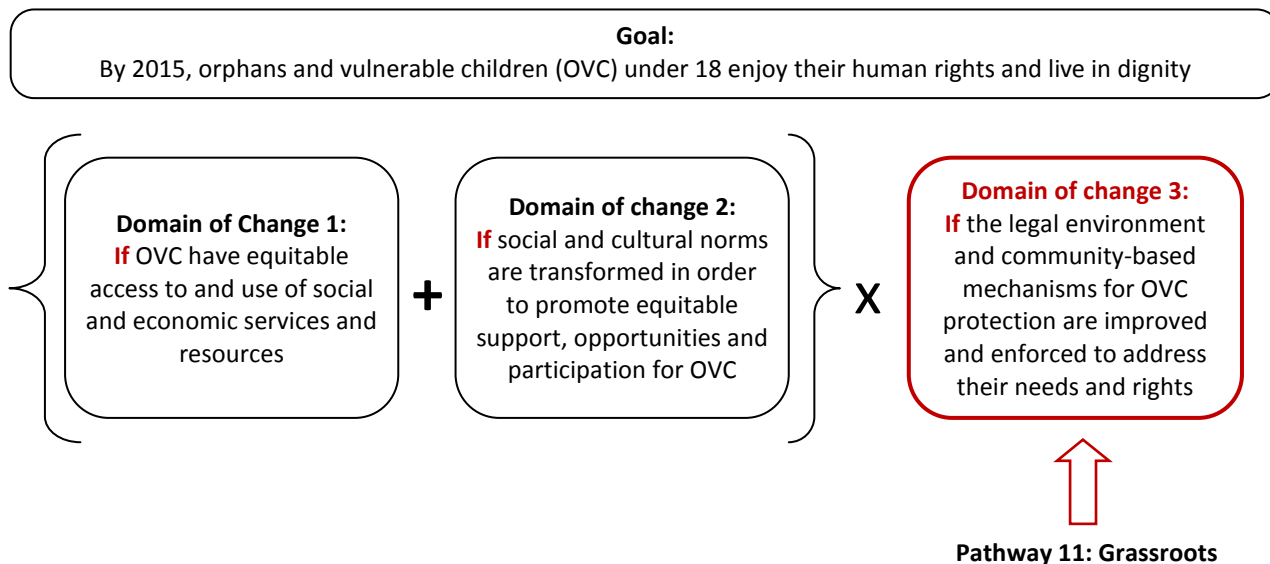


Pathway 11: Promote grassroots activism that advocates for policy and law enforcement and increased accountability among law enforcers. This will result in strengthened community-level protection and representation mechanisms for OVC at all levels.

Pathway 11 contributes to domain of change 3 of CARE Rwanda’s OVC program strategy:



OVC & grassroots activism in Rwanda

The 1994 genocide against Tutsi and the HIV/AIDS pandemic have shredded the fabric of Rwandan society and greatly reduced the capacity of communities to meet their own needs, posing a threat to the traditional ways of incorporating vulnerable children into the extended family structure. Many Rwandan adults believe local authorities and NGOs should be primarily responsible for orphan care. (Source: Ward et al., Resiliency of children in child-headed households in Rwanda, 2009 & Snider et al., Psychosocial Vulnerability and Resilience Measures For National-Level Monitoring of OVC, 2006)

There is lack of awareness on children’s rights. Many complain that officials rarely resolve disputes in favor of children. (Source: MIGEPROF, A Situation Analysis of Orphans and Other Vulnerable Children in Rwanda, 2008)

If children have no caring adult to protect them and advocate for their interests, they are more vulnerable to physical and sexual abuse, property or land grabbing and labor exploitation. (Source: USAID, Psychosocial Benefits of a Mentoring Program for Youth-headed Households in Rwanda, 2007 & Boris et al, Infants And Young Children Living In Youth-Headed Households In Rwanda, 2006)

The Ministry of Gender and Family Promotion has put in place anti-GBV/Child Protection Committees at all administrative levels. Lack of budget is however a severe constraint for their effective functioning.

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**, but with particular attention for:

- **Children without adult support**
- **Children from Historically Marginalized Groups**
- **Children affected by abuse, neglect and/or exploitation**

All OVC are at risk of their rights being violated, more so than non-vulnerable children. They thus all need laws and policies protecting their rights to be enforced. Children without adult support and children from historically marginalized groups however often lack support from other community members who can perform the role of activist more than other OVC. This is why these groups receive particular attention under this pathway.

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**, who is responsible for many of the relevant laws protecting OVC, and oversees anti-GBV/Child Protection Committees.
- **HAGURUKA**, who trains community volunteers that support rights, including child rights, and give legal advice to community members.
- **COPORWA** is a strategic partner when it comes to advocacy for the rights of historically marginalized people, including OVC from this group. So far, CARE partners with COPORWA in the Vulnerable Women Program only, but the aim is to ensure a larger focus on historically marginalized OVC.
- **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

There are close links between pathways 11 and 12, which look at activism and advocacy for the protection and representation of OVC at the community level. The pathways complement each other as follows: Pathway 11 focuses at the 'demand side' of advocacy, i.e. the creation of activists at the community level who approach duty bearers to ask for the implementation of laws and policies that protect OVC. Pathway 12 focuses on the capacity of government to engage with and respond to local activists and OVC.

This pathway focuses where possible on structures that already exist and strengthen them to (better) enable them to function as advocates for OVC. A combination of well-tested models and innovative approaches is used, including the following:

The 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.

The volunteer mentors function as grassroots activists, supporting OVC directly as well as advocating for support and recognition of their rights with local authorities, associations and the wider community in general. This can be done by individual mentors, or by their joint efforts through their Nkundabana Association ('Nkundabana' is Kinyarwanda for 'I love children'). Besides this, the Child Mentorship Model contributes to understanding of child rights, including those laws and policies that protect them, by building capacity of the mentors as well as local authorities.

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 Strategy for 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 **National Policy for Family Promotion** (MIGEPROF, 2005) includes child protection as one of its objectives. Among others, it defines the parents' responsibility in the education and social management of their children.
- The **Decentralization Policy and Strategic Plan** (MINALOC, 2000) show the level of decision-making and the responsibilities at the local government. As such it is important to identify what changes can be advocated for at the local level, and when advocacy should be targeted at high scale levels.

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?'

As this is a well-tested model, CARE is currently focusing on scale-up through partners and government. Section C2 in ‘What the Program does’ provides more information about the Child Mentorship Model.

Para-legal advisors

HAGARUKA builds capacity of volunteer local activists to support human rights, raise awareness on laws and policies that provide the framework for human rights protection, and give legal advice to community members. Although these so-called para-legal advisors do not specifically focus on child rights, they do play a role in this domain as well. CARE and HAGARUKA partner to support the para-legal advisors to strengthen this particular area of their work. Also, awareness of OVC, their parents and their volunteer mentors of this possible support channel is raised so that they know how and for what purposes they can contact the para-legal advisors. As such, (potential) local activists for OVC rights can find support on how to take their case further. This approach is well tested and can, together with HAGARUKA, be scaled up.

Advocacy for the effective functioning of Anti GBV/Child protection committees and Child Rights Observatories

These committees are a government structure that is in place at multiple scale-levels. The committees provide a potential useful framework for the protection of OVC and could function both as advocates for OVC themselves or support others in doing so. However, the committees are currently not functioning effectively, mainly due to a lack of technical and financial support. CARE Rwanda advocates with MIGEPROF for their revitalization and build their capacity on child rights, on relevant laws and policies, and on how to receive and follow up on cases. The committees are to be linked with OVC, volunteer mentors and community in general so that people are aware how they can access the committees’ support and protection.

Community Scorecard

The Community Scorecard (CSC) is an approach that facilitates dialogue between citizens and service providers. It allows citizens to monitor and give feedback on the quality of a certain service provided. Through the process, they are enabled 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.

Under this pathway, the focus is on enabling citizens, specifically OVC, to use the CSC to provide their feedback to local government. This includes using this process to build their confidence and enable them to engage in constructive dialogue about services for OVC and protection of their rights.

The CSC has been tested within the vulnerable women program, and is ready to be used in other contexts. The process allows paying specific attention to the inclusion of vulnerable groups. 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, to ensure sustainability. Please read more about the Community Scorecard in section C2 in ‘What the Program does’.

Involvement in national budgeting & alternative budgeting

The Government of Rwanda provides its citizens the opportunity to attend certain key meetings where the national budget is explained, discussed, and voted for. CARE Rwanda raises awareness on this possibility and encourage citizens as well as civil society organizations to participate and represent OVC during these meetings. Where deemed relevant, CARE Rwanda and its partners engage in these discussions themselves to advocate for the allocation of sufficient budget to the protection of and service delivery to OVC.

In addition, CARE Rwanda links up with other organizations that are engaged in alternative or participatory budgeting. This process allows citizens to voice their priorities and concerns regarding the national budget to the government, by presenting their proposed alternative to the government’s budget. CARE Rwanda look into possibilities to support these organizations to work specifically with OVC or with adults representing OVC (such as volunteer mentors). As this area is still relatively new to CARE Rwanda, it is an area that needs innovation, especially with regards to the inclusion of OVC in the usually rather abstract discussions on budgeting.

Indicators

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

- % of OVC and caregivers satisfied with support and protection from local authorities and community based structures

Some key achievements so far

- Through the Child Mentorship Model, CARE and its partners have build capacity of approximately 1,200 volunteer mentors, local authorities in 31 sectors in 13 districts and anti-GBV/child protection committees in 12 sectors in 12 districts on child rights and the specific challenges faced by OVC (COSMO, NIPS and NISU projects). In some sectors, the local authorities have included the successful implementation of the Child Mentorship Model as an objective in their performance contract.
- Volunteer mentors are more often being recognized by local leaders as representing OVC, either individually or through their Nkundabana Associations (associations of child mentors, 'Nkundabana' is Kinyarwanda for 'I love children'). Some examples illustrate this:
 - A volunteer mentor in Kibumbwe Sector, Nyamagabe District, reported that local leaders invite the mentors to represent OVC whenever an activity for the benefit of vulnerable people is planned. As a result, local authorities now integrate older OVC in public works, through which they earn a temporary income. OVC who are not yet at the age of entering in public works are put on the list of those who should start benefiting cash transfer under the VUP program.
 - In Gishari Sector, Rwamagana District, the Nkundabana Association was invited by sector officials to facilitate community mobilization campaign against youth drug use. The Sector Executive Secretary of the same sector reserves Monday afternoons to receive volunteer mentors and listen to their advocacy issues or to their request on the behalf of OVC.
 - In the Kibumbwe Sector in Nyamagabe District, where CARE is partnering with AEE Rwanda, Nkundabana Associations successfully advocated with local associations or NGOs for OVCs to receive materials to build a house, access vocational training, and financial support to pay their health insurance or school fees.

Current and recent projects

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

- **KGAS** (Keeping Girls at School)
- **NISU** (Nkundabana Initiative Scale-Up)
- **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 this pathway, it poses itself the following questions:

- How can CARE Rwanda support MIGEPROF to strengthen the existing anti-GBV/child protection committees?
- How can we specifically target historically marginalized groups in local activism, without stigmatizing them or being politically incorrect by referring to ethnicity?
- How can CARE Rwanda support para-legal advisors to work together with existing anti-GBV/child protection committees to assist them in their, as well as to mobilize the community to play their role in child right protection?