Partnering with religious leaders in Rwanda to Accelerate stunting reduction through family empowerment

The Issue

Stunting is a public health concern in Rwanda affecting 38% of children under five. The disparity in stunting prevalence is substantial between rural and urban children with 41% of rural children being stunted, compared to 24% of their urban counterparts. While the country’s strong health system has effectively reduced acute malnutrition through referral and treatment, combatting stunting requires a deeper understanding of social norms and cultural practices at the household level. Tackling malnutrition requires a social transformation in empowering caregivers and change in behaviours linked to disease prevention, early health care seeking and infant and young child feeding practices.

C4D Actions

In response to this context, UNICEF and the Ministry of Health developed a C4D initiative titled “1000 Days in the land of 1000 Hills,” identifying religious networks as one of the key communication channels. Throughout Rwanda, religious leaders have a close relationship in the villages with high awareness on the predicament of vulnerable households.

With the funding by IKEA foundation, FBO partnership was mobilized in 10 districts with the following activities.

1. Rwanda Demographic and Health Survey 2014-15
• Capacity building of 40 religious leaders, 160 religious volunteers and 40 religious couple counsellors. Religious leaders have a role to guide families and reconcile family issues. By equipping them with the ECD knowledge, religious leaders became able to influence the situation of young children at home.
• Regular dissemination of messages around key family practices and ECD through weekly services, and more intensively during the holiday seasons.
• Social mobilisation through religious volunteer network with pre-tested IEC materials.
• Mainstreaming positive parenting into religious couples’ counselling.
• Mass communication through religious radio stations.
• Promotion of key family practices at schools owned by religious institutions.
• Fathers’ gatherings at church on positive masculinity and engaged fatherhood.
• In December 2014, a high-level advocacy meeting was organized to publicly announce the religious leaders’ commitment to reducing stunting and promoting Early Childhood Development. The meeting was jointly organized by Ministry of Health and UNICEF and attended by the Archbishops of Catholic and Anglican church, Mufti as well as other senior level religious leaders.
• A longitudinal cohort study was undertaken, providing baseline and end line data showing a range of changes in behaviour, disease prevalence and household power dynamics.

C4D Results
Positive trends in behaviours related to stunting prevention were identified in the intervention sites where religious networks were mobilised, as shown in the table below:

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Control sites</th>
<th>Intervention sites with over 1 year of intervention</th>
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</thead>
<tbody>
<tr>
<td>1 Caregiver engaging in support of child learning</td>
<td>9%</td>
<td>22%</td>
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<tr>
<td>2 Households where the father engages in childcare daily</td>
<td>49%</td>
<td>57%</td>
</tr>
<tr>
<td>3 Households that store water in a closed container</td>
<td>44%</td>
<td>52%</td>
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<tr>
<td>4 Households with a fixed place for hand washing that also has soap and water</td>
<td>9%</td>
<td>34%</td>
</tr>
<tr>
<td>5 Households always washing their hands after using the toilet</td>
<td>43%</td>
<td>63%</td>
</tr>
<tr>
<td>6 Prevalence of diarrhoea in children</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>7 Joint decision making on issues related to young children</td>
<td>22%</td>
<td>33%</td>
</tr>
</tbody>
</table>


• A total 118,000 people in the 10 intervention districts were reached through engagement with religious leaders. Families that require particular attention were identified through the outreaches and referred for services.
• 600 churches in nine dioceses were reached through youth mobilisation on Facts for Life and ECD messages, made possible through an invitation by the bishop of the catholic church.
• The bishop of the Anglican church was identified as a champion for Early Childhood Development through the advocacy meeting. Continued dialogue resulted in a PCA between the Anglican church and UNICEF, which adopted church-based ECD model to quickly scale up the ECD service provision.
• Promotional video developed, featuring religious leaders speaking about how they perceive their role in serving communities by offering church based ECD services.

Religious Leaders Support Early Childhood Development in Rwanda
https://www.youtube.com/watch?v=t0OTmmrCgqE
In this video, religious leaders speak about how they see their roles in serving communities by offering church based ECD services.

• A model church was established, offering study tours to 30 religious leaders to learn how to provide safe space for young children.

Take-away Lessons
• Religious networks are an effective channel for information dissemination not only through the religious sermons but also through their extensive platforms for audience engagement including hospitals, health centres, schools, church-based ECD services, faith-based mass media channels as well as youth, women’s and men’s groups.
• Religious leaders are an important ally for equity programming as they share the aspiration and compassion to reach out to the disadvantaged families.