP Sub-cluster CP TWG
SD8 Outcome b	Improvement in system components of NCD's M&E system, based on a participatory assessment	N/A	N/A	M&E System Components (M&E Planning, M&E Structures and Human Resources, M&E processes and Procedures, Data & Information Management)							NCD	Annually	NCD reports	NCD Leadership CDP Sub-cluster CP TWG
	Progress on the Country's Open Budget Survey	N/A	N/A	By OBS Type (Public participation, budget oversight and Transparency)										
Output 8.1. Strengthened platforms at all levels to enable multi-sectoral coordination of integrated child development and protection services														
8.1.1	# of meetings held of multi-sector coordination mechanisms operating according to terms of reference	N/A	N/A	Type of multi-sector coordination mechanism (Inter-ministerial, Sub-cluster, TWG, District forums, NCD board etc.) Level national vs. District							NCD	Annually	NCD reports	NCD Leadership CDP Sub-cluster CP TWG
8.1.2	Number of capacity building activities to strengthen multi-sector coordination and/or planning completed during the reporting period	N/A	N/A	Type of capacity building activity (Training, mentoring, Joint planning)							NCD	Annually	NCD reports	NCD Leadership CDP Sub-cluster CP TWG
Output 8.2. Strengthened planning, monitoring & evaluation (M&E) tools and systems to scale-up integrated child development and protection interventions to targeted households at all levels														
8.2.1	Number of actors trained on the NCD M&E Framework during the reporting period	N/A	N/A	By government vs. nongovernmental, sector (child Development/protection, health and nutrition, education, justice, etc.) Sex							NCD	Quarterly	Training Excel Reports	NCD Leadership M&E Team

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
8.2.2	Number of actors trained in data collection or M&E tools (including DPEM, ECD and child score cards)	N/A	N/A	Category government vs. nongovernment, Level (national vs. district) sector (child Development/protection, health, education, justice, etc.) and Topic of training (Health and Nutrition, Early Childhood Development, Child Protection)							NCD	Quarterly	Training Excel Reports	NCD Leadership M&E Team
8.2.3	Number of district staff trained in data management or information systems	N/A	N/A	Type of staff District							NCD	Quarterly	Training Excel reports	NCD Leadership M&E Team
8.2.4	Number of sites/settings that received DQA in the last 12 months	N/A	N/A	Site/setting type (health facility, ECD center, Institutional Care, other)							NCD	Quarterly	DQA reports	NCD Leadership M&E Team
8.2.5	Number of Digital platform developed/upgraded or interoperated with existing ones to facilitate data management and reporting	N/A	N/A	Intervention area (Health and Nutrition, Early Childhood Development, Child Protection, Cross cutting)							NCD	Annually	NCD reports	NCD Leadership M&E Team
Output 8.3. Strengthened learning agenda for IECD through harmonized approaches to evaluations, surveys and research, and improved management information systems														
6.3.1	Existence of harmonized research and learning agenda that includes multi-sector research and learning for the current year	N/A	N/A	None							NCD	Annually	M&E Plan	NCD Leadership M&E Team
6.3.2	Number of workshops/meetings where research/assessments are disseminated during the reporting period	N/A	N/A	Level (national vs. district) multi-sectoral or not multi-sectoral, Intervention Area (Health and Nutrition, Early Childhood Development, Child Protection, Cross-Cutting)							NCD	Quarterly	NCD reports	NCD Leadership M&E Team
6.3.3	Number of Districts evaluated on DPEM Implementation	N/A	N/A	N/A							NCD	Annually	NCD reports	NCD Leadership M&E Team
6.3.3	Number of Guideline, SOPs relevant to data demand and use developed	N/A	N/A	N/A							NCD	Annually	NCD reports	NCD Leadership M&E Team

Indicator		Numerator	Denominator	Disaggregation	Baseline	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target	Responsible Institution	Frequency	Data Source	Data User
Output 8.4. Increased financing for IECD leveraged through resource tracking systems and evidence-based advocacy														
8.4.1	Number of meetings where IECD financing is discussed			national vs. subnational, multi-sectoral or not multi-sectoral							NCD	Quarterly	NCD tracking system	NCD Leadership M&E Team
8.4.2	Number of evidence-based advocacy approaches to advocate for increased allocations/financing implemented	N/A	N/A	N/A							NCD	Annually	NCD tracking system	NCD Leadership M&E Team
8.4.3	Number of resource mobilization concepts notes produced	N/A	N/A	N/A							NCD	Annually	NCD tracking system	NCD Leadership M&E Team
8.4.4	Number of evidence-based case studies on financing gaps/fiscal space analysis or feasibility studies conducted	N/A	N/A	N/A							NCD	Annually	NCD tracking system	NCD Leadership M&E Team

Appendix B: Responsible, Accountable, Consulted, and Informed (RACI) matrix

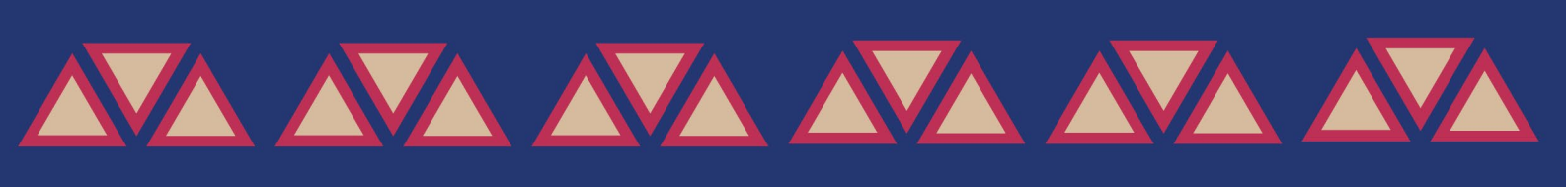
Table B1. M&E Roles and Responsibilities—NCD

Activity	Responsible <i>People who are ultimately responsible for doing the work</i>	Accountable <i>People that are accountable to see that the work gets done (Gives Yes/No/Veto)</i>	Consulted <i>The people must be involved/consulted in the action/process (to feedback and contribute to the activity)</i>	Informed <i>The people/person that must be informed that an action has been taken</i>
System and structures (SD6)				
Review of overall M&E framework, including the results framework and the indicator definitions	M&E Specialist ³	Monitoring and Evaluation Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	HODs, DDG, DG
Development/ review of M&E guidelines	M&E Specialist	M& Specialist	Child Protection Specialist Nutrition Specialists HOD	DDG, DG
Preparation of scope of work for M&E Technical Advisor	M&E Specialist	HODs	DDG	DG
Development of annual workplan				
Develop logical framework and ensure that there is consistency at different level of results.	M&E Specialist/Data Analysis Specialist	M&E Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists HODs	DDG, DG
Ensure M&E responsibilities, necessary assessments, routine monitoring, and data management are appropriately incorporated and budgeted (5–10% of the interventions' budget)	Data Analysis Specialist	M&E Specialist	HODs Director of Finance	DDG, DG
Ensure that (5–10%) of the interventions budget is dedicated to M&E activities and justification is provided when this is not the case	Data Analysis Specialist	Data Analysis Specialist	HODs Director of Finance	DDG, DG
Monitoring the quality of implementation				
Develop/review quality benchmarks checklists, and other data collection tools	M&E Specialist Data Analysis Specialist	M&E Specialist Data Analysis Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	HODs
Facilitate the roll out of data collection tools	M&E Specialist Data Analysis Specialist	M&E Specialist Data Analysis Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	HODs
Organize and facilitate the supportive supervision of districts, using agreed upon quality benchmarks	M&E Specialist Data Analysis Specialist	M&E Specialist Data Analysis Specialist		

³ Throughout the RACI Matrix wherever it states Monitoring and Evaluation Specialist are responsible it is expected that they will delegate part of their responsibilities to the Data Analysis Specialist or M&E Technical Advisors from NCD Partners.

Activity	Responsible <i>People who are ultimately responsible for doing the work</i>	Accountable <i>People that are accountable to see that the work gets done (Gives Yes/No/Veto)</i>	Consulted <i>The people must be involved/consulted in the action/process (to feedback and contribute to the activity)</i>	Informed <i>The people/person that must be informed that an action has been taken</i>
Disseminate M&E outcomes (Status on program performance, issues emerging from quality monitoring, lessons learned) for discussion in the senior management meeting	M&E Specialist Data Analysis Specialist	M&E Specialist Data Analysis Specialist	HODs	DG DDG
Conduct learning sessions with department to discuss filed monitoring results	M&E Specialist Data Analysis Specialist	M&E Specialist	HODs	DG DDG
Maintain monthly action plan tracker and follow up on action points agreed in monitoring reports and various meetings	CP Specialists ECD Technical Specialists H&N Technical Specialists	CP Specialists ECD Technical Specialists H&N Technical Specialists	M&E Specialist	HODs
Data management				
Conduct data quality assessments, and produce feedback reports to relevant staff and stakeholders	M&E Specialist Data Analysis Specialist	Data Analysis Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	DG DDG HODs
Data processing	Data Analysis Specialist	Data Analysis Specialist	M&E Specialist	N/A
Undertake master data management plan to create uniform data on sites, children, parents, frontline workers, and other stakeholders who participate in interventions under NCD purview	M&E Specialist Data Analysis Specialist	Data Analysis Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	HODs
Produce information products (facts sheets, district profiles)	M&E Specialist	M&E Specialist	CP Specialists ECD Technical Specialists H&N Technical Specialists	DG DDG HODs
Reporting				
Validate data report with the national staff, district staff and health centers.	Data Analysis Specialist	Data Analysis Specialist	HODs CP Specialists ECD Technical Specialists H&N Technical Specialists	DG DDG
Produce Quarterly/Annual report for both internal use and stakeholders	Data Analysis Specialist	Data Analysis Specialist	HODs CP Specialists ECD Technical Specialists H&N Technical Specialists	DG DDG
Validate data report with the national staff, district staff and health centers	Data Analysis Specialist	Data Analysis Specialist	HODs CP Specialists ECD Technical Specialists H&N Technical Specialists	DG DDG
Disseminate reports and other information products to relevant staff or stakeholders.	M&E Specialist	Data Analysis Specialist	HODs	DG DDG

Activity	Responsible <i>People who are ultimately responsible for doing the work</i>	Accountable <i>People that are accountable to see that the work gets done (Gives Yes/No/Veto)</i>	Consulted <i>The people must be involved/consulted in the action/process (to feedback and contribute to the activity)</i>	Informed <i>The people/person that must be informed that an action has been taken</i>
M&E capacity building				
Develop the national capacity building guidelines	M&E Specialist Data Analysis Specialist	M&E Specialist	HODs	DG DDG
Identify M&E skill gaps for national and district staff	M&E Specialist Data Analysis Specialist	M&E Specialist	HODs	DG DDG
Train the national and district staff on data collection and reporting	M&E Specialist Data Analysis Specialist	M&E Specialist	HODs	DG DDG
Train the national and district staff on information systems	M&E Specialist Data Analysis Specialist	Data Analysis Specialist	HODs	DG DDG



This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the Data for Impact (D4I) associate award 7200AA18LA00008, which is implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, in partnership with Palladium International, LLC; ICF Macro, Inc.; John Snow, Inc.; and Tulane University. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government. SR-23-182 D4I



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