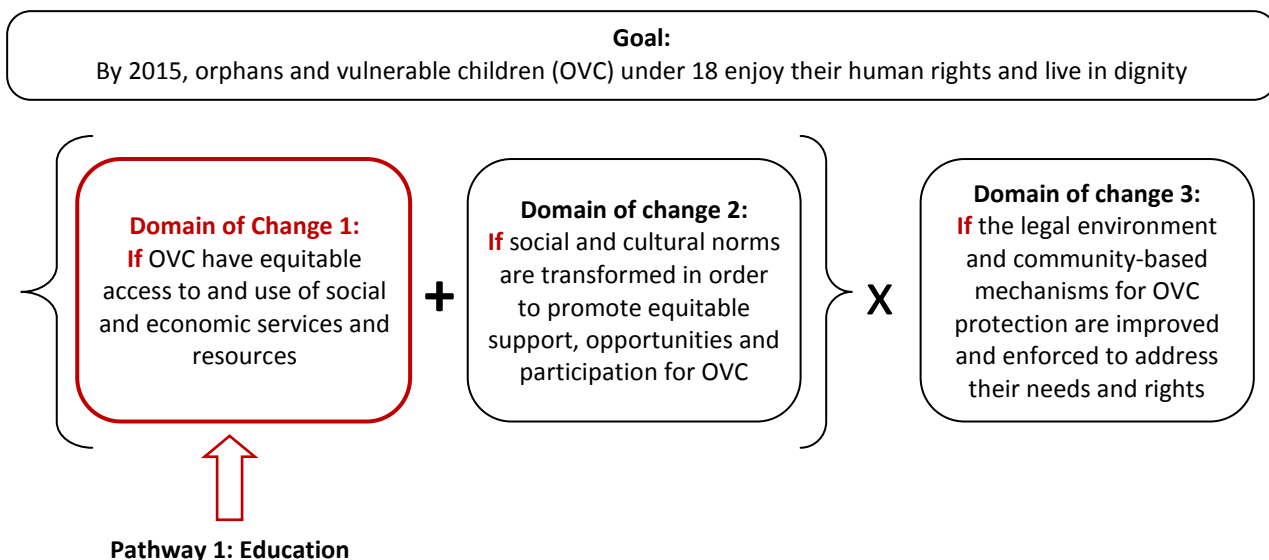


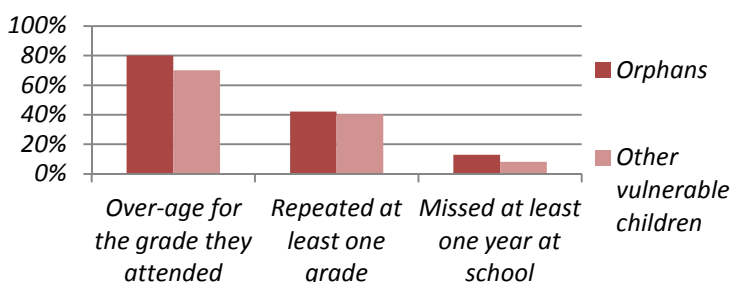
Pathway 1: Promote sustained access to quality education services for OVC, especially girls. This includes early childhood development, primary, secondary and vocational education. Through this pathway, CARE promotes both improvements of the education services at the side of the duty bearers, as well as their use at the side of the rights holders (the OVC).

Pathway 1 contributes to domain of change 1 of CARE Rwanda’s OVC program strategy:



The education situation of OVC in Rwanda

Vulnerability of OVC in primary school:
(Source: MIGEPROF, OVC situation analysis, 2008)



The net attendance rate (NAR) in primary education increased to 87% in 2010. In the lowest wealth quintile, this is significantly lower with 80%. The total gross attendance rate¹³⁴ (GAR) of 143% shows that there are significant numbers of underage and overage students in primary school. (Source: Rwanda DHS, 2010)

For secondary school, the NAR is only 15%, and the GAR is 27%. Again, these numbers are significantly lower for children in the lowest wealth quintile, at 7% and 11% respectively. (Source: Rwanda DHS, 2010)

Read the full situational analysis on OVC in section A2 in ‘Why the OVC Program?’.

Impact sub-groups

This pathway specifically aims to have an impact on groups that tend to have low enrollment rates, low attendance rates and/or high drop-out rates:

- **Children from historically marginalized groups.** Poverty and awareness among parents are key issues.
- **Adolescent girls** (including married girls and young mothers) lack proper sanitation facilities in school and face a risk of GBV and gender-insensitive teaching methods.
- **Children without adult support** are kept from school by financial constraints and a need to work or fulfill other responsibilities at the household. This includes children who are too old to (re-)enroll in primary or secondary school. For them, alternative solutions are sought.
- **OVC up to 5 years in rural areas** have very limited access to ECD services.

Read more about the impact group of CARE Rwanda’s OVC program in section B1 in ‘Who the Program is for’.

¹³⁴ The GAR for primary school is the total number of primary school children, expressed as a percentage of the official primary-school-age population.

Strategic partners

CARE Rwanda is committed to work in partnership. In this pathway, our strategic partners are:

- The **Ministry of Education**, who is the primary responsible actor for the educational sector in Rwanda, and manages Rwanda's education policies.
- The **Ministry of Gender and Family Promotion** and **National Commission for Children**, whose vision includes, that "all children, without any discrimination, will receive full support and protection needed to enjoy their rights and to develop the maximum possible their capacities".
- The **National Commission for Children (NCC)**, with the objective to coordinate interventions related to protection of children.
- The **Rwandan Education NGO Coordination Platform**, which brings together all main actors intervening in the education sector. The partnership focuses on coordination and exchange of knowledge and experience with its members.
- **UNICEF**, who technically supports MINEDUC and is an important partner in coordination and advocacy.
- **Faith-Based Organizations**, who are the owners and managers of a significant number of primary schools in Rwanda.

Apart from the strategic partners, many implementing partners contribute to this pathway. Please refer to our website for the descriptions of the projects under this pathway and get to know our implementing partners.



Our approach

When it comes to strengthening educational services, CARE Rwanda's strength does not lie in technical support such as school construction or teacher training, although we do not exclude doing this through partners, if we see a particular need. Our focus lies rather on ensuring inclusion and equal treatment of all children, awareness raising on child rights, supporting children without adult support to go to school, and community advocacy for high quality services. We do this by using a combination of well-tested models and innovative approaches, including the following:

Early Childhood Development

Through a combination of Early Childhood Development (ECD) centers, home-based ECD and home visits, CARE Rwanda support the psychosocial, cognitive and physical development of children under 6 years old. Holistic care for children at this age, crucial for their development, is ensured by integration of the 5x5 model. This model identifies 5 *intervention areas* that any ECD program should address (child development, health, food & nutrition, economic security and child rights & protection) and 5 *levels* it should work at to be effective and sustainable (the individual child, the family or caregiver, the childcare setting, the community and the national policy environment).

Through its participation in ECD, a young child receives pre-school education and is better prepared for primary

Policy context

CARE Rwanda's work on this pathway is informed by the Government of Rwanda's policy context. Of specific importance to this pathway are:

- The **National Policy for Orphans and Other Vulnerable Children** (MINALOC, 2003) assures the access to free primary education as well as to continued education beyond the primary level.
- The **Integrated Child Rights Policy** (MIGEPROF, 2011) specifies the government commitments related to access to and quality of education, including special measures for children who need to work to cater for themselves or their families.
- The **Education Sector Policy** (MINEDUC, 2003) lays out several high-level aims of the Ministry of Education, including the availability and accessibility of quality and relevant education to all Rwandese people. It includes the target of providing 12 years of basic education to all Rwandan citizens as of 2012 (scaled up from 9 years)
- The **Girls Education Policy** (MINEDUC, 2008) looks at the elimination of gender disparities in education. Its three focus areas are access, quality & achievement and retention & completion.
- The **ECD policy** (MINEDUC, 2011) and strategy are essential in the light of CARE Rwanda's aim to scale-up our ECD models. The policy has been adopted, but is currently being improved.
- The **Special Needs Education Policy** (MINEDUC, 2007) responds to specific challenges that certain children face in accessing education services, due to e.g. poverty, gender issues or stigmatization.

Besides the above mentioned policies, a number of laws, policies and strategies are relevant to the OVC program as a whole. These are described in section A3 in 'Why the OVC Program?'

school. The model also provides a platform to raise awareness on the importance of education among the parents. CARE Rwanda is currently engaged in innovation around this model, which will soon be ready for scale-up. Please refer to section C2 in ‘What the Program does’ to read more about CARE Rwanda’s Early Childhood Development model.

Child Mentorship Model

The Child Mentorship Model provides OVC with an adult mentor to help them in multiple areas in their lives. The participating children choose adults they trust to serve as their volunteer mentor. With training and guidance from CARE, each mentor helps several child-headed or vulnerable households. Via regular home visits, the mentor supports the children’s emotional well-being, assesses their physical needs, and acts as advocate, counselor, protector, friend and bridge to the community and duty bearers. The model combines the efforts of the mentors, the communities in which OVC reside, local authorities, service providers and OVC themselves to fulfill the children’s rights.

In the light of this pathway, the mentors help the children whom they support by monitoring their school attendance, discuss and overcome challenges that keep them from going to school, and help them acquire life skills that are essential in managing factors related to these challenges, such as their economic situation, their sexual and reproductive health, their self-confidence, etc. When the OVC supported by the mentor are orphans, the mentor plays the role of the parent in the relationship with the school.

The Child Mentorship Model has been extensively tested and is currently being scaled-up through partners and government. Nevertheless, two areas of additional innovation related to this pathway have been identified:

- CARE Rwanda aims to make the model applicable to be used also for the support of street children.
- In order to keep girls in secondary school, teachers are identified as their mentors. They support girls in their emotional, academic and social needs through school-based girls’ clubs and via one-on-one discussions. Support from mentor teachers is expected to help girls to feel at ease in school and actively participate in class.

Section C2 in ‘What the Program does’ provides more information about the Child Mentorship Model.

Community Scorecard (CSC)

The CSC facilitates dialogue between citizens and service providers. It allows citizens to monitor and give feedback on the quality of a certain service provided. This enables them to advocate with the service providers and local authorities to solve certain problems or prioritize specific areas of service delivery. At the same time, service providers have the opportunity to explain their decisions and challenges, and engage citizens in service provision. The CSC aims to improve citizen participation in decision making, transparency and accountability, while at the same time improving the quality of the service delivered to the citizens.

The CSC has been tested in the vulnerable women program and is ready to be used in other contexts. CARE’s role is to innovate in order to make the process less time-consuming for its participants and look at ways how the CSC can be used effectively with OVC. Where the CSC is implemented successfully, CARE Rwanda and its partners advocate for its inclusion in local authorities’ performance contracts. Please read more about the CSC in section C2 in ‘What the Program does’.

Sanitation facilities in schools

Lack of proper sanitation facilities is one identified reason for high drop-out rates among girls. In its Vulnerable Women Program, CARE and partners are working on sanitation marketing, an innovative approach involving the private sector in the marketing for and provision of sanitation facilities, including latrines and hand washing facilities. The OVC program will learn from these experiences and further innovate on their use in the school environment.

Catch-up education and vocational training

These forms of education are especially relevant to OVC who have never enrolled in or dropped out of formal education. CARE Rwanda does not provide education or training programs, but rather link OVC to existing opportunities, provided either by government or by other organizations. Vocational training is linked to opportunities for work experience, such as apprenticeships. Although CARE Rwanda has certain experience in this area, more innovation on effective linkage of OVC with possible employers is needed, as well as documentation of current experiences before this approach is ready for scale-up.

Advocacy

Through its experience from the above interventions, CARE Rwanda collects evidence on the accessibility of educational services for OVC. In combination with targeted research, this serves as a basis to influence policy and help government agencies in developing practicable solutions to the every-day challenges that OVC face to access education services. See pathway 10 and section C6 for more on CARE Rwanda’s approach to advocacy.

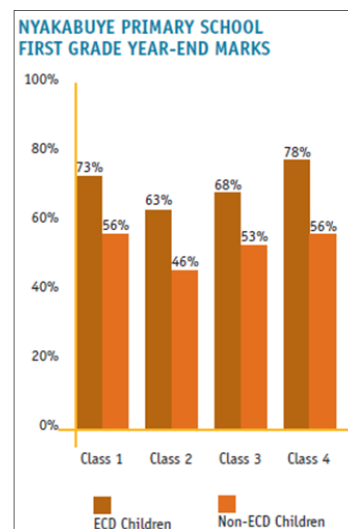
Indicators

The following indicators are used to measure impact at the level of this pathway:

- Primary and secondary school completion rates (disaggregated by sex)
- OVC's performance in primary and secondary school (disaggregated by sex)

Some key achievements so far

- CARE Rwanda has developed a strong model for home-based ECD and ECD home visits to families with children of 0 - 18 months. Due to the integration of the 5x5 model, the ECD model looks at children's development in a holistic way. It includes a M&E system that allows to follow the development of individual children and take action when they seem to be lagging behind. This information is aggregated at different scale levels, so that children's development can also be followed per geographical area. The system was developed by the national coordination mechanism on education and is currently managed by CARE. (Source: CARE Rwanda, Kuraneza annual report, 2012)
- Since 2007, CARE has worked with parents, community leaders and the Ministry of Education (MINEDUC) to create high-quality ECD services for children from prenatal through age 5. Between 2008 and 2013, Kuraneza project established 10 ECD centers in Kamonyi District, now reaching over 1,100 children a year.
- Through the Child Mentorship Model, CARE Rwanda and its partners have facilitated OVC to go to school. OVC, mentors and teachers testify that OVC have returned to school or managed to stay in school thanks to the support by their mentor, and that their performance is better. Besides the direct support by volunteer mentors to the children under their support, the Nkundabana Association is involved in advocacy towards local associations, NGOs and local authorities so that OVC in need receive assistance. This can include for example OVC's access to the fund that MIGEPROF makes available to pay for school fees of those who are unable to do so themselves. So far, approximately 1,200 volunteer mentors in 13 districts were trained to support OVC by CARE Rwanda or its partners (COSMO, NIPS and NISU projects).
- Within COSMO and NIPS projects, 1,177 OVC have accessed vocational training or apprenticeships. 827 of them subsequently organized themselves into cooperatives, facilitated by the projects. (Source: CARE Rwanda, COSMO final narrative report, 2010 & Thurman e.a., NIPS Evaluation Report, 2006)



Current and recent projects

The following ongoing or recently closed projects contribute to this pathway:

- **Kuraneza** (Kinyarwanda for 'Good growth')
- **ECDRE** (Early Childhood Development in emergency response)
- **NISU** (Nkundabana Initiative Scale-Up)
- **KGAS** (Keeping Girls at School)
- **COSMO** (Community Support and Mentoring for Orphans and Vulnerable Children)
- **NIPS** (Nkundabana Initiative for Psychosocial Support)
- **ECD Project** (Early Childhood Development Project)

Learning agenda

CARE Rwanda is committed to learning, to continuously improve the relevance and quality of its work. In relation to education, it poses itself the following questions:

- Do children who have attended an ECD centre or home-based ECD group perform better at primary school? Experience so far indicates that a positive link does indeed exist. The Kuraneza project engages in ongoing research, collecting evidence with regards to this question.
- How can we improve the academic performance of OVC, e.g. through supporting a reading culture or peer to peer support?
- How to ensure that education services for OVC are of sufficient quality? CARE Rwanda's experience is more related to ensuring access, but less on improving quality.