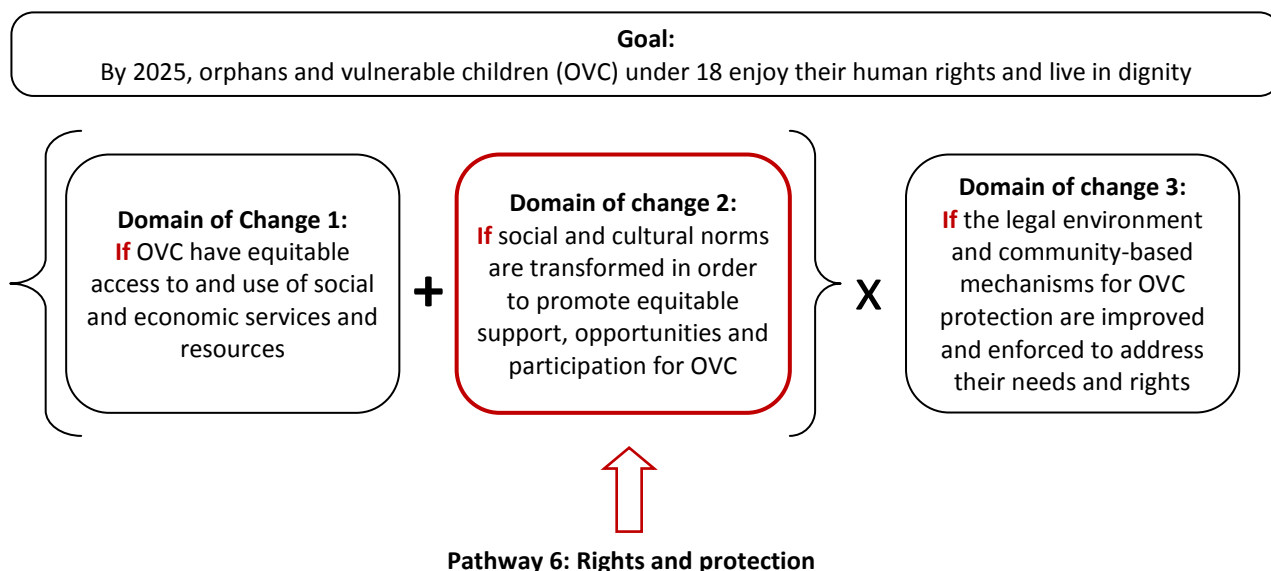


Pathway 6: Raise awareness among OVC, parents, community members and local authorities on child rights and protection mechanisms, and challenge negative intra-household and community perceptions about OVC.

Pathway 6 contributes to domain of change 2 of CARE Rwanda’s OVC program strategy:



OVC, their rights and their protection in Rwanda

OVCs are much less likely to have a birth certificate than their peers: 54% compared to 78% overall. (Source: MIGEPROF, A Situation Analysis of Orphans and Other Vulnerable Children in Rwanda, 2008)

Several laws aim at protecting children’s rights. However, some features are lacking from these laws, capacities of district authorities for implementation are often weak, the quality of services offered needs improvement, and many programs depend too much on external funding. Many complain that officials rarely resolve disputes in favor of children.

Some three quarters of orphans have lost inherited assets, which is possible to insufficient legal protection of property of minors. Few cases of land grabbing reach court, because the children are ignorant on how to seek legal recourse, they have financial constraints, no time, they fear reprisal, they are intimidated, too young or have no adequate information, documents or witnesses to claim their land. (Source: MIGEPROF, A Situation Analysis of Orphans and Other Vulnerable Children in Rwanda, 2008)

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:

- **Children without adult support**, as they are unprotected and generally very vulnerable to rights violations.
- **Children affected by abuse, neglect and/or exploitation** whose rights are systematically denied.
- **Historically Marginalized children** who are often discriminated against, have low social status and low self-esteem.

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

Strategic partners

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

- The **Ministry of Gender and Family Promotion** plays a key role in the protection of vulnerable groups in society. It is expected to play an important role to replicate and scale-up CARE's Child Mentorship Model.
- The **National Commission for Children (NCC)**, with the objective to coordinate interventions related to protection of children.
- The **National Police**, who are an important actor in responding to child abuse.
- **Haguruka** have a strong legal background, and have as such a specific added value to CARE's work.
- **COPORWA** is specialized on protecting the rights of historically marginalized people. CARE works with them to ensure having evidence on their specific situation, and taking these issues into account in our programming.

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.

Policy context

CARE Rwanda's work on this pathway are 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) has the protection of the rights of the child and the physical and psychosocial long term development of OVC as its objective.
- The **Integrated Child Rights Policy** (MIGEPROF, 2011) identifies how the government protects children from child labor, trafficking, physical abuse, early marriage and discrimination.
- The **Law on the Rights and the Protection of the Child** (2012) sets out the rights of the child (including the right to a name, freedom of expression, nationality, family, privacy, etc.). It specifies the responsibilities of the child's parents or guardians and provides legislation for children in foster families. The last chapter specifically looks at OVC, their protection and social integration.
- The **National Policy Against Gender-Based Violence** (MIGEPROF, 2011) shows how the GoR is engaged in prevention, response and evidence building of GBV.
- The **Strategy for National Child Care Reform** (MIGEPROF, 2013) aims at transforming Rwanda's current child care and protection system into a family-based system and encourages communities to jointly take care of the vulnerable children living amongst them.
- The **Law on Matrimonial Regimes, Liberalities and Successions** (1999) specifies that girls nowadays have the same rights to inheritance as boys. Although practices are slowly changing, a lack of awareness and cultural practices prevent the law from being fully implemented.

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?'



Our approach

The focus of this pathway is at the combination of awareness raising on child rights (among OVC themselves, their parents and caretakers, wider community and local leaders), combined with approaches that challenge existing negative behavior towards OVC and allow OVC and/or community to prevent and respond to rights abuses. In order to achieve this, CARE Rwanda uses a combination of well-tested models and more innovative approaches, including the following:

The Child Mentorship Model

The Child Mentorship Model provides OVC with an adult mentor to help them in all kind of 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 extremely vulnerable households. Via regular home visits, the mentor supports the children's emotional well-being, assesses their physical needs, and acts as advocate, teacher, counselor, protector, friend and

bridge to the community and to service providers. 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 specific relation to this pathway, the volunteer mentors take up the role of the care-taker to protect or represent the OVC under their care. Individually or collectively (in Nkundabana Associations), they advocate for the respect of children's rights in their community and as such are enabled to challenge negative behavior towards OVC. In case of rights violations, mentors help OVC to claim their rights. This can be by acting as a mediator, linking the OVC to the police, search judicial advice, or represent the OVC in court. In addition, the model includes training on child rights for the mentors themselves as well as for local authorities. Indirectly, through the mentors, OVC also benefit from increased awareness on their rights and as such be in a better position to protect and claim their rights. CARE Rwanda is currently working to build capacity of partners to scale-up this model. Section C2 in 'What the Program does' provides more information about the Child Mentorship Model.

Early Childhood Development

CARE Rwanda is using a combination of Early Childhood Development (ECD) centers, home-based ECD and home visits to support the psychosocial, cognitive and physical development of children between 0 and 6 years old. The 5 x 5 model has been integrated into ECD and identifies *five intervention areas* that an holistic ECD program should address (child development, health, food & nutrition, economic security, and child rights & protection) and *five levels* it should work at to be effective and sustainable (the individual child, the child's family or caregiver, the childcare setting, the community, and the national policy environment).

The ECD model itself is child-protection friendly: it promotes better care of children and as the child now spends its time in a safe environment, reduces the chances of children being abused. In addition, the model provides a structure that allows to easily communicate to parents on child rights. They, as well as community health workers and mother leaders benefit from training on child rights. Lastly, the mother leaders and community health workers involved play a monitoring role. If needed, they follow-up on cases in the community where children's rights are not respected by reporting to local leaders and police. Other organizations have intervened in making sure that they know how to deal with these cases. 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 Community-Based Early Childhood Development model.

Awareness raising on child rights

Although awareness raising on child rights is part of the Child Mentorship and ECD Models, there is a need to raise awareness outside of these structures as well, to ensure that the community as a whole is reached. CARE Rwanda and its partners use different channels to raise awareness on child rights, including:

- Training of peer educators (could be volunteer mentors or ECD mother leaders, but also others);
- Training of duty bearers in the health and education sectors, religious leaders and abunzi (community mediators);
- Training of theatre groups that play sketches containing relevant messages;
- Media campaigns, for example around Universal Children's Day;
- Messages during sport events or other occasions where many people come together;
- Partner with organizations that specialize in popularization of laws and policies, e.g. through the dissemination of booklets with explanation of new laws or community trainings on laws and policies.

This area of intervention is one of scale-up through local partners.

Parent-child dialogue

The Ruhengeri Diocese has developed an approach to facilitate dialogue between parents and children. Parents and their children are brought together in groups of 20 families to discuss different themes, including child rights. The discussions are facilitated by at least 6 facilitators per group, with the help of tools such as images and theatre. Part of the discussions take place in the group, but for certain parts each family sits together separately. Each group has two commissions: a commission charged with the follow-up of the discussions at the family level, and a commission that visits and advise families in difficulty as well as orphans.

There is however a need to further build this approach, collect new ideas, and pilot it before it can become a scalable model. There is need to research from CARE wide to find out if there are similar initiatives in other CARE country offices. This approach is therefore in the stage of innovation.

Advocacy for effective implementation of existing laws

Different laws and policies protecting child rights exist in Rwanda. Although there is room for improvement of some policies, the main issue lies around implementation of existing laws. CARE Rwanda uses evidence from its ongoing

activities, demonstrating cases of non-awareness or non-respect of laws and policies where it exists. This evidence is used as the basis to advocate for change. One example is the need to advocate for the effective functioning of the Anti-GBV/Child Protection Committees. Please refer to pathway 10 and section C5 for more on CARE Rwanda's approach to advocacy.

Social Analysis and Action (SAA)

This approach is used to facilitate a participative process of analysis of existing norms and behaviors towards children in general and OVC in particular, and to challenge those norms and behaviors that are negatively affect them. CARE Rwanda will innovate how to use this approach around OVC, and how a larger impact can be reached through community facilitators, such as mentors or OVC themselves.

Indicators

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

- % of population aware that boys and girls are equal in terms of their rights
- # of cases of child abuse reported to and supported by the police

Some key achievements so far

- CARE and its partners have provided several trainings on child rights and GBV to mentors, Anti-GBV/Child Protection Committees, and local leaders. In total approximately 1,200 volunteer mentors and local leaders of 31 sectors in 13 districts have been trained in the NIPS, COSMO and NISU projects.
The testimonies from OVC show that their mentors have been able to help them in enjoying their rights. The mentors have helped to negotiate problems within the OVC's family, or have assisted the OVC in submitting the case to the Conciliation Commission or to the police. As a result, OVC have been registered, have been accepted by their fathers and have been allocated alimony from their fathers where they had a right to this.
- Training on community health workers, mother leaders and parents involved in ECD has resulted in behavioral changes. For example, mothers have testified that they do no longer hit their children, understand that their children have a right to go to school, etc. According to Mother Leaders and Community Health Workers, there is less violence and sexual abuse of children. (Source: CARE Rwanda, Kuraneza Qualitative Assessment Report, 2012)
- In the COSMO project, CARE and its partners raised awareness on child rights of the general community, placing a specific focus on placement and inheritance for children without families. Individual cases, for example of non-registered OVC were solved directly by the project staff. This intervention took place in 4 districts.

Current and recent projects

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

- **Kuraneza** (Community-based ECD)
- **ECDRE** (ECD 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)

Learning agenda

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

- To what extent is community awareness raising on child rights sufficient to actually change perceptions and behavior, and how can we measure or collect evidence of this link?
- How can we assess and respond to particular needs of historically marginalized children?
- Can ECD centers be used as a entry point to increase awareness on child rights and promote behavior change among community members, including people who don't have children attending the center?