



CARE Rwanda – Nkundabana Initiative for Psychosocial Support

Evaluation Report
September 29, 2006

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with funding from
Austrian
 Development Cooperation

The publication has been produced with the assistance of the European Union. The contents of this publication is the sole responsibility of the National University of Rwanda, School of Public Health (NUR/SPH) and can in no way be taken to reflect the views of the European Union

ACKNOWLEDGEMENTS

We thank CARE Rwanda for requesting this evaluation and for giving the opportunity to the National University of Rwanda, School of Public Health (NUR/SPH) to carry it out. We are particularly grateful to the European Union for its continuous support in financing the Nkundabana Initiative for Psychosocial Support (NIPS) project in the former Gitarama Province and for providing funding for this evaluation.

The principal actors for this research activity are Joseph Ntaganira, MD, MPH, Project Coordinator; Kirrily Pells, MA, University of London, Technical Consultant; and Tonya R. Thurman, PhD, Technical Consultant. All contributed significantly to the development of the research protocol, survey instruments, technical support, and final report preparation. This evaluation and subsequent report would not have been possible without the dedicated participation and invaluable support from numerous individuals.

Fieldwork was accomplished by the NUR/SPH team. Médiatrice Mukarwego, Francine Uwamahoro, Aline Bahati and Jeanne Mugiraneza facilitated all focus group discussions and transcribed focus groups notes. Aline Mukabarisa and Fanette Rwagati Umuraza conducted the in-depth interviews and supervised transcription of same. Jean Yves Bazina, Carole Iranzi, Richard Nshozamihigo and Olivier Rwahama collaborated in the data collection and entry. Happy Rugira and Solange Zawadi provided translation support of the in-depth interviews and focus group discussions. Finally, additional gratitude is given to the entire NUR/SPH administrative team for their ongoing support and assistance.

Great appreciation goes to Manuela Villar, MPH candidate, Tulane University, who spent many long hours and many late nights analyzing and organizing the quantitative data and whose assistance was invaluable in the numerous revisions of this report.

The research team would also like to thank its colleagues at CARE Rwanda for their continued engagement and high-level participation throughout this activity, namely, Delphine Pinault, Health and OVC Advisor and Elie Nduwayesu, NIPS Coordinator, who consistently took time away from their busy schedules to respond to our many questions and needs. In addition, we are greatly appreciative of the support and invaluable coordination provided by Xavérine Mukansanga and Théogène Niyirora to our research team in the field.

This evaluation report would be less than it is without the participation of all those who responded to our questions and openly shared their perceptions and attitudes. We hope that in some small way, this evaluation report may somehow contribute to improving the lives of OVCY in Rwanda and assist those working so hard to make this improvement a reality.

Finally we thank MIGEPROF for its recognition of the importance and relevance of community-based forms of support to OVCY in the draft OVC National Plan of Action 2006-2011. CARE and SPH hope that this evaluation will contribute to this important initiative.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARCT-Ruhuka	Association Rwandaise des Conseillers en Traumatisme (Rwandan Association of Trauma Counselors)
CHH	Child-headed Households
CLASSE-Intambwe	Community Learning and Action for Savings Stimulation and Enhancement
EU	European Union
GOR	Government of Rwanda
HAL	Helpful Active Listening
HH	Head of Household
HIV	Human Immunodeficiency Virus
INGO	International Non Governmental Organization
MIGEPROF	Rwandan Ministry in charge of Gender, Child Protection and Family Promotion
MINALOC	Rwandan Ministry of Local Government, Community Development and Social Affairs
NGO	Non-Governmental Organization
NIPS	Nkundabana Initiative for Psychosocial Support project
OVCY	Orphans and Vulnerable Children and Youth
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
YHH	Youth-headed Household

EXECUTIVE SUMMARY

CARE Rwanda has implemented the Nkundabana¹ Initiative for Psychosocial Support project (NIPS) for orphans and vulnerable children and youth (OVCY) since 2003. NIPS added educational and psychosocial components to CARE's initial support for OVCY, which included food, income generating activities and HIV/AIDS training. NIPS is a community-based approach for supporting OVCY operating in five districts and two towns of the former Gitarama province. Youth participants consisted principally of child-headed households where the head of household was 21 years or younger. The program's overall goal is to ensure that "vulnerable children are economically productive and contribute positively to peace and reconciliation for the future of their country." To achieve this aim, the project relies on trained community volunteers, Nkundabana, who provide guidance and care for children living without adult support through regular home visits. Community acceptance and support of Nkundabana are also integral aspects of the program. NIPS also supports strategies that provide a foundation for economic and food security and act as a basis from which advocacy and child protection functions can be initiated. This evaluation was conducted in June 2006 by the National University of Rwanda, School of Public Health and incorporates both quantitative and qualitative methods of data collection derived from multiple sources. In addition to interviews with local partners and CARE staff, data collection among youth participants and Nkundabanas from two randomly selected areas occurred. This report presents the results of the evaluation, discussing the ability of the project to address the most pertinent needs of youth, factors affecting service delivery, and the quality and impact of the program.

Results from this evaluation make evident the holistic care that NIPS provides to youth; improving the well-being of participating youth by addressing multiple roots of OVCY vulnerability. Direct service provision to OVCY is enhanced through support provided from adult volunteers, Nkundabanas, specially trained in principles of child well-being, psychosocial support skills and child protection. Economic and social factors that build youth resiliency are also integral aspects of the program. Additional layers of protection for youth have been constructed through sensitization on health matters and the dangers of HIV/AIDS, empowerment on rights issues, and economic and social support derived through youth associations and guilds. The program appears to have most profoundly impacted the psychosocial domains of child well-being: social integration, protection, household dynamics, psychological health and behavioral manifestations of distress. The NIPS program has helped to fill a gap in the care and support needs of child headed households (CHH), and strengthened support networks to provide a healthy and safe place for vulnerable children and youth.

Anecdotal evidence from this evaluation also suggests that NIPS has broader effects by rekindling community cohesion severed by war and HIV/AIDS. Nkundabanas advocacy has helped youth to reconcile with their neighbors and build relationships with local authorities. The change in behavior among youth participants, promoted by the program, has challenged preconceived notions concerning OVCY and served to better integrate them within their community. Youth have also altered their own attitudes, no longer alienating themselves from their peers with parents.

¹ Means literally "I love children in Kinya-rwanda".

Findings from this evaluation demonstrate the value of engaging community members in program operations at the outset and throughout. The participatory nature of program development has enhanced program ownership and success. Relying upon the community and youth to identify a list of beneficiaries meeting program criteria has been critical to maximizing inclusion of the most vulnerable, increasing understanding as to the allocation of scarce resources within an impoverished community and enhancing community acceptance and awareness of the program.

In spite of demonstrated program successes, findings also highlight issues and challenges of the program. In particular, volunteers require skills in management and resource mobilization to ensure continuation and ownership of the program. The results of this evaluation also illustrate how the provision of material goods to OVCY may invoke jealousy within the wider community—weakening available support networks. Finally, a crosscutting issue among all respondents was that inclusion in NIPS should not be restricted to child headed households or even orphans, as respondents emphasized the equivalent vulnerability of other youth in the community.

Recommendations are implicit throughout this report as study participants offer suggestions and results are discussed, however, the evaluation team's principal recommendations based on findings of this investigation include:

- 1) Broaden target group of youth participants in conjunction with the community;
- 2) Enhance community awareness of issues facing OVCY;
- 3) Clarify the role of Nkundabana among youth;
- 4) Provide Nkundabanas with additional support and training;
- 5) Build community capacity to support OVCY;
- 6) Strengthen referral networks to address problems faced by OVCY; and
- 7) Formulate program protocols and a clear exit strategy.

CARE's efforts have demonstrated some key successes in enhancing community based care and social responsibility for OVCY. Although this evaluation does not provide conclusive data as to measurable impact of the NIPS program on OVCY outcomes and well-being, it does provide evidence of positive changes in the lives of OVCY and enhanced community support of these children and youth. It further attempts to add to the knowledge base concerning program strategies for the care and support of OVCY within Rwanda and recognizes its own limitations in terms of generalizability to other contexts within Africa.

NIPS EVALUATION REPORT

INTRODUCTION

1.1 PURPOSE

CARE International has been working with orphans and other vulnerable children and youth (OVCY) in Rwanda since 1998 when the Nkundabana² approach to assist child headed households was initiated in the former Gitarama province in collaboration with the INGO *Food for the Hungry*. This experience led to the development of the three years Nkundabana Initiative for Psychosocial Support project (NIPS), which officially started in 2003 with European Union (EU) funding. This initiative added educational and psychosocial components in conjunction to the initial activities of the LIFE³ project offering food, training and income generating activities, as well as the HIV/AIDS training and income-generating activities of the REACH⁴ project. In June 2006, the National University of Rwanda's School of Public Health was contracted by CARE Rwanda to evaluate NIPS, measuring both the process and impact of the NIPS project and assessing the level of community buy-in and future viability of the initiative within the Rwandan context. Specific objectives of this evaluation include the following:

1. Assess the extent to which the NIPS project achieved stated objectives and targets.
2. Determine the effects (both positive and negative) of the NIPS project on children & youth within child-headed households, mentors and their respective communities.
3. Determine the extent to which participants, communities, local authorities and other select stakeholders have assumed ownership of the NIPS project and its implications for continuation of the NIPS project.
4. Assess community perceptions regarding appropriate targeting of the intervention.
5. Identify lessons learned including strengths and weaknesses of the program.

This report presents the results of this evaluation, discussing the ability of the NIPS project to address the most pertinent needs of children and youth and the appropriateness and quality of services received. Factors affecting service delivery are also considered, such as the quality of youth-Nkundabana relationships and coordination and collaboration among key actors.

1.2 OVCYS IN RWANDA

Genocide and HIV/AIDS have produced numerous OVCY in Rwanda. OVCY are generally recognized as 'groups of children and youth that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers' (World Bank Africa Region & World Bank Institute, 2005: 7). Similarly, the Government of Rwanda (GOR) defines a vulnerable child as 'a person under 18 years exposed to conditions which do not permit him to fulfill his fundamental rights for his harmonious development' (MINALOC, 2004). In accordance with international standards, the GOR recognizes an

² Kinyarwanda word meaning 'I love children'

³ Leadership Initiative for Fighting Epidemics

⁴ Rapid and Effective Action Combating HIV-AIDS

orphan as ‘a child who has lost one or both parents’ (MINALOC, 2004; UNAIDS, et al., 2004: 6). There are an estimated 1,264,000 orphans⁵ in Rwanda;

- 20.5% of children have lost one or both parents;⁶ and the number of orphans is projected to increase to over 1.5 million under the age of 15 by 2010⁷; an estimated 600,000 children are out of secondary school, while up to 100,000 children of primary age are out of school. An estimated 20 percent of enrolments fail to attend school regularly bringing the total of children out of school on any one day to almost one million children⁸;
- 74% of orphans aged 10-14 who have lost both parents attending school compared with 89% of non-orphans;⁹
- 36 percent of Rwandan households contain children other than their own¹⁰, 33 percent of all households with children are female headed¹¹ and over 70 percent of female headed households include orphans;

The following gives a picture of the numbers of some of the categories of vulnerable children identified in the National Policy on OVC:

- Children living on/of the streets:	7,000 ¹²
- Children living in institutions:	3,475 ¹³
- Children in child-headed households:	100,956 ¹⁴
- Children in foster care:	28,341 ¹⁵
- Children in prison:	927 ¹⁶
- Children affected by armed conflict:	2,000 ¹⁷

While the statistics show that the 210,000 children, or 17 percent, orphaned as a result of HIV/AIDS¹⁸ are currently the minority, this balance will shift as orphans as a result of the genocide reach maturity and the impact of HIV/AIDS increases. The number of orphans due to AIDS is estimated to grow to over 52 percent of all orphans by 2010¹⁹.

OVCY in Rwanda have difficulties meeting their social and economic needs. A recent study among 692 youth in Gikongoro who serve as head of household (HH) highlights the harsh living conditions, limited educational opportunities and psychosocial distress endured by many of these youth (see Table 1; Thurman et al., 2006). Although OVCY have demonstrated strength in supporting themselves and younger siblings (over half of respondents stated that they were hopeful for the future: Brown et al., 2005); studies highlight the importance of a caring adult in promoting resiliency (Masten et al, 1998). Thurman et al’s study reported that while 82% of respondents had contact with relatives, only 26% felt

⁵ Rwanda General Population Census, 2002: It should be noted that other reports suggest a lower figure of approximately 800,000 orphans.

⁶ Rwanda Demographic and Health Survey Preliminary Report, 2005

⁷ The State of the World’s Children, 2004

⁸ OVC Education Baseline Study, MINEDUC, 2005

⁹ Rwanda Demographic and Health Survey Preliminary Report, 2005

¹⁰ Rwanda General Population Census, 2002

¹¹ MICS data, 2000

¹² MINALOC/MIGEPROF estimates for National Report on CRC implementation 2001 (may be an overestimation).

¹³ Census of 34 institutions for unaccompanied children carried out in 2002, funded by UNICEF (does not include street children living in institutions).

¹⁴ Rwanda General Population Census, 2002

¹⁵ Rwanda General Population Census, 2002

¹⁶ Foundation for Dignity in Detention, November 2005 (includes 140 infants in prison with their mothers).

¹⁷ Rwandan children with armed forces in DRC, Rwanda Democratic Reintegration Commission, 2003 estimates.

¹⁸ Global Report in HIV/AIDS, UNAIDS, 2006

¹⁹ Africa’s Orphaned Generation, UNICEF, 2003

relatives helped them when they needed it. Moreover, youth may be severely marginalized from their communities. Nearly half believed that ‘no one cared about them’ and 86% felt ‘rejected by the community’ (Thurman et al., 2006). Several studies from Rwanda have noted that orphans and households headed by youth lack community support (Brown et al., 2005; Thurman et al., 2006; UNICEF Rwanda & MINALOC, 2000; Veale et al., 2001; World Vision Rwanda & UNICEF Rwanda, 1998).

Poverty, genocide and HIV/AIDS have strained social networks and community solidarity in Rwanda, posing serious challenges to the care of orphaned youth. Given that Rwanda is one of the poorest countries in the world, ranked 159 out of 177 according to the Human Development Index, (UNDP, 2005) adults may have limited means to support OVCY. Moreover, there is some evidence that family members may refuse to care for orphans when the parent is believed to have died from AIDS (UNICEF Rwanda & MINALOC, 2000). Lasting effects of the genocide have also fueled additional social problems. Genocide related mortality, imprisonment, exodus, and repatriation of Rwandans (many of whom had been in exile long before the genocide) shattered communities and hindered traditional protective familial and communal structures. At the same time, the adult population has experienced social disruption on a massive scale. In a study conducted among Rwandan adults in 2002, 73% reported that a close family member was murdered in the genocide and about one-quarter met the symptomatic criteria for post-traumatic stress disorder (Pham et al., 2004). In 1999, 16% of a random sample of Rwandan adults met the criteria for depression (Bolton et al., 2002). Rwandan adults may have fewer emotional resources to face the distress experienced by OVCY and assist them with their problems. In return, one study suggests that many Rwandan adults believe local authorities or non-governmental organizations (NGOs) are primarily responsible for the care of orphans (UNICEF Rwanda & MINALOC, 2000).

Table 1: Key Findings from a survey in Gikongoro, Rwanda illustrating challenges facing OVCY

- Only 28% of school-age respondents were in school due primarily to domestic responsibilities or the expense of school.
- Only 40% possessed a pair of shoes and 31% did not have a latrine.
- Nearly one-quarter considered themselves to be in poor health and half reported a current illness or disability.
- 44% indicated that they ate only once a day.
- Over 50% reported someone intentionally harming their property with a third recording an attempted theft of their land or property.
- Over half reported feeling that life was no longer worth living (at least some of the time).
- 31% felt depressed “often” or “always.”
- 64% stated that the loss of parents negatively affected their confidence in other people

References: Brown et al., 2005; Thurman et al., 2006

The GOR recognizes the need to provide a nurturing and protective environment for OVCY. In conjunction with local and international NGOs, the *National Policy for Orphans and Other Vulnerable Children* was approved in 2003 (MINALOC. 2003). As a member of the national OVC technical working group led by the Ministry having OVCs in its portfolio, CARE provided significant contribution to the elaboration of this important policy document. The policy seeks ‘to ensure that children in difficult circumstances are integrated in a socially, economically sustainable community’ and emphasizes basic rights such as protection from abuse and exploitation and access to health services. However, in light of the myriad challenges facing OVCY and Rwandan communities, creative program strategies are needed to achieve this aim. More recently CARE contributed to the elaboration of the OVC National Plan of Action (NPA) 2006-2011, which is in process of being approved by the Government. The replication of the Nkundabana model is included in the draft OVC NPA.

1.3 PROGRAM STRATEGIES FOR SUPPORTING OVCY

In 2004, many international agencies endorsed ‘The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.’²⁰ This global policy sets five strategic areas for OVCY programming, most of which were already formulated in the original 1997 Children on the Brink report:

1. Strengthening the capacity of families to protect and care for OVCY by prolonging the lives of parents and providing economic, psychosocial, and other support.
2. Mobilizing and supporting community-based responses to provide both immediate and long term assistance to vulnerable households.
3. Ensuring access for OVCY to essential services, including education, health care, birth registration, and others.
4. Ensuring that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities.
5. Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for children affected by HIV/AIDS (UNAIDS et al., 2004: 5).

The Framework stresses the importance of enhancing and supporting community care of OVCY, rather than merely providing OVCY with direct services. Recommendations underscore the importance of holistic approaches to care and support, however, it is recognized that initiatives should focus on vulnerable communities, not just orphans. Targeting orphans may create jealousy and stigma and undermine the fact that many non-orphan children may be equally vulnerable. To promote community ownership, commitment and sustainability, programs should rely upon and strengthen local partnerships and external support should be used to reinforce community initiatives and motivation. As such, programs should emphasize locally determined intervention strategies, which involve children and young people as active participants (UNAIDS et al., 2004).

One common strategy of assisting OVCY is through community-based home visiting programs. This approach has been used within a number of African settings (cf: Foster & Jiwli 2001; Lusk, D., J. Mararu, C. O’Gara & S. Dastur, 2003). In these programs, volunteers are charged with maintaining contact with children living without an adult or those who, due to poverty or large family size, are considered vulnerable. Through connections with NGOs or organized projects like a communal garden, adult volunteers may be able to provide direct

²⁰ Referred to as “The Framework” later in this report.

financial and/or material assistance to children in need. They can also be trained in a mentorship capacity, providing moral support and a socio-cultural link, which promotes children's social development and strengthens their support system. CARE Rwanda has adopted a similar approach for OVCY care and support as described in details in "Programming for Vulnerable Orphans and Youth in Rwanda: Strategy review and guidelines"²¹ and this evaluation explores the viability and impact of this initiative.

1.4 CARE RWANDA'S NIPS PROGRAM

CARE Rwanda's NIPS project is a community-based approach for supporting vulnerable children and youth living in child/youth-headed households and children living in families affected/infected with HIV/AIDS. The criteria for assistance, is that the youth are 21 years or younger and are the head of their household. The project was initiated in 2003 with three years of funding from the European Union and a co-financing from the Government of Austria and CARE Austria. The program operates in the five former districts of Kabagali, Kayumbu, Ntenyo, Ntongwe, and Ruyumba, including Gitarama and Ruhango towns. Since the territorial reform in early 2006, the names of these districts have changed to Muhanga, Kamonyi and Ruhango. Further reference to these districts will specify the new names only. The overall goal of the NIPS program is based upon the supposition that "vulnerable children are economically productive and contribute positively to peace and reconciliation for the future of their country." Specific objectives of the program follow and highlight anticipated change at the community and individual level:

- At the community level: sustainable forms of community support to 2,600 child headed households (CHH) are in place.
- At the individual level: enhanced psychological resilience and livelihood opportunities of 2,600 CHH.

To achieve these aims, the project relies primarily on community mobilisation and Nkundabana, community volunteers, who provide guidance and care for children living without adult support; Community acceptance and support of Nkundabana are essential aspects of the program. Children and youth nominate persons whom they trust and with a good reputation in the community as Nkundabanas; the community is asked to confirm these selections. Nkundabanas receive training in counseling, helpful active listening (HAL) and life skills instruction and are asked to make regular home visits to encourage children, providing culturally appropriate methods of support. As of March 2006, 525 Nkundabanas were providing weekly visits to a total of 2,589 CHH (child-headed households).

The NIPS project emphasizes community care of OVCY. For example, after selecting Nkundabanas, start-up events are organized. Start-up events are community-wide activities that aim to sensitize the community to the situation of CHHs, present the project and its philosophies to the community and to emphasize the role of all community members to participate in OVCY support activities. In addition, "fun days" and "appreciation days" that provide recreation for all children, recognition for Nkundabana and bring the children, the Nkundabana and community together occur every two months. Nkundabanas are supported by social workers and receive supervision from trained counselors. Wider community

²¹ Matthias Themel, CARE Rwanda, May 2005

involvement in OVCY care and support is facilitated through partnerships with local institutions and support of local advisory committees.

The NIPS model is an attempt to provide a foundation for economic and livelihood security and act as a basis from which advocacy and child protection functions can be initiated. To achieve this, NIPS offers a holistic approach and comprehensive package to meeting OVCY needs. The thematic areas of intervention of the NIPS project, which developed over time during the formulation of the CARE Rwanda OVCY strategy and incorporated lessons learned from Nkundabana and community input, are:

- **Education and vocational training:** Nkundabanas support OVCYs in attending school, provide OVCYs with information about training opportunities and help to address the obstacles, such as lack of materials, which prevent OVCY from attending either school or vocational training. Direct financial support with school related fees have also been provided to some participants.
- **Psychosocial support:** Psychosocial support takes primarily the form of home visits by Nkundabana who receive training in HAL and professional support from partner organization ARCT-Ruhuka (Association Rwandaise des Conseillers en Traumatisme).
- **Advocacy and protection:** Advisory Committees were created and established to protect children and allow them to raise concerns with local authorities and local organizations involved in the project. These Advisory Committees were formed by key stakeholders (local authorities, representatives of children, representatives of Nkundabana, local organizations) to provide a forum for children to voice their concerns at all levels, from the community to the national level. Haguruka, a local legal assistance NGO, also provides trained paralegal counselors to OVCY and Nkundabanas for assistance with issues of exploitation, abuse and property rights.
- **Economic security:** OVCYs and Nkundabanas receive financial training and savings and loan activities are conducted within both groups for the purposes of strengthening their economic security.. Agricultural training is also provided to OVCY to increase the quantity and quality of crops. Youth and Nkundabana were also provided with livestock to facilitate income-generation. In addition, some youth have been trained in a variety of vocations, including tailoring and carpentry.
- **Formation of associations and networks:** OVCY associations provide social and emotional support as well as a practical way of organizing savings, information-sharing and lobbying activities. Nkundabana committees, composed of around 20 members meet monthly and report on the situation of the households they visit, discuss problems and provide encouragement to one another.
- **Health and HIV/AIDS:** 428 peer educators have been trained who in turn have sensitized approximately 4,500 children. Health insurance for OVCY is also provided to some participants.
- **Emergency assistance:** Provision of essential household items, financial support for hospital fees of severely ill children and youth, and assistance in shelter refurbishment were oftentimes provided.

This evaluation was undertaken to explore the impact and sustainability of CARE Rwanda's NIPS Program and to provide further information that will assist them to more effectively support OVCY.

METHODS

2.1 DATA COLLECTION

This evaluation was conducted in June 2006 and incorporates both quantitative and qualitative data collection methods from multiple sources to gather various perspectives concerning the achievements of NIPS during the implementation process. Data collection concentrated in two sectors from within two randomly selected program districts in the former Gitarama province: Mugina and Musambira sectors in Kamonyi district and Kinazi and Kinihira sectors in Ruhango district. (Sectors are the Rwandan administrative unit one level below the district unit.) This data collection has been complemented by analysis of previous monitoring and evaluation data and a review of existing program material. An overview of the data sources and methods employed for this evaluation are described below.

Focus groups were conducted with youth participating in NIPS, aged 24 and younger, who serve as the head of household, adults who serve as Nkundabanas as part of NIPS, and among community members (neighbors of NIPS youth participants, local authorities at decentralized levels and other community leaders). Participants for the youth focus groups were randomly selected from a list of all the youth participating in NIPS in each district. The same method was used for the Nkundabana, except for Kamonyi district where there are few Nkundabana (21). Six focus groups were held with each of the three groups of respondents (totaling 18) and were divided evenly among the two selected program cells. Each focus group consisted of approximately 6-8 participants with an equal gender balance. For youth participants, in each site one focus group consisted of male participants, one of female participants and one was mixed. Focus groups with all other populations were gender-mixed. Quotes from these informants used throughout this report include the type of respondent (e.g., youth) as well as their gender and age where known. (In some cases such descriptive information is unavailable because of incomplete sign-in sheets.)

A short survey was administered to 147 youth, with an approximate equal distribution of respondents from each of the two selected study sites (i.e., 51% of the sample were from Musambira). The survey concentrated on participants' perceived program impacts, level of satisfaction and quality of their relationship with their respective mentor. Youth were randomly selected from a list of recipients in the area provided by CARE; 150 were invited to participate and 147 chose to do so, providing a response rate of 98%.

Eight in-depth interviews were conducted with CARE staff involved with NIPS program coordination and monitoring and evaluation. Interviewees were selected by CARE: six among staff from the Gitarama office and two from CARE's headquarter office in Kigali including the current and former program coordinators and the former program technical advisor.

In-depth interviews were also conducted among lead staff within NIPS's key partners, including:

- MIGEPROF, the Ministry in Charge of Gender, Child protection and Family Promotion, who was also given the opportunity to feedback on the evaluation's Terms of Reference;
- Two people from ARCT-Ruhuka were interviewed
- HAGURUKA.

The staff member selected was among those with the most reported familiarity with NIPS. In addition, six community leaders who work in partnership with NIPS were interviewed, such as members of the Advisory Committees. In total, 10 in-depth interviews occurred among partners. To protect confidentiality, quotes from these participants are labeled as 'Partners.'

Quantitative data was entered into Epi-Info and analyzed using SPSS 13.0. All focus groups and in-depth interviews were recorded and transcribed verbatim in the language they occurred (Kinyarwanda or French). All transcriptions were then translated into English for analysis. Each interview and focus group was attended by two members of the field team: the Facilitator who led the interview/focus groups, and an assistant who took field notes. The Facilitator and assistant jointly transcribed the text following each discussion/interview.

In general, the evaluation questions were explored using both qualitative and quantitative data collection methods to facilitate triangulation of findings. These methods provided a complementary approach and one in which the authors hope provide a more comprehensive view of the NIPS program.

2.2 *ETHICAL CONSIDERATIONS*

Participation was voluntary and anonymous. The consent of all participants was gained at the outset but they remained free to withdraw at anytime. Participants were also informed that everything discussed would be strictly confidential and no identifying information would be shared with CARE. It was further stressed that participation would not affect their relationship with CARE, or in the case of youth, with their Nkundabana. All taped interviews and focus groups will be erased after completion of the evaluation.

2.3 *LIMITATIONS*

This evaluation includes some important limitations the reader should bear in mind when interpreting these results. First, this evaluation is limited to only two of the five sites where NIPS is implemented and results can therefore not be generalized to all program sites. However, the fact that the sites and informants were randomly selected offers some degree of confidence that results may be similar across sites. Secondly, this evaluation is a post-test only design and, as such, pre-existing states of well-being are unavailable. A lack of baseline information limits ability to ascertain true changes overtime. All impacts described are based on reported and perceived impacts described by respondents. However, the inclusion of multiple perspectives concerning program impact strengthens the validity of these findings.

RESULTS

3.1 PROGRAM OPERATIONS & IMPLEMENTATION

3.1.1. Targeting of youth participants

The NIPS program was designed to target youth who serve as the head of household. CARE's eligibility criteria for youth program participants concentrated on those who were age 21 and younger and serving as the head of their household at time of enrollment. Youth would be eligible to receive services until the head of household reached age 24.

Table 2 provides a description of the 147 CHH sampled in the evaluation. Interestingly, there is a fairly equal number of male and female heads of household, with females comprising 57% of the sample. Youth ranged in age from 11 to 25 with a mean age of 19.9.²² With 74% age 19-25, some of the study participants may arguably not be considered "youth;" however, it is clear that most had been heading their homes for many years (i.e., 64% have been the head of household for 5 or more years). Most (57%) participants cared for at least 1 or 2 other youth, with as many as 29% responsible for 3 or more other children.

Table 2: Youth Sample Characteristics

<i>(n=147)</i>	Percentage (%)
Gender: Female	56.5
Age, years	
11-14	4.8
15-18	21.1
19-25	74.1
Mean (range 11-25): 19.9	
Amount of time as head of household, years	
0-1	5.5
2-4	31.0
5-7	22.1
8+	41.4
Mean (range 0-15): 6.7	
Number of people that live in the household	
Live alone	15.0
Live with 1-2 other people	56.5
Live with 3-4 other people	23.1
Live with 5+ other people	5.4
Mean (range 1-7): 2.9	

²² As has been found in studies across Africa, some degree of inaccuracy in age reporting is assumed.

Community members—including children, local authorities and the general population—were actively involved in the selection process of beneficiaries. Community members helped to generate a potential list of beneficiaries who met the criteria and children verified that identified youth were the most vulnerable and modified the list accordingly, often adding names of those who had been excluded. Below, a Nkundabana clearly describes their engagement in this process.

“After CARE presented its action plan, it requested the former district authorities to help it identify the needy children like orphans and child-headed families. A general meeting was convened and people were divided in their respective parishes. They could mention the names of children and their locations when the employee of CARE could also mark it on their map” Nkundabana, 33.

Respondents felt community participation helped to ensure that the most vulnerable children were reached by the program. Focus group discussions among Nkundabana and community members, in addition to interviews with local authorities and partner organizations, indicated how the transparent nature of the selection process was critical for community acceptance of the program.

“Initially people wanted integration of their children in the program. But when they got explanations, they understood that the project concerned only vulnerable children,” Nkundabana, male, 30.

There was a general consensus among community members, partners and Nkundabana that the program appropriately targeted vulnerable children. Community members who participated in the Focus Groups identified lack of parental care as being a key factor in creating youth vulnerability. Respondents noted the need among CHH for adult guidance and support and felt this program appropriately responded to these issues. However, while adults recognized the heightened vulnerability of orphans and CHH, they also emphasized the vulnerability of other youth in the community who by poverty or circumstance may also be in need.

“There are many vulnerable children who are neglected by the project while they have the same problems as the Nkundabana children,” Nkundabana, female, 37.

Respondents from all different interest groups were adamant that the program’s selection criteria were too narrow and a degree of flexibility should be introduced. In particular, respondents highlighted the needs of other children beyond CHH, including those who were disabled and residing with HIV positive parents, and destitute children with living parents. Several informants also commented on the restrictive nature of the age criteria and felt NIPS would benefit youth over the age of 21. One informant also described how some CHH may not be vulnerable and that program inclusion should consider the capacity of youth for self-sustainability rather than living circumstances. This evaluation notes that the NIPS program was initiated as a pilot program and original selection criteria were intentionally narrow; however, CARE feels strongly that the most vulnerable population in this OVCY group was correctly identified. Early on, CARE recognized the challenges they would be facing vis-à-vis overwhelming community needs and restricted program resources as evidenced in their OVCY Strategy document (2005). However, in spite of these efforts, some community misperceptions remain, as demonstrated by the evaluation findings.

3.1.2 Service provision to youth

The NIPS program was designed to provide both material and psychosocial support to youth. CARE provides the bulk of material support. Nkundabanas provide emotional and social support and, at times, deliver and/or facilitate direct services. As can be seen in Table 3, most (87%) youth had received services from CARE for 2 to 3 years and an equal amount had a Nkundabana throughout that period. Youth receiving services for one year or less reflects the recent enrollment of new participants. Almost all youth benefited from the provision of livestock, domestic utensils and association membership; much of which was related to income-generating efforts. Similarly, over 60% of youth also received vocational training and were involved in group savings and loans. Youth expressed gratitude for the services and support they have received from CARE and the Nkundabana.

“I liked all because they gave me what one needs for a basic life, may God bless them,” Youth, male, 19.

However, all services received by CARE were not financed by NIPS; for e.g. shelter assistance was mostly obtained through community mobilization in Umuganda.

Table 3: Services Received from CARE

(n=147)	Percentage (%)
Years receiving services from CARE	
0-1	8.2
2-3	87.0
4-5	4.8
Mean (Range 0-5): 2.63	
Years had a Nkundabana	
0-1	8.9
2-3	86.3
4-5	4.8
Mean (Range 0-5): 2.58	
Services received from CARE and/or Nkundabana	
Live stock	100.0
Domestic utensils	99.3
Association membership	96.6
Education	81.6
Health care [†]	73.3
Legal services/ assistance	68.3
Vocational skills	63.3
Group savings and loans	61.6
Shelter [†]	32.7
Other ^{††}	29.9

[†]Chi-square indicates significant difference (p <0.05) by gender. Shelter: male 42.2%, female 25.3%. Health Care: male 61.9%, female 81.9%.

^{††}Includes 10.9% Food and 7.5% Radio.

Table 4 illustrates the high satisfaction youth reported with the assistance Nkundabanas provide. The majority of youth felt their Nkundabana provided valuable advice, increased their knowledge and helped them to access needed support. However, a minority suggest that Nkundabanas may convey preferential treatment of some households, with 14% reporting that their Nkundabana helps other households more than theirs. In addition, as many as 44% of youth indicated that the Nkundabana was not meeting their expectations. Despite the array of services received, youth program expectations may be high considering the significant challenges they face in their lives.

“The problem is that NIPS helped us in small things whereas we have many problems but we know they can’t solve them all” Youth, male, 19.

The need most frequently identified by youth participants was education related; either assistance in paying secondary school fees or purchasing the materials required for studying. Community members and Nkundabanas also reiterated the need for educational assistance, especially secondary education. However, it is important to stress that CARE support was strictly limited to primary education because no budget was available for secondary education. In total, 2,336 children benefited from primary education services through the program and all received school materials and uniforms. Nkundabana assist by checking in with the children and confirming that they are attending school, and if they are not, assisting the children with barriers that are preventing their attendance. While 82% of CHH surveyed had received educational support, the majority of them is currently in secondary school going age and were therefore not attending school at the time of the survey, as can be seen in Table 5, due primarily to their domestic responsibilities or the expense of school. CHH had difficulties attending education opportunities and other program activities because of the care for their younger siblings.

“My problem is that when I go to school I don’t have food, I need to miss school and go cultivate so that I have food. You understand that this prevents me from following my studies. I think if I had someone help me to find food I would study better”, Youth, female, 15.

Unmet needs concerning shelter and medical insurance also featured predominately among youth Focus Group participants. The poor quality of their homes was frequently mentioned by youth. Although never an intrinsic component of this program, CARE was able to provide limited shelter assistance to those households identified as in greatest need. At times, Nkundabanas and the Advisory Committee helped to facilitate home refurbishment, recruiting community members to assist with housing construction. However, only about one-third of surveyed youth reported receiving assistance with shelter, while Focus Group respondents commonly indicated this as a priority need. In addition, though 73% of respondents reported receiving assistance with health care, many focus group respondents noted how medical insurance was not available to all youth and often did not benefit the youth under their care. Similarly, some youth noted the need to provide vocational training to other youth in their household.

Interestingly, while youth of both genders highlighted the need for housing and healthcare assistance, the allocation of these resources was found to vary by gender among surveyed CHH. Females reported receipt of health care more often than males (82% and 62% respectively) and males reported having received assistance with shelter more commonly than females (42% and 25% respectively).

There was a great deal of scrutiny and uncertainty concerning the distribution of resources to youth. Many respondents highlighted that prominent needs remained among youth not selected to receive certain types of assistance. Some Nkundabanas indicated they were directly involved in determining the allocation of services, deciding upon the distribution of health insurance for example. However, other Nkundabanas inquired as to how these decisions were made. Both Nkundabanas and community members requested increased involvement in making these decisions. Nkundabanas also expressed frustration in their inability to address many of the material needs of youth.

CARE discussed how service delivery has been hampered by the predetermination of staff, budget and equipment prior to the baseline study. Their mid-term evaluation highlighted the drawbacks of determining inputs before knowing the amount of work and resources needed within the program.

Table 4: Satisfaction with assistance received from Nkundabana

(n=147)	Agree (%)
Nkundabana gives good advice	94.6
Have learned a lot from Nkundabana*	91.8
Nkundabana helps access support they need	87.8
Nkundabana has given things to help their HH	65.3
Nkundabana is not meeting expectations	43.5
Nkundabana helps other HHs more than theirs [†]	14.0

*Chi-square indicates significant difference (p <0.05) by gender; male 85.9%, female 96.4%.

[†]n=136

Table 5: Educational achievements and barriers

	Youth age ≤18	Youth age 19-25	Total (%)
Currently in school	42.1	5.5	15.0
<i>N</i>	38	109	147
Highest grade/form of school completed			
Less than primary	25.0	9.4	12.3
1-3y primary	4.2	21.7	18.5
4-6y primary	66.7	66	66.2
1-3y secondary	4.2	1.9	2.3
4-6y secondary	0	0.9	.8
<i>N</i>	24	106	130
If not in school what is the main reason			
Domestic responsibilities	77.3	59.4	64.0
No money to pay for school fees or school supplies too expensive	13.6	29.2	27.2
Emotional or health problem	4.5	2.8	3.2
Poor performance in school	0	3.8	3.2
To earn money or look for employment	0	1.9	1.6
Other*	4.5	2.7	3.2
<i>N</i>	22	106	128

* Includes; too old (0.8%) and had to take care of a sick family member (0.8%)

3.1.3 Nkundabana recruitment and support

Youth identified potential Nkundabanas that met the following conditions: able to read/write, married, economically independent, person of integrity and age 25 or above. Selected Nkundabanas were often individuals who had assisted CHH previously. Nearly 94% of surveyed youth indicated they were able to select their own Nkundabana and youth, Focus Groups participants highlighted how their involvement in the selection process ensured that Nkundabanas were individuals who would help them. Likewise, community members stated that while they were not involved in the selection of Nkundabanas, they felt allowing the children to identify them was an appropriate and useful recruitment strategy.

“The fact that children themselves have chosen them, this brings them to be attentive when they help them.” Community member, male, 39.

Nkundabana received training related to trauma, HAL, conflict resolution, child rights, Reproductive Health & HIV/AIDS and savings/loans education. There was consensus among Nkundabana that the training had equipped them with needed skills. However, several requests were made ‘to resume the training soon for a better mastery’ (Nkundabana, female, 38). In order to successfully deal with the challenges they face in their work and increase their own capacity, Nkundabana requested further training relating to child rights, family law, problems facing orphans and skills that would strengthen their own (Nkundabana) economic situation. Representatives from ARCT and Haguruka, who lead trainings in counseling and legal issues respectively, also noted the need for additional skills among Nkundabanas. In particular, the need for advanced and ongoing training and support related to counseling and behavioral management was emphasized. ARCT staff also noted that their organization was unable to support all Nkundabanas as planned and expressed concern that this may compromise trust in their organization.

Incentives provided to Nkundabanas by CARE included public acknowledgement during appreciation days; income-generating skills; association membership; travel allowances; materials such as jerry cans, blankets, bicycles, mosquito nets, and program T-shirts; and the on-going technical assistance, guidance and support from CARE. Nkundabanas expressed appreciation for this support, but noted the need for additional opportunities to enhance their financial means, especially related to their associations. The question of monetary assistance promised by a government official who recently visited the program was raised in several Focus Groups discussions as Nkundabanas stated ‘we haven’t yet got it.’ Community members and youth frequently suggested that Nkundabanas be provided with additional incentives to reward them for their work.

“They have no means too. We are demanding financial help for them so that they can also care for us happily,” Youth, 19

“The assistance reserved to Nkundabana is not proportional to the hard duty they have,” Community member, male, 53.

3.2 FACTORS AFFECTING SERVICE DELIVERY

3.2.1 Quality of youth-Nkundabana relationships

Home visits are a central program activity, providing an opportunity for discussion, encouragement and problem-solving. As can be seen in Table 6, the majority of youth (74%)

indicated they were visited at least once a week and 90% felt the frequency of Nkundabana visits was sufficient. Moreover, visits are often reciprocal, as youth also reported going to the Nkundabanas' household. Most (93%) youth felt the visits offered sufficient time to talk about what they wanted.

Both Nkundabana and youth described their relationship in a positive manner, commonly depicting it as being 'like between a parent and child.' Table 7 illustrates surveyed youths' perception concerning their relationship, including the high level of trust they have in their Nkundabana. The relationship extends beyond the head of household and Nkundabana, as 96% of surveyed youth believed all youth in the household appreciate the Nkundabana and 97% reported having a good relationship with their Nkundabana's family. Youth conveyed how their relationship with the Nkundabana has strengthened over time and described the closeness they feel towards one another.

"I can't get words of expressing how our relationship is, because we are very free with them. When we have any problem we tell them, we are free with each other". (Male, youth, 19)

"We are in good relationship with our Nkundabana, when we have a party we invite him and he also invites us. In brief we are like children and parents only that we don't live in the same house". (Male, youth, 21)

However, survey responses also draw attention to youths' desire for an even closer relationship with their Nkundabana. Nearly all surveyed youth wished their Nkundabana knew them better. Efforts to improve adult-youth communication may be needed as 99% of youth indicated a desire for their Nkundabana to more frequently listen to their ideas. Moreover, in some cases, a relationship does not exist or is hindered by practical constraints such as distance between the youth and Nkundabanas household. Nearly 5% of youth indicated they were rarely or never visited and some felt they were visited only when they had a problem (Table 6). The burden of care placed on the Nkundabana may also hinder the support they can provide.

"For Nkundabana alone she can't solve all our problems because she also has a family she must care for," Youth, male, 21.

On the other hand, Nkundabanas were expected to visit youth once a week and as can be seen in Table 6, the vast majority report they were visited more than once a week.

Table 6: Description of Nkundabana Visits

(n=147)	Percentage (%)
How often does your Nkundabana visit you	
More than once per week	63.9
Once per week	9.5
Once every other week	5.4
Once a month	12.9
Once every 2 months	3.4
Few times a year	1.4
Never visited	3.4
Youth perceptions of Nkundabana visits	
Nkundabana visits enough	89.8
Nkundabana visits only when they have a problem	11.6
When Nkundabana comes, seems in a rush to leave	14.5
When Nkundabana visits, they have enough time to talk about what they want	93.2

Table 7: Youth perceptions on the quality of relationship with Nkundabana

(n=147)	Percentage (%)
Wishes Nkundabana knew them better	98.6
Trust their Nkundabana	97.3
Wish Nkundabana listened more to their ideas	98.6
Have good relations with Nkundabana's family	96.6
All youth in HH appreciate the Nkundabana [†]	95.2

[†]n=125

3.2.2 Community engagement

NIPS relies principally on the initiative of adult volunteers from within the community and Nkundabanas voiced feeling their ideas are viewed as important and acted upon. Yet, CARE has found ways to also engage the wider community in program operations and its direction. Youth beneficiaries, local authorities and indigenous organizations all play an active and pivotal role in guiding the program through advisory committees where children and Nkundabana are also represented. Each of the partners reported feeling as if they play an active role in the program and described their relationship with CARE and Nkundabanas positively.

CARE partnered with two local organizations— ARCT and Haguruka—to implement aspects of Nkundabana training, focusing on trauma counseling and legal issues respectively. Nkundabanas also refer to representatives from these agencies when facing relevant problems in need of additional support. Nkundabanas indicated successful referrals of children with complex emotional and behavioral issues to ARCT workers for additional counseling. In fact, Nkundabanas and CARE staff working at the community level indicated a desire for more

active involvement of ARCT in the program, including increased ARCT staff to manage trauma-related problems. On the other hand, the relationship with Haguruka, though overall positive, is not credited with as many tangible successes. There are frustrations on the part of CARE staff and Nkundabanas concerning a lack of efficient and quick processing of children's legal issues and lack of follow through. CARE staff noted that 11 trials are incomplete and cited the high turnover of staff working for Haguruka as hampering the process. However, Nkundabanas and children alike indicated that they are now able to address some children's legal issues independently as a result of the knowledge acquired through Haguruka's training.

Local authorities have provided support through the Advisory Committee. Meeting discussions concern project activities, program decisions, and monitoring use and allocation of assistance provided. The Committee also concentrates on needs of particular children, such as counseling and facilitation of construction materials and labor to refurbish youth homes. Local authorities stated that NIPS has 'facilitated' their role in caring for children and ensuring child protection and convey pride when describing their participation.

"Our role as authorities is to be spokesmen of those children. Besides, we played a great role in setting up that program: we traced children and liased them with the CARE agents. Since the beginning of the project, we collaborate with it, and thus it is our support." Male Community Member, 53

Youth are also active agents in the program. In addition to participating in the selection of beneficiaries and Nkundabanas, youth have had opportunities to contribute to the program's direction. Their concerns and priorities are shared through social workers (ie. CARE staff), Nkundabanas and their own attendance at Advisory Committee meetings. Social workers and Nkundabanas collect information concerning youth and discuss it in meetings with CARE staff and the Committee. In addition, psychosocial questionnaires were distributed to a random sample of youth households and have been used to inform decisions on the best use of financial resources as well as further strategic and methodological development of the program. Finally, youth feel empowered to voice their opinions and concerns. For instance, nearly 97% of surveyed youth indicated they would feel comfortable telling CARE about a potential problem with their Nkundabana. Respondents provided clear indication that the input of youth is valued.

"They [CARE and Advisory Committee] listen to our ideas; we are invited in meetings and trainings and give out our views" (Male, youth, 20).

"Changes are made [to the program] according to the problems which are encountered or those that were raised by children through the small questions they were asked." (CARE staff)

3.2.3 Community perceptions of program participants

Nkundabanas are held in high regard among the majority of community members. They are respected for their efforts in working with vulnerable youth and community members recognize and appreciate their efforts.

'We have no criticism for Nkundabana, given its commendable job of bringing together children who were in disarray' (Community member, female, 41).

“Nkundabana donate their time and sacrifice themselves in many ways, but they do it voluntarily from their heart and they never complain,” Partner

The general community was initially skeptical of the altruistic nature of Nkundabana activities. Community members originally perceived them as paid CARE staff and bicycles were viewed as a form of payment, rather than a tool to facilitate their volunteer work. However, Nkundabanas and community members note these perceptions have gradually changed overtime.

‘In the beginning, we had challenges because the community thought that we were working for money, but later they understood the program’ (Nkundabana, 35).

Negative sentiments concerning program participants remain, though many are actually a byproduct of increasing child protection. CARE staff noted how the return of OVCY to school or vocational training has reduced the availability of cheap labor and, as such, has been met with hostility from some community members. Similarly, other self-interests of community members has caused backlash, particularly in the case of land disputes.

‘Sometimes there are misunderstandings between Nkundabana and community members because they have given back to children their plots of land’ (Nkundabana, 31)

Some community members may resent the economic gains youth have acquired as part of the program. Nearly one half (48%) of surveyed youth indicated that the community was jealous of the services they receive. Nkundabanas and youth described this resentment and explained the ensuing jealousy.

“Some children wish they were orphans because they find that we are doing better than them and their parents don’t do anything for them,” Youth, age 20.

“Some people say that the Nkundabanas’ children are rich—they are given all things. In brief, we notice a kind of jealousy,” Male Nkundabana 42

3.3 PROGRAM OUTCOMES

3.3.1 Economic strengthening of youth

In an environment characterized by extreme poverty, long term development strategies to improve economic security are crucial and represent a fundamental way to ensure a vital and sustainable livelihood to OVCY’s. As 87% of surveyed CHH rely on farming or selling produce as their main source of income, related support provided by CARE has been vital in strengthening economic security. The provision of livestock has had several advantages, as CHH reported using the manure to improve the cultivation of crops and profiting from sales of offspring. Agricultural tools and training have also increased production and helped to ensure land protection, as unexploited land is liable to be seized. Youth involvement in associations further promotes economic security.

‘We started an association of cultivators. We cultivate for each of us so that we have better production enough for our households and even take it to the market’ (youth, 21).

“At first we were given food, then we were taught how to generate our own food,” Youth, 19

Income-generating skills have extended beyond agricultural production. Trainings in a variety of vocations, including carpentry and tailoring, have occurred. A total of 803 CHH have been trained and organized into guilds. Youth have also received financial training and as many as 62% are involved in savings and loan activities (see Table 8) according to the CLASSE-Intambwe (Community Learning and Action for Savings Stimulation and Enhancement) methodology. CHH associations have weekly meetings to deposit money into their established bank account and are able to acquire loans, with small interest rates, to start businesses and purchase basic and emergency needs. Practical skills like vocational training, cultivation equipment and knowledge of saving provided long-term self-sufficiency, stability and enabled youth to envisage a better future.

‘I think in the coming years I will have a store because I have started preparing for it’ (female, youth, 15)

Nkundabanas encourage youth on the value of working and reduced reliance upon humanitarian aid, and youth spoke proudly of their increased economic independence. Nkundabanas also observe the improved economic situation of youth under their care.

“NIPS is credited for the skills it gave to these children because when you compare the state in which they were in to the present state it’s drastically different. Now they are able to feed their families and even save some for future use,” Nkundabana, male, 28

Overall, nearly all youth participants surveyed (97%) felt that the skills they have learned from the program has helped them to better economically support themselves and their family. The program has clearly increased economic capacity of youth, though many youth still do not feel economically independent: only 54% feel able to sufficiently provide for their family. Nkundabanas and youth noted production may be hindered because youth are required to share manufacturing equipment (e.g., multiple children relying on one sewing machine). In addition, youth requested that all beneficiaries be able to participate in the group savings and loans activities.

Table 6: Economic Situation of Youth

(n=147)	Percentage (%)
Farming and selling produce is main household income source [†]	87.1
Feel the skills they have learned in the program have helped them better economically support their family	96.6
Feel able to provide for their family and themselves	54.4

[†]The remaining sample reported primary sources of income including parent’s savings, personal wage labor, assistance from friends, rental of personal land, and small business as well as direct assistance from CARE.

3.3.2 *Social integration*

Many Focus Group youth described how the program has reduced their loneliness, as a result of Nkundabana visits and increased social interactions encouraged by Nkundabanas. Overall, 95% of surveyed youth reported that their Nkundabana has helped them to establish better relationships with community members and 97% feel accepted by their peers (Table 9). Participation in NIPS enabled connections among youth in similar situations to share and discuss problems among one another. In addition, youth participants report increased involvement in recreational activities such as football and church youth groups. The program has facilitated CHH's integration within the community and broken down barriers between orphans and children with parents.

‘We weren’t happy for children who had parents, but today we saw that we are the same, we play with them’ (male youth).

‘They [children with parents] have started letting us visit them, we are the same and we even choose friends among them’ (Female youth, 19)

Youth have also gained increased acceptance from the wider community. Advocacy on the part of Nkundabanas in support of OVCY has helped youth to reconcile with their neighbors and enhanced their support network. Moreover, previous divisions within the community invoked by stigma and war are lessening.

“I realized that I was misinformed because I wasn’t considering the children of imprisoned parents as needy ones. I only considered orphans of genocide the needy children. Later on I came to understand that they also need help; these days I do help them where possible like providing some food for imprisoned parents’ (Nkundabana, male, 28)

“What is very good here is that problems that children had are being solved, and children are being cared for by Rwandans themselves. This NIPS program has also helped us know that we should help one another among ourselves,” Male Nkundabana, 37

Some youth still feel disconnected from the larger community. As can be seen in Table 8, nearly one-quarter of youth reported perceived ridicule from other community members, e.g. feeling that community members make fun of them and speak bad about them (OVCY). In addition, 14% felt isolated from the rest of the community. Nkundabanas and community members discussed the need for sensitization of the wider community on issues facing OVCY as well as promoting the care of OVCY as a social responsibility.

Table 7: Youth Perceptions Concerning their Social Relationships

(n=147)	Agree (%)
Accepted by youth their age in community	96.6
Nkundabana has helped them establish better relationships with other community members*	94.6
No one cares about them	33.3
People make fun of their situation	22.4
People speak badly about them or their family	22.2

* Chi-square indicates significant difference ($p < 0.05$) by gender; male 89.1%, females 98.8%.

3.3.3 *Protection from abuse and exploitation*

Youth reported feeling more secure and better protected as a result of the program. Overall, 92% of surveyed youth agreed their Nkundabana helps to protect them (Table 10). Nkundabanas serve as an adult advocate for the best interests of the child and their presence appears to act as a deterrent to those who would abuse youth.

“We have security now. They respect us because we have someone who speaks for us” (Male youth)

“When our property was stolen, Nkundabana helped us in searching for those who stole it, when we got them, authorities punished them,” Youth, female.

The community and local authorities have also become actively involved in child protection. Youth mentioned how neighbors now help to watch over their houses at night and speak on their behalf. Nearly all surveyed youth (96%) felt authorities would help them if needed and described an improved response from local authorities to OVCY problems.

‘Before when we went to the tribunal they wouldn’t solve our case quickly and used to say that orphan children are difficult but since Haguruka gave us trainings and the Nkundabana also help us, our rights are respected’ (male, youth, 21)

‘No one harasses us now, we have security and when we can’t get it ourselves, the authority is there for us’ (youth 22).

Almost all surveyed youth reported an increase in knowledge concerning their rights and knowing what to do if they or someone in their household is being exploited. Youth mentioned knowledge of their rights has empowered children to access help when needed. Youth also mentioned knowing when it is appropriate to seek intervention of authorities.

Female youth surveyed reported an enhanced sense of security and a higher degree of improved knowledge concerning their rights. This knowledge responds to a real need as female Focus Group participants described feeling threatened by males within their community. Nkundabanas and female youth noted a reduction in rapes and harassment of female youth and 84% of surveyed youth indicated they felt safe in their homes.

Table 8: Youth perceptions concerning their protection

<i>(n=147)</i>	Males (%) <i>(n=64)</i>	Females (%) <i>(n=83)</i>	Total (%) <i>(n=147)</i>
Nkundabana helps protect them*	85.9	96.4	91.8
Nkundabana has increased their knowledge of their rights*	89.1	97.6	93.9
Know what to do if you or someone is being exploited	93.7	97.6	95.9
Trust that local or grassroots authorities would look out for their best interests if they went to them with a problem	93.8	97.6	95.9

* Chi-square indicates significant difference ($p < 0.05$) by gender

3.3.4 Behavior change among youth

Adults who participated in the FGs noted a remarkable reduction in delinquency and destructive behaviors previously exhibited by program youth. Previous behaviors include drug-taking, drinking, stealing and raping other youth, and generally not engaging in education or livelihood activities. Both Nkundabana and community members commented on the end to the ‘wandering behavior’ of youth participants and the reunification of households. Informants characterized a reduced prevalence of prostitution, crime and street kids within their community.

‘Girls no longer practice prostitution in our area’ (community member, female, 51)

‘Nowadays there are not trials concerning the Nkundabana’s children as there used to be before when those children committed crimes’ (male, 25).

‘Those who lived on the streets have come back home; they are no longer street kids’ (male, Nkundabana, 57).

Community members credit the monitoring, discipline and guidance offered by the Nkundabana for these changes. Youth attribute improved behaviors to the knowledge and skills they have received, improved social integration and opportunities as well as the personal example set by the Nkundabana. Youth recognize the significance of their behavioral changes and some even hope to be exemplary to others.

‘We abandoned bad behaviors; we will help other children stop behaving badly’ (female, youth, 20)

“Because of drunkard-ness, I wasn’t able to be the head of the family. But today, I’m a man. I’m not afraid. And I no longer drink alcohol, “ 19 Youth

Behavioral problems have not vanished. Many of these behaviors may be linked to the challenges youth face in meeting their basic needs, as well as preoccupation with their current rather than future well-being.

‘Because of poverty many of us agree to do those things [sexual activities] just so we can have food for that day’. (Female, youth, 22)

‘We face problems of changing children’s behaviors because they are unusually different, for example; some children steal, some children sold the iron sheets

(roofing) of their houses, some girls ate the goats they were given-they wanted to taste goat meat.’ (Nkundabana, 43)

‘Some children have completely changed but others are still behaving badly like stealing people’s property’ (community member, male, 47).

Nkundabanas indicated that some children remain obstinate and unresponsive to their guidance. However, most informants felt those with remaining behavioral problems were in the minority.

‘All the children are not good. You can find a few of them who are bad, but the Nkundabana tries to correct them,’ (community member, male, 27).

3.3.5 Physical health of youth

Youth have gained increased knowledge and guidance that has positively impacted their physical health. Nkundabanas educate youth on reproductive health and the dangers of HIV/AIDS and 428 youth were trained as peer educators. In many cases, knowledge gained has translated into improved behaviors among the head of household as well as transference of knowledge to youth under their care.

‘We understand the disease of AIDS and we explain it to the children we raise thus I think now we will not catch it and I have the hope of living a long time’ (male youth)

The physical health of youth has also been improved from CARE’s facilitation of health insurance and mosquito nets for some youth as well as lessons concerning hygiene and nutrition from Nkundabanas. Informants commented particularly on the improved cleanliness among program youth. In addition, monitoring and education from the Nkundabana ensures that medical attention is received when needed.

“I didn’t know it is important to seek treatment when you are sick, but now I go to the hospital when I get sick,” Female, youth, 18

“I used to sleep all day because I was sick. Nkundabana gave me medical care. I now work and try to develop myself,” Female, youth, 21

3.3.6 Psychological well-being of Youth

The support NIPS offers has vastly improved the emotional well-being of youth. Having someone to confide in and listen to their problems has been comforting. As many as 95% of youth reported that their Nkundabanas understands their feelings (Table 11). Psychosocial education has helped youth understand the root causes of their distress and how it can be addressed. Nkundabanas noted how they have helped alleviate the persisting trauma and grief youth endure, for example, by helping children to understand that their parents did not abandon them; children’s accounts validate the impact of these discussions.

‘Some children were traumatized but now they [Nkundabana] help us and they are well’ (youth, 20)

“I never felt happy in my life, I cried all the time, I felt like committing suicide, but today I’m alright” (female, youth, 21).

The mere presence of a caring adult has also had a powerful influence on youths' emotional state. The majority of youth indicate that Nkundabana visits make them happy and feel as if they have value. In turn, their self esteem has improved and 96% of youth reported increased self-confidence stemming from their relationship with the Nkundabana. Youth conveyed a positive outlook on life and hopefulness for the future.

'I have strength in whatever I do and I feel that life continues' (female, youth, 22)

'I will start from the support CARE gave me and continue to develop myself and improve my life' (female, youth, 21)

"Because our Nkundabana give us importance, we feel like we are men and whatever you set your mind to, you can do it...I realize that we will be men in the future who will develop our country," (male youth, 21)

In spite of the emotional support youth acquire from Nkundabanas and the enhanced social networks facilitated by the program, many youth still face psychological challenges. In particular, the burden of caring for siblings hinders the perceived prospects some youth have for their life.

'I study and raise children. It is a serious problem and right now I don't have hope for the future because I am still in primary school and I can't always leave my children with my neighbors so that I can go to school. I am always stressed so I think my future is still uncertain.' (female, child, 13)

Table 9: Emotional benefits youth gained from the Nkundabana relationship

(n=147)	Percentage (%) agree
Nkundabana understands their feelings	94.6
When with Nkundabana they feel happy	97.9
When with Nkundabana they feel they have value	94.6
Nkundabana helps them feel more confident	95.9

3.3.7 Relationships among household youth

Quarreling among siblings is common in almost any household, as is disobedient behavior of children and adolescents; however, these episodes pose particular challenges when the home lacks a respected authority figure to intervene. Almost all (96%) of CHH surveyed stated that their Nkundabana helps them solve conflicts in the household. Youth commented on how support received from Nkundabanas has helped them overcome difficulties in raising their siblings.

"Before we used to sit and wonder if we will be able to raise our young siblings but Nkundabana helped us, we are able to do it correctly" (female, youth, 22).

"We didn't have someone to tell when a child was too difficult to you but since we have Nkundabana, they are calm" (Youth 21).

Younger siblings may be defiant of the youth's authority, and may refuse to go to school or assist with the housework. At times these issues may lead to conflict in the household as well as inappropriate physical punishment. However, as a result of the program, youth who serve as head of household feel better equipped to manage the behavior of their younger siblings and have adapted more appropriate parenting skills. Training in child rights has not only made CHH aware of their own situation, but also of the rights of their siblings and thus their responsibilities towards them.

“We learned that a child has to play with other children’ whilst in the past we used to make our brother do hard work”. Youth, male, 19

“We are now patient with those we live with, so when a child makes a mistake you don’t beat him up like a cow” (female, youth, 21)

Nkundabana depict a change in behavior among younger siblings as well. While the opinions of younger siblings were not sought as part of this evaluation, as reported previously, 95% of all surveyed CHH maintain that all youth in the household appreciate the Nkundabana (see Table 7). Nkundabanas note improved communication between older and younger siblings and clearer authority structures within the household.

‘Before they didn’t listen to their elder brothers but today they look at them as the heads of the household’ (Nkundabana, male, 30)

‘Today children advise each other on what they are going to do, before they didn’t talk to each other’ (Nkundabana 35)

3.3.8 Quality of life among Nkundabanas

Nkundabanas derive a sense of purpose from their work with vulnerable children and feel pride in the positive changes they see their efforts induce. They believe they are using their time more constructively and commented on how their self-worth was enhanced by the trust youth conveyed when selecting them. They derive further satisfaction from the continued faith children have in them and in witnessing the comfort their support provides.

‘When they [youth visited] see me, they say ‘our Nkundabana has come!’ And when a child is happy, I am happy too’ (Nkundabana, male, 30)

Nkundabanas have also benefited from the skills and opportunities afforded through the program. Financial training, involvement in savings and loan activities and training in agricultural methods, such as vegetable gardening and beekeeping has strengthened the economic capacities of Nkundabana. The emotional challenges facing Nkundabanas were also addressed as part of the program, as both ARCT staff and Nkundabanas noted how the trainings provided the opportunity for Nkundabanas to cope with their own trauma. Nkundabanas have further been able to apply acquired knowledge related to communication and child rearing within their own lives, improving their overall coping abilities and family relationships.

“I am interacting with my family well there are no more unnecessary misunderstandings with my own children. The relationship between my wife and I is so good” (male, Nkundabana, 33)

“Training on child rights has helped us know how we should behave even in our own homes.” (Nkundabana)

“Sometimes we had problems and we were defeated on how to solve them, but today we cope” (Nkundabana, 33)

Their work with children has resulted in respect and trust from the larger community; with others even eliciting the advice and knowledge of Nkundabanas on issues pertaining to child and trauma management. In turn, Nkundabanas have modified their own behavior to maintain this esteemed position.

Nkundabanas social networks have also improved as they report enhanced relationships with neighbors, increased empathy for others’ situations and appreciation of the mutual support provided through associations and meetings among Nkundabanas.

‘We helped all needy children irrespective of whether they are survivors or have imprisoned parents. We got involved in Nkundabanas’ work, but this also helped us a great deal in reconciling with our neighbors’ (Male, Nkundabana, 37)

‘We were sometimes lonely too. Today we are healed of that so that we can help children get out of it,’ (Nkundabana, male, 57)

While program involvement has induced positive changes in the lives of Nkundabanas, their responsibilities can be overwhelming and may also bring additional strains upon them.

‘In our families it wasn’t easy because we were supposed to sacrifice our time and care for the children, so our families weren’t happy with it’ (male, Nkundabana, 48).

“Nkundabanas spend a lot of time running after solutions for children’s problems, without even doing any work at their homes, we see that this can cause problems in their own homes such as poverty, or complaints about the tiresome work they do,” (Partner)

Also stressed was the importance of enhancing volunteer motivation in the form of ongoing training, incentives and continued economic strengthening of Nkundabanas. In addition, community members and youth suggested the number of Nkundabanas be increased to reduce the workload per volunteer.

3.3.9 Community commitment to OVCY

Community members demonstrated clear understanding of the challenges facing OVCY and that previous “bad behaviors” were the result of “misery” and trauma. The observed change in behavior among youth participants discussed previously has challenged stereotypes held by the community. Moreover, the teachings and personal conduct of the Nkundabanas has encouraged acceptance of OVCY.

“Views about each other changed because children changed. They are like other children and the community takes them as their own children,” (Male Nkundabana, 55)

There is an improved sense of responsibility among community members concerning children in difficult circumstances. Several respondents mention NIPS as fostering the re-growth of the Rwandan culture of caring for orphans, severed by war, and HIV/AIDS, and offering hope for the future development of the country. Community members described a renewed commitment towards the care of OVCY.

“Even though they have found parents to help them, we should continue to help them,” (community member, female, 30).

“Every community member felt touched; accused by his/her conscience for the responsibilities he/she did not fulfill while he/she was supposed to have fulfilled them before,” Community partner.

“We have learned that problems of all the children concern us and how we can defend a child wherever he/she is,” Community partner.

The change in attitudes has translated into community initiated support of OVCY. The community has fulfilled a number of functions in support of NIPS: monitoring the behavior of Nkundabanas and ensuring that they do not sell resources intended for the children, giving advice and ‘moral support’ to Nkundabanas, lending Nkundabanas their bicycles, and assisting Nkundabanas in resolving disputes involving the children. Youth also reported receipt of direct support. For instance, accounts of the community helping them with cultivation, construction, cleaning and provision of materials and labor through the communal service *Umuganda*. Focus Group participants also described incidents where community members have provided needed food, tended to sick children, assisted with the cost of weddings, as well as given support in caring for siblings and their property. In fact, 77% of youth felt neighbors would help them if they needed it. Some describe NIPS as an inspiration to take action and indicate that support from the wider community has been enhanced overtime.

“Most of the times when one had a problem and told it to neighbors they didn’t help, but today they help us,” (Youth)

“When people find a sick child, they carry him/her to hospital immediately; but before the project came that kindness did not exist” (community member, female, 30)

However, not all community members offer support to OVCY. Over one-third (37%) of surveyed youth felt the community rejects OVCY. CARE reported that community members felt distanced from the project and primarily participated when they had a direct interest. There is also evidence that the community may feel less obligated to assist orphaned children if their needs are being met by the Nkundabana.

“Whenever there emerges a problem we can inform immediately Nkundabana for a solution,” (community member, female, 25).

“Many people in the community have a poor mentality and they have no initiative to help children. They think that helping children is the Nkundabana’s own responsibility,” Partner,

Alternatively, as discussed previously, community members may resent the services youth receive. Their jealousy may manifest as neglect and even maltreatment of youth.

‘Neighbors don’t help us anymore, when they see us going to take aid, they want us to share it and since we can’t, they start to be mean to us’ (female, youth, 21).

“Since we are in this Nkundabana program, people don’t give us anything. They say we have become rich. They used to give us food,” Female, 22

While challenges remain, there is evidence of a changing attitude towards OVCY resulting from the program. In order to promote continued social responsibility for OVCY, Nkundabanas highlighted the need for more efforts to train and sensitize the community about their role in caring for OVCY and the particular plights facing these children.

“We should encourage the general public to assist those children because they are ours and we shouldn’t abandon them,” Nkundabana

3.3.10 Stated versus Achieved Targets of the NIPS Program

CARE outlined a number of targets in relation to their project objectives. Each of these targets was linked with specific goals representing achievement. For instance, CARE expected satisfactory relationships between Nkundabanas and youth in 60% of the cases in order to achieve the larger object of sustainable support for OVCY. Table 12 provides an overview of available evaluation data from the survey among youth to assess obtainment of NIPS aims. All data are derived from survey responses among a random sample of 147 CHH program participants from randomly selected areas in Gitarama. The results presented have been discussed previously throughout this report. In accordance with the objectives outlined by CARE, there is clear evidence that the NIPS program has contributed to improved economic security, community support for OVCY, and improved psychological well-being and resilience among youth.

Table 10: Comparison of CARE program targets to available evaluation data

EXPECTED RESULTS AND INDICATORS	RESULTS ACHIEVED (<i>n</i> = 147)
OVERALL OBJECTIVE: VULNERABLE CHILDREN ARE ECONOMICALLY PRODUCTIVE AND CONTRIBUTE POSITIVELY TO PEACE AND RECONCILIATION FOR THE FUTURE OF THEIR COUNTRY	
<ul style="list-style-type: none"> Increased average (CHH) income 	<ul style="list-style-type: none"> 96.6% the skills they have learned in the program have helped them better economically support their family 54.4% feel able to provide for their family themselves*
OBJECTIVE 1: SUSTAINABLE FORMS OF COMMUNITY SUPPORT TO 2,600 CHH ARE IN PLACE	
<ul style="list-style-type: none"> Satisfaction with help provided to CHH by Nkundabana (Goal: 60% of CHH express satisfaction with quality of help) 	<ul style="list-style-type: none"> 94.6% of CHH state Nkundabana gives good advice 95.2% of all youth in HH appreciate the Nkundabana (<i>n</i>=125) 43.5% state Nkundabanas are not meeting their expectations 91.8% have learned a lot from Nkundabana 91.8% Nkundabana helps protect them 87.8% Nkundabana helps access support they need
<ul style="list-style-type: none"> Quality of relationship between Nkundabana and CHH (Goal: 60% of CHH express satisfaction with quality of relationship to Nkundabana) 	<ul style="list-style-type: none"> 97.3% trust Nkundabana 98.6% wish Nkundabana listened more to their ideas 96.6% have good relations with Nkundabana's family

* These questions were asked generally and not specifically linked to the NIPS program. Without available baseline data, it is not possible to directly attribute the outcome to the program; however, they do provide the overall percentage of the current state of these youth.

EXPECTED RESULTS AND INDICATORS	RESULTS ACHIEVED (n = 147)
OBJECTIVE 2: ENHANCED PSYCHOLOGICAL RESILIENCE AND LIVELIHOOD OPPORTUNITIES OF 2600 CHH	
<ul style="list-style-type: none"> Emotional wellbeing (Goal: 60% have improved their emotional wellbeing); Coping and life skills (Goal: 60% of child participants have improved their coping and life skills) 	<p><i>Decreased isolation and loneliness:</i></p> <ul style="list-style-type: none"> 94.6% CHH believe Nkundabana has helped them establish better relationships with other community members. 14.3% feel isolated from others in community* 84.4% have an adult they can count on* 96.6% are accepted by youth their age in community* <p><i>Self-esteem:</i></p> <ul style="list-style-type: none"> 97.9% when with Nkundabana, they feel happy 94.6% when with Nkundabana they feel they have value 95.9% Nkundabana helps them feel more confident <p><i>Relationship with siblings:</i></p> <ul style="list-style-type: none"> 96.0% Nkundabana helps them solve conflicts in their HH
<ul style="list-style-type: none"> Ability of Nkundabana and community to explain child rights/responsibilities and their meaning (Goal: 80% of participating children have understanding of rights of the child) 	<ul style="list-style-type: none"> 93.9% Nkundabana has increased their knowledge of their rights 95.9% knows what to do if they or someone is being exploited*
<ul style="list-style-type: none"> 80% of CHH report satisfaction with Nkundabana visits 	<ul style="list-style-type: none"> 74.4% of CHH receive visits from Nkundabana at least once a week. 89.8% of CHH believe Nkundabana visits enough 93.2% when Nkundabana visits, they have enough time to talk about what they want 11.6% Nkundabana visits only when they have a problem

* These questions were asked generally and not specifically linked to the NIPS program. Without available baseline data, it is not possible to directly attribute the outcome to the program; however, they do provide the overall percentage of the current state of these youth.

3.4 PROJECT CONTINUATION

3.4.1 Prospects for sustainability

All categories of respondents were adamant that the NIPS program should continue. The majority were dubious that NIPS could survive in its presently strong form without CARE's support. Youth believed they would no longer receive the financial assistance gravely needed to ensure their participation in school and attention to their medical and basic needs. However, youth felt Nkundabanas would continue giving advice and emotional support.

"I think that Nkundabana will continue because they took care of us even before the program and the support from CARE" (female, youth, 21)

"They can continue caring about us, but the means they had would decrease" (youth, 19)

Nkundabanas also indicated they would continue visiting children but stressed their lack of financial capacity to deliver material support to youth, pointing out their own poverty as an explanation. However, many Nkundabanas stated their determination in continuing with the work and desire to form a non-profit association, yet felt they presently lacked the skills to achieve this aim.

“We ask them [CARE] to strengthen our capacity so that we may solve children’s problems; this will justify our usefulness” (Nkundabana, male, 42)

“We can do what we can with our hands, but what concerns financial means we are unable” (Nkundabana, 31)

Although Nkundabanas are assuming increasing responsibility for leading and conducting project activities, most of them expressed the need for a continuous support to mobilize resources or ‘elaborate income-generating projects’. Training to build on the association structure, weakened by the territorial reform, and its credit savings activities was suggested. Nkundabanas also suggested increasing their ability to acquire loans and facilitating access to other donors or funding streams.

Both ARCT and Haguruka confirmed their willingness to continue. However, they noted that if CARE withdraws they could not guarantee they could function at the same level. A staff member from Haguruka recommended they receive financial and technical support to build internal capacity, so that they could function autonomously.

Similarly, the community and local authorities commonly reported limited capacity to care for OVCY, due to lack of resources, both material and human.

“If CARE ever stopped any of its supports, the authorities would not be able. Children may encounter bad living conditions. The authorities cannot pay school fees for them. They cannot give them food; they cannot build houses for them. What can be done is to find other supporters for them, or find for them another project which is permanent.” (Community member)

Some community members and local authorities were optimistic about continuing support of OVCY, suggesting that the community would “carry-out CARE’s unfinished services.” As a matter of fact, through the advisory committees, civil society organizations are more involved in caring and supporting OVCs. Community contributions to an OVCY support fund and heightening the involvement and responsibilities of government bodies were suggested. While several problems persist due essentially to the new territorial structure, community members recognized the existing possibilities offered by the NIPS strategies to continue activities in the long run such as the Nkundabana CBOs, CLASSE intambwe savings and loan groups and the established links between the savings and loan groups and “banques populaires”. In addition, NIPS has sparked a sense of social responsibility for OVCY and this enthusiasm may present opportunities for eventual community takeover and sustainability.

“We should take advantage of this period when CARE is still working and other local organizations and try to contribute some assistance for future use” (male, 21, community member)

“We should work jointly with the local authorities to raise resources to ensure that children will continue to live happily” (female, 50, community member)

“We should endeavor to sensitize all Rwandans on the problems faced by these children through regular meetings, so that everybody contributes generously towards this noble cause” (male community member, 21)

All informants expressed commitment to the project and were passionate that the program should continue, however, the need for increased capacity before partners and the general community could carry out essential services of the NIPS program independently was stressed. Moreover, there remains a need to increase the capacity of program youth to reduce their dependency on the program.

“I just want to say can CARE continue to help us because if it leaves us, we will have difficulties,” Youth, male.

3.4.2 Opportunities for Expansion

Community members volunteered their desire for the program to be expanded to other areas within Rwanda. They noted the problems facing OVCY in other communities and how the program could effectively address these challenges.

“The districts which have no Nkundabanas are eagerly wishing to have them because they are still lagging behind in terms of discipline, trainings, education and economy compared to us who have them,” Male community member 21

Informants also emphasized the need for the program to be expanded within their own community to attend to the needs of other vulnerable children, such as disabled children, those in dire poverty and those living with ill caregivers. They also noted how remaining orphans in the community and older youth could benefit from the program. In short, respondents felt other children within their community, beyond CHH, should be included in the program.

“They should add more children who are very poor, even when those children do not meet all the requirements of the program,” Partner

“There is still isolation for children who are not in this program. There are children who are very poor, don’t even have food and clothing, who wish they would have a program to help them,” Male youth

The challenges of NIPS supporting an increased number of OVCY may be alleviated by the growing interest in the Nkundabana program and community adults renewed commitment to support OVCY. In fact, Nkundabanas reported enthusiasm for NIPS to the extent that other members of the community wish to become Nkundabanas.

‘Other people came near us, we taught them and they became excited, they want to be Nkundabanas’ (Nkundabana, male, 57)

DISCUSSION

This evaluation has highlighted certain issues that may be critical to the success and sustainability of the NIPS program and also to the greater goal of strengthening community support systems for orphans and vulnerable youth. The discussion section identifies and provides in-depth consideration of key findings. The sub-headings highlight the general themes emerging from the results; more specific findings are integrated into each sub-section as appropriate.

4.1. NIPS provides holistic care to youth

The NIPS program has enhanced the well-being of participating youth by addressing multiple roots of OVCY vulnerability. Economic and social factors that build youth resiliency are integral aspects of the program. NIPS supports youth in school attendance, vocational trainings and other forms of income-generation, which improves the likelihood of (self) employment and gives a sense of direction, purpose and hope for the future. Given all the factors that contribute to well-being, this project also provides and helps mobilize, in some cases, for the basic nutritional, health and shelter needs of vulnerable youth. The delivery of these services is enhanced through the support provided from adult volunteers, Nkundabanas, specially trained in principles of child well-being, psychosocial support skills and child protection. Nkundabanas provide weekly home visits to children and youth headed households, offering guidance in the management and upbringing of their siblings, along with general strategies to help them to cope with their poverty and improve their condition. Having someone to talk to and listen to their problems helps youth practically in devising solutions, as well as emotionally in processing trauma and feeling cared for and loved. Additional layers of protection for youth are constructed through sensitization on health matters and the dangers of HIV/AIDS, empowerment on rights issues, and economic and social support derived through youth associations and guilds. As a result, there is evidence that youth exhibit fewer delinquent and unhealthy behaviors, experience better relationships within their homes and the wider community, possess higher self-esteem and have improved economic and physical security. The NIPS program has helped to fill a gap in the care and support needs of CHH, and strengthened support networks to provide a healthy and safe place for vulnerable children and youth in Gitarama.

The program appears to have most profoundly impacted the psychosocial domains of child well-being: social integration, protection, household dynamics, psychological health and behavioral manifestations of distress. Focus group participants recognized that Nkundabanas may be incapable of solving all child problems, but prioritized unmet material needs such as school attendance, shelter, medical insurance, and vocational equipment. The Framework (2004) stresses the importance of ensuring access to such essential services. CARE also acknowledges that the lack of resources to assist OVCY with basic sustenance is problematic, as the child 'remains focused on survival rather than economic or personal development.' Programs are incapable of meeting all the material needs of OVCY, thus CARE aims to increase the capacity of youth to meet their own needs. Indeed, almost all (97%) surveyed youth felt the program improved their economic situation. The vocational and agricultural skills acquired will have long lasting effects, though the need for further capacity building remains, as many as 54% feel able to provide for their family independently. Nonetheless, the strong psychosocial gains acquired from this initiative cannot be undermined. Those concerned with the myriad needs of OVCY increasingly recognize the value of psychological and social support in promoting normal child development and helping children to achieve

their full potential (cf: Fox, 2001; Foster, 2002). Similarly, Maynard (1999) highlights that ‘in the context of limited resources, psychosocial support may be the most important resource available in facilitating coping and resilience.’

NIPS' holistic and community-based approach is in alignment with the GOR and international experts-recommended strategies for the care and protection of OVCY. As argued by Richter et al ‘integrated services are the most effective ways of meeting the multiple needs of affected children and their families. Stand-alone programs address only some of the needs of children and families and are not likely to be sustained,’ (2006: 50). NIPS also supports the existing body of evidence that argues that family and community-based care is preferred to an institutional response (Richter et al. 2006). Likewise, the Framework regards the sustainability potential of community-based responses (UNAIDS et al., 2004). GOR policy for OVCY, developed with support from CARE and partly influenced by the NIPS experience, also emphasizes the need to integrate CHH socially and economically into the community and the building of existing community capacities to care and protect OVCY (MINALOC, 2003). NIPS further contributes to GOR's key aim concerning ‘the provision of psychosocial support to children in difficult circumstances’ and the establishment of mentoring systems (MINALOC, 2003). These corresponding GOR policies may present opportunity for national adoption of the program.

4.2. Program supports community cohesion

NIPS is beginning to rekindle community solidarity severed by war and HIV/AIDS. The change in behavior among orphans has challenged preconceived notions concerning OVCY and served to better integrate them within their community. Youth have also altered their own attitudes, no longer alienating themselves from their peers with parents. Nkundabana advocacy has helped youth to reconcile with their neighbors and build relationships with local authorities. In addition, Nkundabanas report better relationships with their own families and neighbors as well as increased acceptance of those in circumstances they once stigmatized (e.g., children with parents in prison). Some community members are touched by the altruistic nature of Nkundabana work and have also begun to reconsider their own discriminatory attitudes that promote segregation. Despite these clear successes, isolation and stigma still persist within communities and 37% of surveyed youth felt the community “rejects” OVCY. In fact, some community members continue to see the care of children as the responsibility of others and resent youth for their improving conditions.

In Rwanda, the exposure and impacts of trauma may render communities less responsive to children's needs (Dyregrov, Gupta, Gjestad, & Mukanoheli, 2000). For individuals to be attentive to OVCY needs, they must come to terms with their own trauma and losses. The trainings Nkundabana received helped tend to their persisting emotional challenges and were pivotal for ensuring appropriate support and acceptance of children. Improved community relationships for children and Nkundabanas have also been achieved. Similar trainings or sensitization among a wider audience could serve as a forum for healing and reconciliation within the community. Tending to the recovery needs of communities will strengthen and support the care-giving structures that surround children and lay the foundation for sustainable community-based care.

4.3. Participatory program development enhances program ownership and success

Findings from this evaluation demonstrate the value of engaging community members in program operations at the outset and throughout. Relying upon the community and youth to identify a list of beneficiaries has been critical to maximizing inclusion of the most vulnerable, increased understanding as to the allocation of scarce resources within an impoverished community and enhanced community acceptance and awareness of the program. Utilizing youth to select Nkundabanas has supported the development of positive relationships between the two and made the process more rewarding for Nkundabanas. Incorporating input from youth and Nkundabanas into ongoing program operations increased their commitment to the program. The role of local authorities in program monitoring and responding to particular problems facing youth has empowered and encouraged them to independently support OVCY in their community. The processes CARE established for child protection, especially the Advisory Committees, as well as relationships formed between children and adults are likely to be sustained within these communities.

International experts stress the importance of youth involvement in program direction (cf: UNAIDS et al., 2004). Participation is a key means by which the passivity induced by trauma and socio-economic impoverishment can be challenged. The rights-based approach employed by CARE encourages this process through viewing youth as participants, as opposed to beneficiaries. CARE has found successful ways to engage youth as active participants in the program. However, the fact that 44% of CHH reported their Nkundabana was not meeting their expectations and 99% wished their Nkundabana listened more to their ideas suggests that more opportunities for youth engagement are needed. In particular, efforts to identify CHH expectations and counteract unrealistic expectations may be valuable. Means for improving communication and strengthening the voice of youth in their interactions with Nkundabanas may be important. Furthermore, determining program priorities alongside youth and being upfront about program and resource limitations would promote realistic expectations and improve satisfaction. Incorporating the concerns and wishes of youth in the design and operations of the project helps to ensure its relevancy and value in their lives in a real way.

Engagement of the wider community exists, as they support the identification process of youth and some have performed specific activities to assist children (e.g., housing construction). Community members spoke of how NIPS has facilitated their understanding of the problems facing OVCY and their responsibilities towards them. However, this community initiative has yet to be fully capitalized upon. Strategies that actively engage the wider community, beyond Nkundabanas and local authorities, in addressing OVCY needs would further promote sustainable community support.

In addition, program ownership can only be truly realized if programmers remain flexible. Ensuring local ownership of programs requires a change in how programs are typically managed. Resources, beneficiaries and strategies cannot all be predetermined. CARE commented on the drawbacks of determining inputs before knowing the amount of work and resources needed within the program. Yet, where possible, CARE, with support from EU, has demonstrated desired flexibility, including that of its donors in terms of financial reallocation of key resources in the face of community consultations and stakeholder participation processes. For instance, CARE altered original targets concerning fixed monthly meetings of Nkundabana associations in recognition of their inconsistency with the preferred operating format of this group. CARE staff recognized that association members had the capacity to independently manage these aspects and was not stringent in maintaining fixed program

processes. Relinquishing program control as well as opportunities for participants to resume more program responsibility is vital to promoting community ownership of the program.

4.4. Volunteers desire increased capacity and program responsibility

In spite of the formation of 7 committees and 29 associations of Nkundabana, volunteers require additional skills in management and resource mobilization to ensure continuation and ownership of the program. Consequently, while commending the personal commitment demonstrated by the Nkundabanas; youth, community leaders, CARE staff and partner organizations all believed the financial and resource support offered through the Nkundabana would be lost in the absence of CARE support. Nkundabanas reiterated these concerns and repeatedly requested further training to equip them for this task. CARE staff confirmed that Nkundabanas are not presently able to mobilize resources or 'elaborate large income-generating projects.' Training to build on the association structure and its savings and loan activities was suggested. Nkundabanas also suggested increasing their ability to acquire loans and facilitating access to other donors or funding streams. To assume full program ownership and responsibility, Nkundabanas need further capacity to generate personal income and project funding as well as program and resource management skills. Strengthening the program management skills of local partners may also better empower them to deliver ongoing guidance to Nkundabanas formation of a community-based organization.

The ongoing support of Nkundabanas is also particularly important, especially if they are expected to assume more program responsibilities. There is a risk of emotional exhaustion and burn-out if volunteers are not given sufficient support in their role as Nkundabanas and in facing the demands of their own lives. Youth, Nkundabanas and community members all felt the support and incentives provided to volunteers was severely disproportionate to the work they achieved. Concerns regarding the burden of volunteer work on the personal life of Nkundabanas were also expressed. Success of the project and the retention of volunteers may hinge on efforts to build the capacity of Nkundabanas to care for themselves and their own families. This issue is particularly salient as Nkundabanas may experience difficulty meeting the additional needs of OVCY, if they feel unable to meet the needs of children already in their care. Capacity-building efforts are essential to program sustainability as it increases the potential for retention of volunteers through the life of the program and beyond, and provides Nkundabanas with valuable skills for coping with their own lives. The program needs to benefit not only vulnerable youth, but continue to support the Nkundabanas willing to volunteer their time and energy to OVCY care.

The strong passion informants conveyed for NIPS illustrates the need for continued mechanisms to ensure sustainability. Creating sustainable forms of support was a key objective of the NIPS project. This was mainly achieved through engagement of Nkundabana in CLASSE Intambwe savings and loan activities, the organization of Nkundabana in associations per site, etc. Commitment to the project is evident and broader commitment to OVCY is growing. Youth have gained invaluable care and a trusted adult figure that guides and protects them. While volunteers indicate a willingness to continue their relationship with youth, ensuing frustration with an inability to meet the basic needs of youth and resulting sense of uselessness could eventually reduce the emotional support they provide. Loss of another significant caregiver could invoke severe distress among youth. Mechanisms for ensuring the sustainability of this program are imperative to avoid negating the positive gains achieved.

4.5. Challenges of resource distribution and potential negative effects on OVCY

The results of this evaluation illustrate how the provision of material goods may invoke jealousy within the wider community—weakening available support networks. Evidence that the community had noticed and was resentful of the aid program youth receive came from youth, Nkundabanas and adults in the general community. Nearly 48% of surveyed youth felt the community was jealous of the services they receive and Nkundabanas and youth described community perceptions of youth as “rich.” Some community members understood the justification of resource distribution, even highlighting the needs of other youth for such assistance; though they also emphasized their own poverty. In contexts of limited resources, all community members may feel entitled to receive support. As such, NGOs must be mindful that the level of beneficiaries remains consistent with other community members. Elevating youth circumstances far beyond their neighbors and peers has the potential to result in marginalization and maltreatment of youth. Similarly, it is important for the program to be cognizant of the financial needs of Nkundabanas, especially as CARE utilizes Nkundabanas to distribute some basic needs to youth. Nkundabanas may potentially resent the material goods provided to OVCY if they or their own children are also in need of similar resources. Friction among youth beneficiaries is also possible as, for instance, youth commonly complained that others received things that they did not. It is important for NGOs to continuously assess the vulnerability of their recipients and monitor the emerging vulnerability of others within their community.

The provision of resources by an NGO is commonly necessary to ensure attainment of basic needs; however, efforts to prevent unanticipated consequences are equally imperative. Most participants were unclear as to the criteria utilized to determine allocation of resources (e.g., shelter renovation), in spite of Advisory Committees’s active participation in the decision making process. Decisions regarding the provision and allocation of resources are best made in partnership with relevant community members, though this does not necessarily translate into broader awareness and understanding of such decisions and their distribution implications. It is important to be transparent about any criteria for selection to all stakeholders: including youth, Nkundabanas and the wider community. Furthermore, methods for ensuring the sustainability of such assistance should be in place. Creative strategies to build community capacity to support OVCY are needed. Strengthening Nkundabanas participation in income-generating projects may provide appropriate support for volunteers’ own financial needs. Some Nkundabanas could also be provided with revenue if engaged in the development of a local community-based organization. Opportunities to capitalize on available community resources, such as labor and even purchasing materials from local vendors, are also valuable approaches.

4.6. Limiting the program to CHH has been met with skepticism

A cross-cutting issue among all respondents was that inclusion in NIPS should not be restricted to child headed households or even orphans. While respondents recognized the vulnerability of CHH, they emphasized the equivalent vulnerability of other youth in the community. Respondents highlighted the needs of children who were disabled, residing with HIV positive parents and those who were highly destitute, even if both parents were alive. They also felt the age criteria of 21 was too restrictive and excluded extremely vulnerable households.

The prevention of jealousy in the community has been decisive since the onset of the NIPS program and this led to the revision of the inclusion criteria for OVCYs. NIPS definition of a

CHH since the beginning of the project: "A child headed household is one or more individuals permanently residing in the same physical location (house, hut, shelter), where either all individuals are children or any adult individual permanently living in that same location is unable to effectively provide care and support to the children of the household due to disability, severe illness or old age." The flexibility and serious commitment of the EU to this project was essential in enabling such extension of the CHH definition beyond the initial proposal.

Targeting CHH could inadvertently contribute to their growing numbers in Rwanda. As for instance, one study in Uganda found that NGO targeting of CHH reduced fostering and consequentially generated more YHH (Luzze, 2002). Thus, rather than house youth in need, community members may even encourage youth to remain on their own, believing they will benefit most as a CHH because they will meet the eligibility criteria for NGO services.

Donor criteria and limited funds often necessitate targeting services to a particular group of children. However, more leeway is provided if services are directed towards 'vulnerable youth.' Rather than have the community identify youth who 'live alone,' the community could convene to establish other markers of vulnerability and identify youth based upon locally agreed upon criteria. CARE could adopt the same verification processes as applied in NIPS to ensure appropriate inclusion of beneficiaries. Target numbers of children could be made clear at the outset and if the generated list exceeds that number, youth could be prioritized based upon need and waitlisted for possible future initiatives. Of note is that it is likely that community identification process would still result in inclusion of a large proportion of CHH and orphans. However, this process would also ensure inclusion of other youth who, due to poverty or circumstance, may also be in grave need of support. In addition, utilizing the community to select recipients is likely to reduce jealousy and resentment of services received. Though CARE successfully relied on community identification, community members were still restricted by pre-established criteria even if the definition of program beneficiaries was jointly revised and agreed upon.

Redirecting efforts towards vulnerable youth, rather than CHH, would be more in alignment with GOR's OVCY National Policy that establishes 15 categories of child vulnerability. Moreover Richter et al. (2006) argue that a rights-based approach, which is also endorsed by CARE, entails focusing on vulnerability rather than specific categories of children. Though vulnerability remains a nebulous concept, Williamson (2000) has highlighted how "community members are in the best position to identify the children and households who are at greatest risk."

RECOMMENDATIONS

Recommendations are implicit throughout this report as evaluation participants offer their suggestions and results are discussed; however the following highlights the evaluation team's principal recommendations based on findings of this assessment.

Broaden target group of youth participants in conjunction with the community

While the evaluation recognizes the necessity to target one group of children in order to test the approach well, expanding the target group of youth participants beyond child-headed households and youth age 21 and above could reduce jealousy and stigma of beneficiaries. CARE can collaborate with the community to determine locally agreed upon markers of vulnerability and identify households with children who meet these criteria. Avoiding narrow targeting facilitates CARE in fulfilling their aim of working with the severely poor and marginalized and is in alignment with CARE's rights-based approach to focus on the root causes of poverty and vulnerability. Furthermore, working with the community to identify youth enhances their recognition of children in need.

Integrate Early Child Development opportunities in OVC programming

Programs targeting OVCs must address the needs of young children in pre-school going age but this is particularly true for young children living in child headed households. The absence of care and educational opportunities for younger siblings is a major obstacle for the child who heads the household to attend educational or professional opportunities. As a consequence the care young children need hinders the entire family's development.

Enhance community awareness of issues facing OVCY

The program can further build social support networks for children by raising awareness of the needs of vulnerable children in the local community, including addressing issues of stigma, child abuse and exploitation. CARE can facilitate Nkundabanas to take a leadership role in this process by helping them achieve their desire to speak at community engagements on the problems facing OVCY. Sensitization activities within the community may also increase recruitment of volunteers, build referral opportunities, and aid in ongoing identification of youth in need. Enhanced community understanding of the problems facing OVCY also serves to decrease resentment of targeted assistance and may encourage community initiative to respond to needs of OVCY.

Clarify the role of Nkundabana among youth

Though NIPS has demonstrated success in involving OVCY in decision-making and the design of program activities, further communication with youth could avert frustration regarding unmet expectations. Increased clarity among youth concerning the program's aim, objectives and resources available could counter misconceptions and unrealistic expectations. Similarly, discontent and resentment among youth can be reduced through ongoing efforts to explain why resources are at times allocated to some and not others. Clearer channels of communication further benefit Nkundabanas as it may reduce unfeasible demands from youth and encourage youth to be more readily receptive to the psychosocial support and life skills volunteers' offer. Finally, increasing opportunities for youth to voice their ideas and concerns could aid the responsiveness of NIPS to the needs and capacities of OVCY and

serve to enhance and modify the program over time. It is equally important to address the uncertainty and anxiety conveyed by youth about the potential cessation of the NIPS program.

Provide Nkundabanas with additional support and training

Further strengthening capacity of Nkundabanas lays the groundwork for sustainable OVCY support in the community. Enhancing Nkundabanas' participation in income-generating projects may provide appropriate support for volunteers' own financial needs and aid them to better respond to the needs of OVCY. Volunteers could be further empowered by facilitating access to a small fund in which they collectively determine the allocation to benefit OVCY. It is therefore critical to build the organizational capacity of Nkundabana associations in order to attract funds, manage them well and report correctly on their use. Meeting Nkundabanas and local partners request for further training in program management and fund-raising skills would increase both performance and ownership of the program. Supplementary and ongoing training from local partners, ARCT and Haguruka, may further increase Nkundabanas' ability to independently support OVCY. Select Nkundabanas could also receive advanced training in counseling and child protection to provide a local resource person and incentive for motivated volunteers. Strengthening the system for Nkundabanas to debrief with trained counselors could also be a useful safeguard against volunteer emotional exhaustion and burn-out and help to provide support for handling OVCY behavioral and emotional problems. Moreover, increasing volunteer skills as well as public recognition of Nkundabanas' work would reinforce their pride and leadership status within the community.. It may also be advantageous to further discuss the Nkundabana/youth ratio with volunteers, as the burden of care placed upon volunteers may impede their ability to adequately support all the YHH in their charge. Finally, developing monitoring indicators reflecting efforts to enhance Nkundabana and community capacity would ensure attention to these mechanisms for sustainability.

Build community capacity to support OVCY

Creative strategies to build community capacity to support OVCY would be advantageous. Where possible, the communities in which these children live should remain the primary source for any purchased resources for youth. Drawing upon local vendors and labor increases community benefits of the NIPS program and enhances local capacity. With proper training and support, Nkundabanas can also help to mobilize the community to respond to unmet needs of OVCY, generating local ownership and participatory problem-solving. For example, communities can be encouraged to donate food or other needed items and participate in activities to support OVCY, such as a community garden and daycare. Supporting low-cost community action to respond to needs of OVCY serves as the impetus for more widely promoting community responsibility for OVCY.

Strengthen referral networks to address problems faced by OVCY

Efforts to create a more comprehensive system of referral partners could provide a more holistic model of support for OVCY. It is not possible for NIPS to meet all the needs of participants; however, linking young people to services provided by other organizations and government agencies could help to address remaining unmet priorities of youth, such as school fees and shelter renovation among others. An increasing range of partners may be necessary as the make-up of youth participants expands beyond CHH, as for instance, youth living with an ill caregiver may require succession planning and home-based care skills.

Additional humanitarian efforts are likely present within communities where NIPS operates and may be willing to collaborate to extend and strengthen the scope of activities for OVCY and their families. A period of information-gathering to collect a list of potential referral partners and establish such relationships would be required. Moreover, once such community resources are identified, development of clear referral procedure and training to NIPS and youth in this regard would be needed. NIPS had established project advisory committees with the objective of establishing a referral network ; the functioning of the committees was distorted by the territorial reform but they should be revived as they have a unique potential to mobilize resources outside CARE, both from the private and public sectors and to advocate for children's issues more generally.

Formulate program protocols and a clear exit strategy

In light of the inclusion of the Nkundabana model in the National Plan of Action for OVCY, mechanisms for supporting expansion and ensuring the continuation of the NIPS program with limited support are important. The role of Advisory Committees is key to successful continuation of the program and will require the support of various GOR ministries. Over the next couple of years, CARE can work with existing Nkundabana structures to document additional best practices and lessons learned. Developing protocols for program roll-out, enrolling and graduating youth participants and when and how to reduce external support would be useful. Documenting successes and challenges of past and future pilot efforts to promote local ownership and sustainability would further aid program expansion throughout the country. The NIPS program serves as a valuable contribution to the National Plan of Action for OVCY, and CARE should continue to play an important role in realizing this aim by establishing procedures for implementing and maintaining community support structures for OVCY.

BIBLIOGRAPHY

- Bolton, P., R. Neugebauer, & L. Ndogoni. 2002. 'Prevalence of Depression in Rural Rwanda Based on Symptom and Functional Criteria', *Journal of Nervous Mental Disease* 190(9): 631-7.
- Brown, L., T. Thurman, & L. Snider, 2005. 'Strengthening the psychosocial well-being of youth-headed households in Rwanda: Baseline findings from an intervention trial'. *Horizons Research Update*. Washington, D.C.: Population Council.
- CARE International Rwanda. 2005. *Lessons Learnt: A Model for Community-Based Care for Orphans and Vulnerable Children – Nkundabana*. Care International.
- Dyregrov, A., L. Gupta, R. Gjestad, & E. Mukanoheli. 2000. Trauma exposure and psychological reactions to genocide among Rwandan children. *Journal of Traumatic Stress*, 13(1), 3-21.
- Foster, G., C. Makufa, R. Drew, S. Kambeu, & K. Saurombe. 1996. 'Supporting children in need through a community-based orphan visiting programme', *AIDS Care*, 8(4), 389-403.
- Foster, G. & L. Jiwli. 2001. Psychosocial Support of Children Affected by AIDS: An evaluation and review of Masiye Camp. Bulawayo, Zimbabwe.
- Foster, G. 2002. Beyond education and food: Psychosocial wellbeing of orphans in Africa'. *Acta Paediatr*, 91.
- Fox, S. 2001. Investing in our future: Psychosocial support for children affected by HIV/AIDS. A case study in Zimbabwe and the United Republic of Tanzania. Geneva: UNAIDS.
- Human Rights Watch. 2003. *Lasting Wounds: Consequences of Genocide and War*. New York: Human Rights Watch, at <http://www.hrw.org/reports/2003/rwanda0403/> (accessed 01/09/04).
- Lusk, D., J. Mararu, C. O'Gara & S. Dastur. 2003. *Speak for the Child - A Case Study: Kenya*. Bernard Leer Foundation, at <http://sara.aed.org/OVCY-tc/documents//pubs/Speak.pdf> (accessed 20/07/06).
- Luzze, F. 2002. As cited in: Subbarao, K. and Coury, D. Reaching out to Africa's Orphans. A framework for public action. Washington D.C.: The World Bank.
- Masten, A.S., & Coatsworth, J.D. 1998. The development of competence in favorable and unfavorable environments. Lessons from research on successful children. *American Psychologist*, 53(2), 205-20.
- Maynard, K. 1999. *Healing communities in conflict: International Assistance in Complex Emergencies*. Columbia University Press.
- MINALOC. 2004. *National Policy for Orphans and Vulnerable Children*, at

- <http://www.youth-policy.com/Policies/Rwanda_National_Policy_for_OVCY.cfm> (accessed 21/06/06).
- Monasch, R., & J. T. Boerma. 2004. 'Orphanhood and Childcare Patterns in Sub-Saharan Africa: an Analysis of National Surveys from 40 Countries', *AIDS*, (Suppl. 2): S55-65.
- Pham P.N, H.M. Weinstein & T. Longman. 2004. 'Trauma and PTSD Symptoms in Rwanda: Implications for Attitudes toward Justice and Reconciliation', *Journal of the American Medical Association*, 292: 602-612.
- Richter, L., G. Foster & L. Sherr. 2006. *Where the heart is: Meeting the psychosocial Needs of young children in the context of HIV/AIDS*. The Hague, The Netherlands: Bernard van Leer Foundation, at
<http://www.bernardvanleer.org/publication_store/publication_store_publications/where_the_heart_is_meeting_the_psychosocial_needs_of_young_children_in_the_context_of_hivaids/file> (accessed 13/07/060).
- Thurman, T., L. Snider, N. Boris, E. Kalisa, E. Nkunda Mugarira, J. Ntaganira & L. Brown. 2006. 'Psychosocial Support and Marginalization of Youth-Headed Households in Rwanda', *AIDS Care* 18(3): 220-229.
- UNAIDS, UNICEF & USAID. 2004. *Children on the Brink 2004. A Joint Report on New Orphan Estimates and a Framework for Action*, at
<<http://synkronweb.aidsalliance.org/graphics/OVCY/documents/0000008e00.pdf>> (accessed 21/06/06).
- UNDP. 2004. *Human Development Report 2004: Cultural Liberty in Today's Diverse World*. UNDP: New York.
- UNICEF Rwanda and MINALOC. 2000. An in-depth Assessment into the Situation of Orphans in Rwanda. Kigali.
- UNICEF. 2003. *Africa's Orphaned Generations*, at
<http://www.unicef.org/publications/index_16271.html> (accessed 21/06/06).
- United Nations General Assembly. 1989. *Convention on the Rights of the Child*, Resolution 44/25 20, at <<http://www.unicef.org/crc/fulltext.htm>> (accessed 21/06/06).
- United Nations General Assembly. 2001. *Declaration of Commitment on HIV/AIDS*, A/RES/S-26/2, at <<http://www.un.org/ga/docs/aress262.pdf>> (accessed 24/06/06).
- Veale, A. P. Quigley, T. Ndibeshye & C. Nyirimihigo. 2001. *Struggling to Survive: Orphan and Community Dependent Children in Rwanda*. MINALOC & UNICEF, at
<http://www.unicef.org/evaldatabase/files/RWA_2000_001.pdf> (accessed 21/06/06).
- Williamson, John. March 2000. *Finding a Way Forward. Principles and Strategies to Reduce the Impacts of AIDS on Children and Families*. The Orphan Generation- The Global Legacy of the AIDS Epidemic.

World Bank Africa Region & World Bank Institute. 2005. 2nd edn. A Toolkit on how to support Orphans and Other Vulnerable Children (OVCY) in Sub-Saharan Africa (SSA) at <<http://www.worldbank.org/OVCYtoolkit>> (accessed 21/06/06).

World Vision Rwanda & UNICEF Rwanda. 1998. *Qualitative Needs Assessment of Child-Headed Households in Rwanda*.

PROGRAM DOCUMENTS REVIEWED

1. European Commission – NIPS: Nkundabana Initiative for Psychosocial support Project
2. The role of community based structures in providing care and support to Vulnerable Children: The “Nkundabana” Approach – by CARE International in Rwanda
3. CARE International in Rwanda – Nkundabana approach: “*CARE International’s model for community-based care and psychosocial support for orphans and other vulnerable children (OVC)*”.
4. Programming for Orphans and Vulnerable Children/Youth in Rwanda: Strategy Review and Guidelines by Matthias Themel, Technical Advisor, CARE International in Rwanda May 2005
5. Monthly Narrative Report to Care Österreich – March 2006
6. Nkundabana Initiative for Psychosocial support (NIPS) – Second Year Annual Report, May 1st, 2004 – May 31st, 2005
7. Nkundabana Initiative for Psychosocial support (NIPS) – Final (April 1st 2003 – June 30, 2006) and Third Year Annual Report (June 1, 2005 - June 30, 2006)

DATA COLLECTION INSTRUMENTS AND TOOLS

1. Focus Group Guide for Youth Program Participants
2. Focus Group Guide for Nkundanbanas
3. In-depth Interview Guide for CARE Staff
4. In-depth Interview Guide for Partners
5. Questionnaire for the OVCY Survey