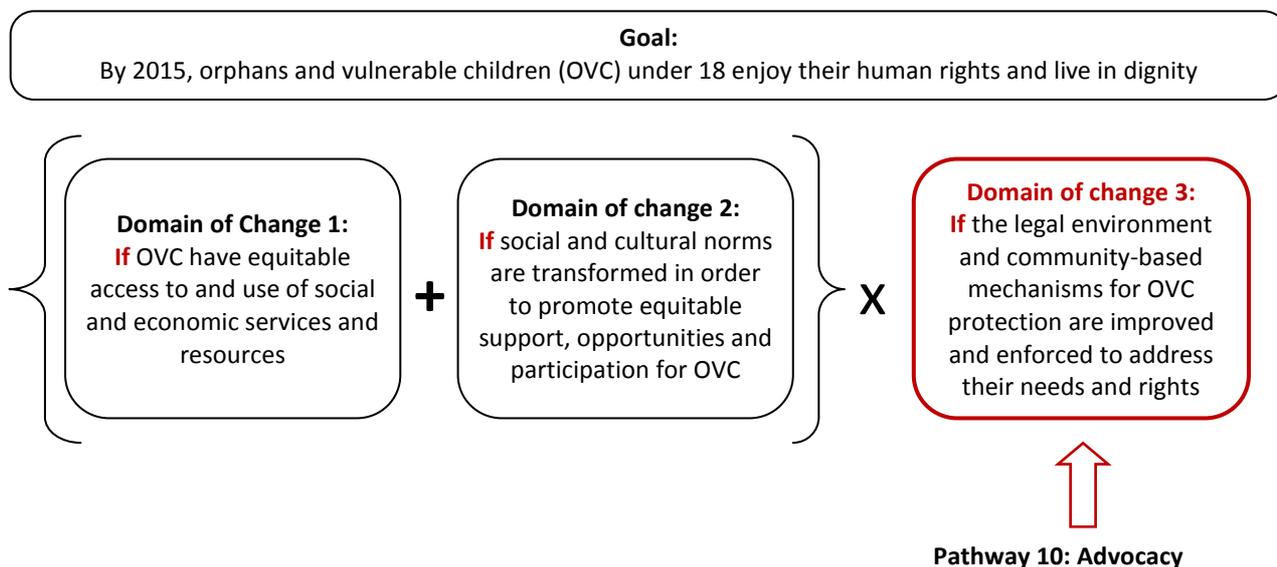


**Pathway 10: Advocate for favorable laws and policies on access to services, resources and inheritance for OVC, and their effective implementation.**

Pathway 10 contributes to domain of change 3 of CARE Rwanda’s OVC program strategy:



## OVC & access to services, resources and inheritance in Rwanda

A number of legal instruments and political initiatives are in place to ensure child protection for OVC in Rwanda. It is the vision of the Government of Rwanda that “OVCs will be assisted to reach their full potential and have the same opportunities as all other children to active and valued participation in home and community life”. However, awareness and implementation often pose problems to the effectiveness of laws and policies protecting OVC.

Currently, OVC perform less on health and education indicators. Their access to health and education services therefore needs specific attention in laws and policies.

Children’s property rights are currently not sufficiently protected by law. Although only 6% of OVC care-giving households had been dispossessed of their land (even for double orphans the figure is low). Nonetheless many orphans feel that their inheritance is at risk, because their land was used by other adults ‘as theirs’ and they seem to have every intention of keeping the land in the future. 75% of orphan care-giving households state that the assets inherited by the orphans were lost. (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 aims to have an impact on **all OVC**. All different sub-groups of OVC need to a legal environment that supports their access to services, right to inheritance and access to resources.

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 **Ministries of Gender and Family Promotion, Education and Health**, being the most important ministries to manage laws and policies affecting OVC. CARE Rwanda builds strategic partnerships with them to work together on improvement of (implementation of) these laws and policies. Within MIGEPROF, specific attention is given to the National Commission for Children (NCC)
- **UNICEF**, who provides technical and financial support to line ministries that contribute to OVC well-being, and is engaged in advocacy with them to make budget available for OVC specifically.
- **HAGURUKA** promotes children's rights and provides legal assistance. They are a partner in the collection of evidences and joint advocacy.
- **COPORWA** is a strategic partner when it comes to advocacy for the rights of historically marginalized people, including OVC from this group.
- **Umwana ku Isonga**, also known as the 'Rwanda Civil Society Child Rights Coalition, bringing together Rwandan civil society organizations focusing on child rights, and playing an important role in advocacy, for example by producing alternative reports on the state of child rights 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

### An evidence-based approach to advocacy

CARE Rwanda's approach to advocacy relies heavily on the collection of evidence at the grassroots level. We believe that this evidence should be the basis of all our advocacy activities, whether they are aiming at the development, the review or the implementation of laws and policies. Within the OVC program, this evidence comes from among other from the following models and approaches:

- **The Child Mentorship Model**. This model provides OVC with a mentor, helping them to meet their rights and needs. While the mentors assist the OVC directly and advocate for OVC rights at the local level, they also provide evidence for advocacy at the national level. As they work directly with OVC, they see firsthand to what

## 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's** (MINALOC, 2003) objectives are "to protect of the rights of the child and to ensure the physical and psychosocial long term development of OVC" and provides a framework to advocate for measures that allow to do so.
- The **Integrated Child Rights Policy** (MIGEPROF, 2011) identifies how the government protects children from child labor, trafficking, physical abuse, early marriage and discrimination.
- MIGEPROF's **Minimum Package of Services for OVC** (2009) offers a guide for service provision to OVC.
- The **Law on Child Protection** (2012) says that every child has right to adoptive parents or an official guardian, that primary education is free and compulsory, and it prohibits hazardous child labour. The law however lacks to specify remedies for violations of right to education, the right not to be exploited as domestic servant and the right to own or inherit property.
- The **Organic Law Determining the Use and Management of Land in Rwanda (2005)** fails to establish clear rights to disputed lands for children and fails to protect orphan's land rights. Under the new law there is no protection for children of women in common law or informal marriages or cohabitation, nor is there any protection for orphans if the guardian does not protect their interests.
- The **Social Protection strategy** (MINALOC, 2011) aims at reducing vulnerability and helping the poor move out of poverty. OVC are not specifically targeted by the strategy.
- The **National Reproductive Health Policy** (MINISANTE, 2003) specifies how youth' access to SRH and FP services are guaranteed.
- The **National Financial Education Strategy** (MINECOFIN, under development) and **BNR regulations** do not allow OVC under 18 age to manage a bank account or sign a credit contract with a financial institution, thus limited their access to financial services.

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?'

extent current policies and laws to protect OVC are effectively implemented. Read more about the Child Mentorship Model in section C2 in 'What the Program does'.

- **Para-legal advisors.** This is an approach used by HAGARUKA, whereby trained community volunteers provide people with legal assistance. They receive cases of exploitation, rights violations, etc. Anonymous information is being used to inform advocacy efforts.
- **Early Childhood Development (ECD) centers and home-based ECD.** This model is used by CARE to improve the psychosocial, cognitive and physical development of children between 18 months and 6 years old. Like the Child Mentorship Model, it gives the individuals and local partners involved a good opportunity to see the effectiveness of the (implementation of) relevant laws and policies on the lives of OVC. Case studies as well as aggregated data on child development are used as cases to support advocacy. Read more about the ECD model in section C2 in 'What the Program does'.

CARE Rwanda believes in working together to advocate for change. Therefore, we form or engage in appropriate coalitions, networks, etc. to join forces with likeminded actors. Together with these partners, we engage in analysis of the evidence collected as well as gender-sensitive analysis of laws and policies related to the issue at stake. This process shows where the main challenges in existing laws and policies lie, and how these challenges affected the lives of women. As such, it guides CARE Rwanda and its partners in the decision on what laws, policies and institutions to target with advocacy, or whether advocacy should even aim at creation of new laws or policies. Based on this, evidence-based messages are shared with the relevant government actors as well as the wider public. Partners can include both local and international actors. With the aim of capacity building and sustainability, CARE Rwanda aims to give its local partners a leading role in these coalitions and networks. For the same reason, capacity building of our partners on advocacy is an important objective in itself.

As indicated in the strategic partner section above, CARE Rwanda sees those ministries that are responsible for laws and policies that directly affect OVC as strategic partners. We aim to build strong relationships with them, in order to engage in constructive dialogue. This dialogue can take for example place at conferences or meetings organized by CARE and the networks it participates in, or by our involvement in ministries' technical working groups.

As advocacy in the context of the OVC program is still relatively new to CARE Rwanda, this is an area of innovation. A specific area that CARE Rwanda wants to explore more, is the use of media (and especially radio) as a medium for advocacy.



### **Advocacy topics**

The above-mentioned ECD and Child Mentorship Models not only provide evidence that supports our advocacy, they are also subject of advocacy in their own right:

- A national policy on ECD exists and is managed by the Ministry of Education. The budget however is modest. CARE Rwanda therefore advocates for sufficient budget to reach all children under 6 with ECD.
- The Child Mentorship Model has proven very successful and CARE is currently working on its scale-up. This includes advocacy for the government to take on this approach at large scale. For future successful models, CARE Rwanda will equally engage with the GoR to advocate for their adoption in national policy to as such ensure their replication at large scale.

Apart from advocacy on the scale-up of successful models, CARE Rwanda advocates for the fulfillment of OVC's rights based on evidence of existing gaps coming from our and our partners' programming. Our advocacy agenda is therefore not a fixed one, but evolves based on changing realities and new evidence. Issues that have currently been

identified for advocacy include:

- Land inheritance rights for children, including the protection of their property;
- Financial inclusion (the right to e.g. open a bank account or sign a contract for OVC below 18 and without parent or official guardian);
- Limited support available for OVC in the existing health and education systems. OVC with special needs (such as psychosocial needs often do not find the services they need. Poverty is also a factor limiting OVC to access health and education services. Although enrollment in school itself is free, additional costs (uniforms, contribution to school security and teachers' primes) prevent OVC from accessing the services. For certain OVC also the costs of health care (even if low as a result of the 'mutuelle de santé') is a barrier to them accessing health services. CARE Rwanda hopes to work with the Ministries of Health and Education to ensure that all children can receive the services that they are entitled to.

## Indicators

The following indicator is used to measure impact at the level of this pathway:

- % of OVC reached through Government of Rwanda's models for child protection including the Early Childhood Development Model and the Child Mentorship Model

## Some key achievements so far

- CARE Rwanda is a member of the Ministry of Education's technical working group. As such, we have been able to contribute to the design of the Ministry's ECD policy and the related strategic plan. This contribution was based on our positive experiences with ECD approaches. Different actors involved in the formulation of the policy have visited CARE's projects and were able to learn from our experiences.
- In 2010, the Government of Rwanda approved a budget for 1 ECD center in each sector, with the aim to have realized this by 2015. The commitment exists to, as a next step, go further and ensure that an ECD center exists in each cell. CARE Rwanda believes that our positive experiences with ECD and the fact that we have shared those with the Ministry of Education have had a positive influence on this decision. In addition, CARE Rwanda's positive experience with home-based ECD has led to the inclusion of this component in Rwanda's National Strategy to Eliminate Malnutrition.
- Based on CARE Rwanda's experiences, the Child Mentorship Model and its best practices are being integrated in the Strategy for National Child Care Reform (MIGEPROF, 2013). This allows scale-up of this model at the national level.

## Current and recent projects

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

- **Kuraneza** (Community-based ECD)
- **KGAS** (Keeping Girls at School)
- **NISU** (Nkundabana Initiative for Scale Up)
- **COSMO** (Community Support for Mentorship of OVC)

## Learning agenda

CARE Rwanda is committed to continuous learning with the aim to improve the quality of its work. In the context of this pathway, we focus on the following learning question:

- How can we do more with media in our advocacy work?
- How can we better understand how to target our advocacy efforts regarding local authorities' performance contracts? Different power holders at different levels play a role in the decision-making on the content of these performance contracts. The aim of this question is to better understand this decision-making process, including formal and informal contributions, in order to be able to effectively advocate for OVC to be taken into account.