CARE Rwanda OVC Program

PATHWAY 3 Food security and nutrition

Pathway 3: Promote improved utilization of food resources and more equitable intra-household distribution of food. This is expected to lead to improved quality and quantity of food intake and as a result to improved and sustained nutrition of OVC.

Pathway 3 contributes to domain of change 1 of CARE Rwanda´s OVC program strategy:

Goal:
By 2015, orphans and vulnerable children (OVC) under 18 enjoy their human rights and live in dignity

Domain of Change 1:
If OVC have equitable access to and use of social and economic services and resources

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Domain of change 2:
If social and cultural norms are transformed in order to promote equitable support, opportunities and participation for OVC

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Domain of change 3:
If the legal environment and community-based mechanisms for OVC protection are improved and enforced to address their needs and rights

Pathway 3: Food

OVC & food security in Rwanda

60-70% of OVC households are in need of food support. (Source: MIGEPROF, A Situation Analysis of Orphans and Other Vulnerable Children in Rwanda, 2008)

Orphans are more likely to live in food insecure households, and the more orphans in a household, the poorer the food consumption. Many children in child-headed households (44%) eat only once a day. (Source: Boris et al, Infants And Young Children Living In Youth-Headed Households In Rwanda, 2006)

Percentages of stunted children are higher in rural areas, in poorer families and in families where the mother has had no or limited access to education. (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:

- **All OVC of 0-5 years old**. Nutrition at young age strongly influences children's development at a later age. Pregnant women are targeted to ensure good health of the child at birth.
- **Children without adult support** often find it difficult to find money to buy food, have difficulties managing their resources and lack information on how to prepare a balanced meal.
- **Children from historically marginalized groups** face food insecurity due to poverty and lack of knowledge on good nutritional practices.

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 Agriculture** is the main responsible actor in the country on food security. It implements among others the 'One Cow per Family' initiative and distributes seed to vulnerable families.
- The **Ministry of Local Government** supports child-headed households in their access to land.
- The **Ministry of Health** has nutrition as part of its mandate and focuses among others on maternal, infant and young child feeding.
- **WFP** is the main actor intervening in the agricultural domain in Rwanda.
- **Rwanda Nutrition Society** is an independent advisory board of nutritionists. They are not yet a strategic partner, but seem to potentially have large added value. CARE Rwanda looks into the possibilities to build a partnership with them.

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

- The **Integrated Child Rights Policy** (MIGEPROF, 2011) identifies a number of government commitments to ensure food security for children and especially OVC.
- The **National Nutrition Policy** (MINSANTE, 2005) sets several objectives for decreases in quantitative and qualitative malnutrition, with a specific focus on pregnant women, children and mothers.
- The **National Community Health Policy** (MINISANTE, 2008) guides among others the National Programme on Community-Based Nutrition.
- The **National Multisectoral Strategy to Eliminate Malnutrition** (MINISANTE, 2010) demonstrates the government's commitment to eliminate all forms of malnutrition in the country and to ensure better health and development for children, pregnant and lactating mothers, and people living with HIV/AIDS.
- The **National Policy of Children's Health** (MINISANTE, 2009) focuses on the health of children up to nine years old. It's vision is for all children to be born, grow up and develop themselves in healthy conditions. The policy aims at integrating the principles of fairness, solidarity, gender and positive cultural norms.

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

As the formulation of this pathway already shows, CARE Rwanda does not focus on the production of food (an area on which other, specialized organizations are working), but on its intra-household distribution and use, in order to achieve improved nutrition of OVC. Pathways 4 and 5 contribute, through economic strengthening, to the ability of households' capacity to procure food.
Apart from food, improved water, sanitation and hygiene also contribute to improved nutrition under this pathway. The following models and approaches are used in order to achieve change in the level of food security among OVC:

Early Childhood Development
Through a combination of Early Childhood Development (ECD) centers, home-based ECD and home visits, CARE Rwanda supports the psychosocial, cognitive and physical development of children between 0 and 6 years old. Holistic care for children at this age, crucial for their development, is ensured by integration 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).

When it comes to food security and nutrition, the model contributes in several ways. Children in ECD centers and home-based ECD receive a daily ration of sosoma (which in the home-based ECD is prepared by the parents using their own ingredients after being trained on how to do so). The nutritional situation of the children is monitored and when at risk, the children are referred to the health center. In addition, the ECD is used as a platform for nutritional and sanitation messaging. CARE and its partners train mother-leaders on improved food production with locally available

and cheap inputs. They pass this knowledge on to the parents of young children in her community. There are also cooking demonstrations at ECD centers or at people's homes to show how to prepare a balanced meal. At ECD centers and home-based ECD, hand washing facilities contribute to improved sanitation practices of OVC. Lastly, the model promotes kitchen gardens among participating 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.

The volunteer mentor can help the OVC under their care to improve their access to food through advice on food production, management of stock, and/or income generation. The focus is however on ensuring a fair intra-household food distribution within the OVC household, as well as on sharing knowledge on how to prepare a balanced and healthy meal with the means available. For those children who own land but are too young or otherwise unable to cultivate, the mentors advocate for community support in cultivation. Related to sanitation and hygiene, the mentors help the OVC to improve their knowledge and adopt good practices, which contributes positively to the OVC's nutritional status.

The Child Mentorship Model has been extensively tested and is currently being scaled-up through partners and government. Section C2 in 'What the Program does' provides more information about the Child Mentorship Model.

Kitchen gardens & cooking demonstrations

Through training and provision of seeds, CARE helps households containing OVC to set up kitchen gardens. This helps them increase food production on small bits of land around the house, which would otherwise not be used. The development of kitchen gardens can be combined by cooking demonstrations or training of trainers to help parents to use the available ingredients to prepare a healthy, balanced meal. These approaches are used as part of the ECD and Child Mentorship Models, but can also be used independently. CARE Rwanda is engaged in further monitoring and documentation of added value of these approaches. If proven successfully, they are scaled up through partners.

Changing attitudes around food

Several approaches can lead to increased awareness on the importance of a healthy diet and an fair intra-household food distribution:

- **Social Analysis and Action** challenges gender norms around food distribution in the household, or norms that are influenced by a negative image of stigmatized OVC groups. As SAA was originally developed to work on health issues, innovation is needed to adapt it to the domain of food security.
- **Positive deviant mothers** bring together role model mothers (mothers who are poor but nevertheless manage to feed their children well) and mothers that struggle to provide healthy food to their families. These mothers help each other by sharing good practices and monitoring on each others' children. The approach has been used by World Vision and CRS. CARE has experience in the Kuraneza project. The approach is well-documented and is ready for scale-up by CARE and its partners.
- The **family performance contract (imihigo)** requests families to set their objectives for the next year. Through advocacy and awareness raising, CARE stimulates them to include their children's improved nutritional status as an objective. This approach is new and in need of innovation.
- **Mass campaigns** to promote good nutritional practices. This could for example be through media, theatre, messaging during sport or other events, etc. Partly, this approach is ready for scale-up. As CARE Rwanda has not yet worked much with the media around food security, this is an area that needs innovation.

Support on food production

As stated above, CARE Rwanda currently is not planning to engage in the promotion of food production. However, availability of food is felt as a challenge. We will therefore find out more about the nature of food stress that households containing OVC experience and to what extent the availability of food at the market or community level plays a role in this. If it does, we will link up with others who intervene in the area of agricultural production and see how we can, together with them, support these households.

Indicators

CARE expects this pathway to contribute to an improvement in OVC's food security and nutrition in combination with the other pathways of Domain of Change 1. Therefore, impact is measured at the level of the Domain of Change (DoC) rather than at the level of this pathway. This pathway contributes to change on the following DoC-level indicator:

- Prevalence of underweight, stunting and wasting in children under 5 years of age

Some key achievements so far

- In COSMO project, CARE Rwanda has enabled 1,029 OVC households and 242 households of volunteer mentors across 4 districts to improve their food security through kitchen gardens. The external evaluation found a significant difference in food security between project participants and other OVC households (Source: CARE Rwanda, COSMO final narrative report, 2010 & Lavin e.a., Evaluation of Community Support and Mentoring for Orphans and Vulnerable Children (COSMO) Program in Rwanda, 2010)

- Through the ECD approach, Kuraneza project has been able to decrease the malnutrition rate among its beneficiaries. Both Mother Leaders and Community Health Workers reported a decrease in cases of malnutrition. One activity that has ensured a lasting impact is the training of trainers on making sosoma with locally available ingredients. This has ensured that parents are able to provide better food to their children. (Source: CARE Rwanda, Kuraneza Qualitative Assessment Report, 2012)

- Based on its experiences with the community-based ECD approach, CARE has been able to contribute to an important extent to the development of the National Strategy to Eliminate Malnutrition, the design of its monitoring system and the evaluation of its implementation. Through CARE's evidence-based advocacy, the home-based ECD approach is included in the strategy. The Ministry is currently monitoring its implementation in Kamonyi District. If evaluated positively, this strategy will be an important basis of scale-up for this model.

Current and recent projects

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

- **Kuraneza** (Kinyarwanda for 'Good growth')
- **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)
- **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:

- Does focusing on access to food, efficient use and intra-household food distribution sufficiently solve food insecurity for households containing OVC, or do we need to find other ways to also increase availability of food?
- To what extent can public-private partnerships have an added value on the nutritional status of OVC, e.g. through investment in conservation or fortification?
- What cultural norms and beliefs exist around child nutrition (including gender norms) and how do they influence a child's nutritional status?
- Strong gender norms related to food and nutrition exist in Rwanda, that influence the role and access of women and girls in food production, food use, etc. How can we ensure that our and our partners' work does not reinforce any negative norms, but rather contributes to gender transformation in this domain?