



## IMPLEMENTATION BRIEF

# COVID-19 RADIO PROJECT IN RWANDA

Radio: A Low-Tech Solution to Deliver Integrated Nurturing  
Care Services During COVID-19

## COVID-19 PANDEMIC AND NURTURING CARE IN RWANDA

The U.S. Agency for International Development (USAID)-funded MOMENTUM Country and Global Leadership project responded to a critical need for nurturing care support during the COVID-19 pandemic in Rwanda in line with Government of Rwanda (GoR) priorities prior to and during the pandemic. Research indicates that in low- to middle-income countries, 43 percent of children under five are at risk of poverty, poor health, poor nutrition, and other adversities, which threaten their ability to reach their developmental potential.<sup>1</sup> In Rwanda, 33 percent of children under five are stunted and only 30 percent of children under five play with two or more playthings (homemade, recycled, store bought) at home, which risks optimal development.<sup>2</sup>

Both GoR and USAID recognize early childhood as a critical stage of human development. Children’s early experiences directly affect their physical, cognitive, emotional, and social development, with lasting impact on later success in school and life.<sup>3</sup> During the first 1,000 days—from pregnancy to age two—the brain develops more rapidly than at any other period in life, setting the foundation for lifelong learning and development.<sup>3</sup> The brain of a baby doubles in size in the first year of life and by age three, the brain develops to over 80 percent of its adult size.<sup>4</sup> During this time the brain is more sensitive to environmental factors than at other periods in life. Consequently, children grow best in an environment with nurturing care, which includes safe and secure surroundings, responsive parenting/caregiving, adequate maternal and child health care and nutrition, and opportunities for stimulation and early learning.<sup>5</sup> Through the National Childhood Development Agency (NCDA), the government Rwanda has launched robust multisectoral efforts to strengthen early childhood development outcomes and address the existing gaps.

The pandemic has likely constrained families’ ability to provide optimal nurturing care environments and has exacerbated existing gaps in delivery of holistic nurturing care services, including the reduction of opportunities for early learning as parents struggle to provide playful learning at home; reduced responsive caregiving ability due to increased stress; reduced dietary diversity and poor access to nutritious meals due to economic impact on household income; increased strain on the health system with diversion of funds to COVID-19 response and reduced care-seeking behaviors among families; and increased family violence due to stress.

In response to these challenges, MOMENTUM adapted a nurturing care program that had been was being used to reach parents and caregivers in vulnerable communities. In Rwanda, Save the Children’s First Steps “*Intera za Mbere*” program, which supported caregivers to provide nurturing care for their children aged zero to three years via a combination of group sessions and radio programming, was well positioned for this. First Steps is an evidence-based, holistic, parenting education program on provision of nurturing care for caregivers of children aged zero to three. Prior to the pandemic, parents attended 17 radio-supported community group sessions facilitated by a community volunteer. This model has proven effective in improving both children and caregiver knowledge, attitudes, and practices.<sup>6</sup> Due to COVID-19 restrictions, this delivery model needed to change to rely mainly on remote programming via radio and phone as illustrated in Figure 3.

## ADAPTATION OF EXISTING FIRST STEPS “INTERA ZA MBERE” PROGRAM IN RWANDA TO THE COVID-19 CONTEXT

This brief profiles how the First Steps *Intera za Mbere* program adapted to respond to COVID-19 restrictions, which required an urgent need to reach caregivers with vital health information and prevention measures, while expanding programmatic reach to serve the entire country.

## OVERVIEW

MOMENTUM Country and Global Leadership is a five-year global project funded by USAID to provide targeted maternal, newborn and child health, family planning, and reproductive health technical and capacity development assistance to countries to facilitate countries' sustainable development.

In response to the pandemic, MOMENTUM adapted and scaled up the evidenced-based radio program on nurturing care (*First Steps Intera za Mbere*) in Rwanda. The program aims to improve nurturing care practices and child development and learning outcomes, and increase emergent literacy promotion in the home for children aged zero to three years. A distinct aspect of the radio program is that it addresses male engagement through the role model of a father whose character evolves from a skeptic into a loving, nurturing, playful father through the course of the broadcasts. Positive male role modelling is also illustrated via two additional radio characters, including a male parent trainer. The program airs as a weekly radio program consisting of 17 episodes. The radio program covers health and nutrition, including healthy pregnancy, healthy baby (immunizations, vitamin supplementation), recognizing when to take your child to a health clinic, breastfeeding, complementary feeding, and good hygiene practices. In addition, the program focuses on playful learning, language and literacy, and responsive caregiving. (See Table 1 for topics covered under the pre-COVID-19 First Steps curriculum.)

**TABLE 1. PRE-COVID-19 FIRST STEPS CURRICULUM**

Curriculum Area	Parenting Session Titles
Healthy Beginnings	<ul style="list-style-type: none"> <li>• Responsive Feeding</li> <li>• Pregnancy Partners for a Healthy Baby and Mom. Prenatal support from family</li> <li>• Healthy Baby: Prevention is a Pound of Cure (immunization, vitamin supplementation, hygiene, and sanitation)</li> <li>• Health Clinic Now! Knowing the signs of illness and early treatment-seeking behavior</li> </ul>
Responsive Caregiving*	<ul style="list-style-type: none"> <li>• Respond and Bond</li> <li>• Forming Routines</li> <li>• Calming and Soothing</li> <li>• Positive Discipline</li> </ul>
Language & Literacy	<ul style="list-style-type: none"> <li>• Talk, Read, Sing, and Count</li> <li>• Early Language and Communication</li> <li>• How You Promote Early Literacy</li> <li>• Literacy Alive in Home and Community</li> <li>• Book Making at Home</li> </ul>
Playful Learning	<ul style="list-style-type: none"> <li>• Play to Learn</li> <li>• Everyday Materials for Play</li> <li>• Active Play</li> <li>• Developing through Play</li> </ul>

\* Both Respond and Bond and Forming Routines sessions draw on evidence-based practices in the responsive care-giving domain of nurturing care. In the Respond and Bond session, parents learn the importance and strategies of responding to children's cues (respond) and how to build a strong relationship and attachment with their baby (bond). In the Routines session, parents learn why stable and predictable routines are important to a baby's development and examples of some routines they can adopt, e.g., eat, read, sleep as an evening routine

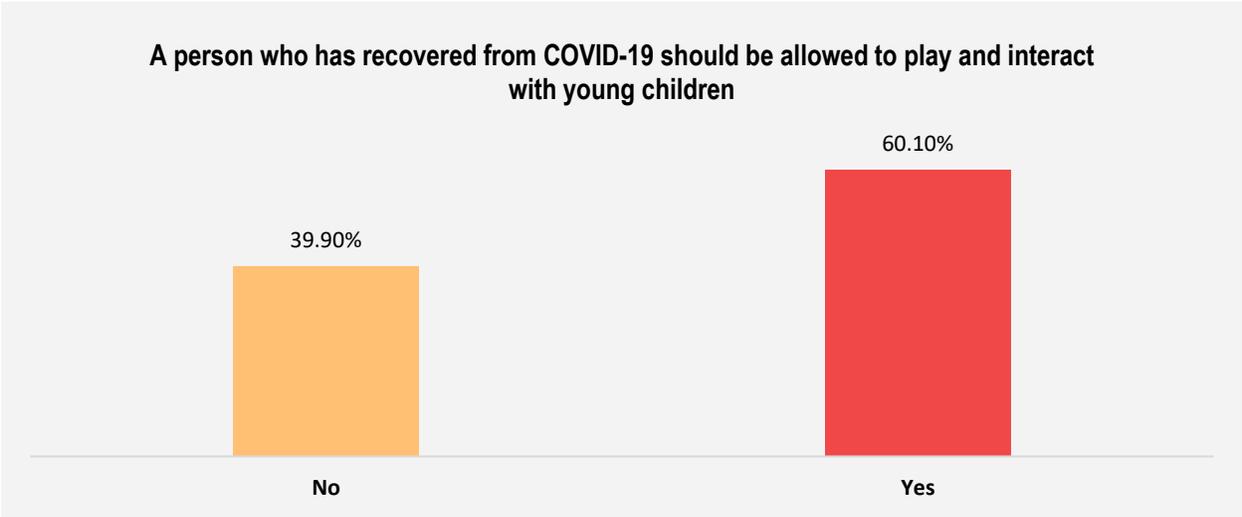
# ADAPTATION AND ADDITION OF HEALTH MESSAGES TO ADDRESS THE COVID-19 CONTEXT

## FORMATIVE ASSESSMENT TO INFORM PROGRAMMING

Before the start of the COVID-19-adapted programming (October 2020), a phone survey of caregiver attitudes, knowledge, and practices was conducted with more than 1,000 families across Rwanda. Questions covered breastfeeding, handwashing, use of positive discipline, and engagement in early stimulation activities, such as playing, singing, and reading to children, as well as the impacts of the pandemic on their households. This information from the formative assessment was used to shape the adaptation of the radio content, home visits, and other existing programming pieces. In addition, this information helped develop a new phone-based counseling and strategy for local/national-level advocacy and social media engagement.

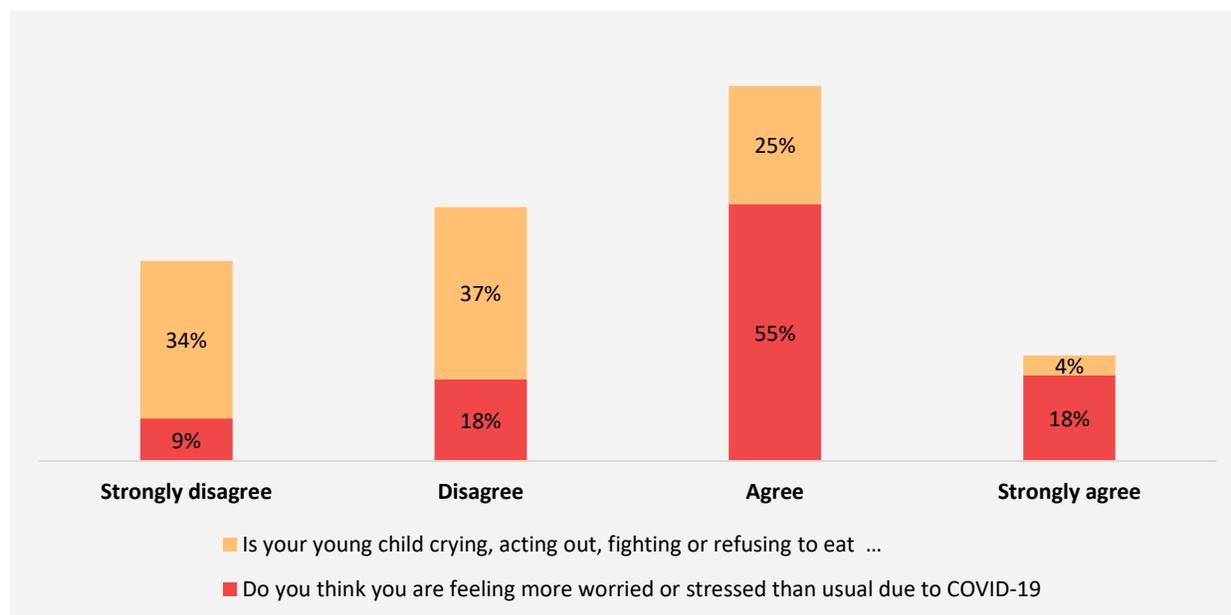
Preliminary results showed that 80.7 percent of parents surveyed reported a loss of income because of the pandemic. In terms of myths and stigma associated with COVID-19, almost 40 percent of parents reported that they don't believe a person who has recovered from the virus should be allowed to play and interact with young children. This finding highlights the gaps in knowledge, ongoing fears, and the potential stigma associated with COVID-19.

FIGURE 1. GAPS IN KNOWLEDGE, FEAR OF COVID-19 IN CARING FOR YOUNG CHILDREN



In terms of feelings of anxiety and stress, more than 55 percent of the parents interviewed reported to be feeling more stressed and worried than before COVID-19, while over 25 percent also reported that their young children are displaying signs of stress such as crying, acting out more, fighting, or refusing to eat.

**FIGURE 2. FEELINGS OF STRESS OF PARENTS AND YOUNG CHILDREN DUE TO COVID-19**



These results underpinned the importance of responding holistically to the needs of families and underscored the need for messaging around well-being and self-care, as well as multisectoral collaboration and referrals to link the most affected families with social protection services.

### ADAPTING THE INTERVENTION BASED ON ASSESSMENT FINDINGS

Following the formative assessment, MOMENTUM revised 17 pre-existing radio scripts to include COVID-19-specific messages aligned with existing episode themes, including: what to do if parents suspect they and/or their children have coronavirus; prompt care-seeking tips; handwashing; caregiver mental health, well-being, and self-care messages; debunking COVID-19 myths, particularly on breastfeeding; and maintaining and promoting nurturing care during the pandemic. Each episode covers a unique topic and runs for 18 to 20 minutes with the storyline woven in such a way that topics build on each other over the 17 weeks. Each radio episode contains four distinct sections, including an introduction and reflection on the previous episode, a skit/drama, an advice section where key messages are reinforced, and a closing section that provides a toll-free telephone number for parents to provide feedback.

The project recorded a special jingle on the prevention of COVID-19 that focuses on the importance of the caregiver’s well-being and nurturing care for young children. The jingle is featured in all 17-radio sessions. In October 2020, eight radio stations, including the national “Radio Rwanda,” began airing these MOMENTUM-adapted sessions in all 30 districts of Rwanda (Figure 3).

FIGURE 3. ADVERTISEMENT SHOWING THE AIRING SCHEDULE FOR FIRST STEPS<sup>†</sup>

**AIRING SCHEDULE FOR THE FIRST STEPS PROGRAM**  
02<sup>th</sup> November 2020 – 26<sup>th</sup> February 2021

Radio	Radio Frequency	Days	Time
Rwanda Radio	FM 100.7 MHz	- Thursday	- 5:30pm
Huguka Radio	FM 105.9 MHz	- Thursday - Sunday	- 3:00pm - 3:40pm
Izuba Radio	FM 100 MHz	- Thursday - Sunday	- 3:00pm - 3:40pm
Ishingiro Radio	FM 107.7 MHz	- Tuesday	- 5:05pm
Isangano Radio	FM 89.4 MHz	- Saturday	- 8:30pm
Authentic Radio	FM 92.8 MHz	- Wednesday	- 7:45pm
Umucyo Radio	FM 102.8 MHz	- Monday	- 6:45pm
Inkoramutima Radio	FM 107.1 MHz	- Friday	- 8:00pm

First Steps is an Early Childhood Development intervention that supports young children's holistic development across physical, cognitive, language and socio-emotional domains from conception to 3 years old. It is delivered through radio programs and home visits conducted by trained community volunteers - "Friends of Family".

In addition to the nationwide radio airing, parents in three districts receive additional support from community social workers, locally known as Friends of the Family (*Inshuti z’Umuryango* [IZUs]). A cadre of 234 IZUs are leading community mobilization, home visits, and phone counseling for 2,340 participating families in 117 villages across the three districts of Gasabo, Ruhango, and Kirehe, where First Steps was being implemented before the pandemic. The home visits and phone counseling encourage participation and complement the radio messaging, giving caregivers opportunities to reflect on key messages. This also offers opportunities for problem-solving with families and referrals to additional social and health services as needed. In Rwanda’s remaining 23 districts, Save the Children engaged other civil society partners, such as UNICEF, Help a Child, AVSI, Imbutu Foundation, FXB Rwanda via the National Child Development Agency (NCDA), and Rwanda’s Ministry of Health’s Child Health technical working groups and local government to mobilize communities to listen to the radio program. In addition, caregivers were reached via social media with parenting cards promoting key messages on the topics of nurturing care, caregiver self-care, and COVID-19 health. Through WhatsApp, Twitter, and Facebook, the social media campaign uses existing social media groups to target urban parents and push advocacy to leaders in government and civil society. Figure 4 is an example of a social media message poster on caregiver self-care.

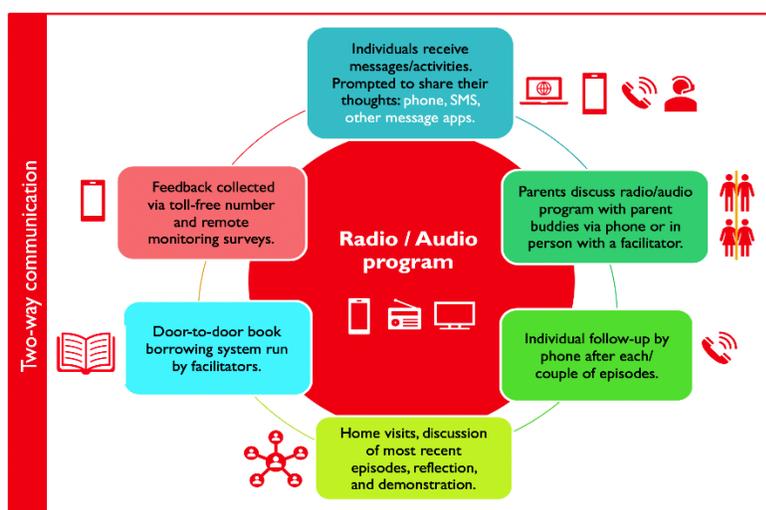
<sup>†</sup> NECDP ( National Early Childhood Development Program) was the predecessor of the National Child Development Agency (NCDA), the government agency with policy mandate to lead the policy, implementation, and oversight of all early childhood development programming in Rwanda.

**FIGURE 4. SOCIAL MEDIA PARENT CARD**



Figure 5 summarizes the COVID-19-adapted First Steps program model showing the follow-up after the radio broadcasts, including how two-way communication with parents is achieved to maximize impact.

**FIGURE 5. ADAPTATION OF FIRST STEPS FOR COVID-19 RESPONSE**



## ROUTINE MONITORING AND AUDIENCE FEEDBACK

Field supervisors from Umuhuza Organization conducted weekly phone follow-ups with IZU throughout the project. In December 2020, in a phone interview conducted with 179 families, MOMENTUM discovered that 86.9 percent of the parents regularly listened to the First Steps radio program and learned about care practices from the program. Caregivers reported to have heard different messages on the radio: playing together (72.2 percent), talking and reading (70.4 percent), responsive feeding (59.2 percent), bonding and responding (58.6 percent), positive discipline (41.4 percent), caregiver well-being, mental health, psychosocial support (30.8 percent), and COVID-19 prevention (24.3 percent). In looking at joint participation by both male and female parents, around 41.34 percent of the parents (mother and father) listen to the First Steps radio program together. This is particularly encouraging because the pre-pandemic First Steps program was not able to get male engagement to this level during face-to-face group sessions. Around 62.57 percent of parents

reported to have received a home visit. In addition, parents shared that they have changed their behavior and attitude toward the importance of using toys, reading activities, child interaction, and the value of child weight monitoring. One parent from Ruhango District said: “I like that in the radio show, the wife explained to her husband the way it is important to play with the child, because many people consider playing with children as waste of time.” An endline survey will be conducted with the same caregivers in April 2021.

## KEY RECOMMENDATIONS

**MAXIMIZE EXISTING ASSETS:** Leveraging and maximizing existing assets is key for success during an emergency response. There is usually limited time and opportunity available to test new approaches so existing ones should be adapted and tailored to the new situation. This ensures quick buy-in and higher fidelity as field teams are already familiar with using the tools. In addition, existing learning can be deployed to further improve the approaches. In the case of Rwanda, use of an existing radio program and working through the IZU structure enabled the program to quickly adapt for COVID-19 response.

**UTILIZE BLENDED PROGRAMMING:** Blended programming using low-technology solutions, alongside face-to-face modalities (such as home visits or small group sessions) to reach parents with nurturing care education sessions allowed the program to be easily adapted for emergency situations and has proven its value as a new way of operating. Having an existing evidence-based radio program positioned First Steps to be one of the first programs to quickly adapt to the COVID-19 context in Rwanda. Similar programs should plan blended programming from the start to increase program resilience and adaptiveness.

**BUILD STRONG RELATIONSHIPS AND ENGAGE PARTNERS:** Strong relationships and partner engagement are critical to success. Save the Children had existing strong relationships with government agencies such as NCDA and nongovernmental agencies such as UNICEF and Help a Child, which sped advocacy and engagement with the early childhood development sector during the COVID-19 response in Rwanda. Building on these existing relationships, Save the Children garnered support on community mobilization and remote monitoring via phone beyond existing Save the Children programming sites. This contributed greatly to the success of the program. Similar programs intending to work adaptively at scale need to be intentional, investing the necessary time and resources to build the partnerships and relationships nationally and globally.

**COLLABORATE CROSS-SECTORALLY:** Cross-sectoral collaboration is critical during pandemic or other public health emergency responses. Through this crisis, MOMENTUM and the team at Save the Children have affirmed that cross-sectoral collaboration is critical during a pandemic response, especially the strengthening of referral pathways for families with the most need. Collaboration between health, nutrition, child protection, and social protection units is critical in responding to the impacts of the pandemic on different aspects of nurturing care as noted in early sections of this brief.

**CARRY OUT RAPID MONITORING AND EVALUATION:** Rapid monitoring and evaluation are key for informing effective pandemic response. Rapid and remote monitoring and evaluation activities carried out via phone surveys and face-to-face interviews with communities informed the response, including shaping messages, organizing home visits, and identifying families at risk of not having access to the radio program. Identifying the barriers quickly and accurately enabled efficient planning and problem-solving.

### **ADVOCATE FOR PRIORITIZATION OF HOLISTIC NEEDS OF CHILDREN AGED ZERO TO THREE YEARS.**

The COVID-19 pandemic highlighted awareness that there is still a need to continue advocating for and prioritizing the holistic needs of children aged zero to three years. The pandemic response by governments and key actors for this critical age group and their families has been limited. More attention has been given

to school-aged children, rather than children under age three. This was especially true for the nurturing care areas of responsive caregiving, early learning, safety, and security. Routine health and nutrition services were also severely disrupted and the need to advocate for these became more urgent.

## SHARING AND DISSEMINATION OF LEARNING

Documentation and learning from this program adaptation, implementation, and impact will be shared with other countries via the 2021 Comparative & International Education Society, the Asia-Pacific Regional Network for Early Childhood, and the Africa Early Childhood Network conferences, among other global and regional technical, policy, and advocacy platforms. At the national level in Rwanda, the NCD technical working group and the Ministry of Health's Child Health technical working groups will be used as dissemination platforms. At the local level, learning, sharing, and dissemination events will be conducted in the three districts of Gasabo, Kirehe, and Ruhango where the First Steps intervention has the most robust programming. The learning from this program adaptation and implementation can help governments and civil society better prepare for future pandemics or other emergencies, as well as build back better in the post-COVID-19 world.

## ACKNOWLEDGMENTS

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- Save the Children, Rwanda
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