LESSONS LEARNED

care

A Model for Community-Based Care for Orphans and Vulnerable Children

NKUNDABANA

Summary

CARE Rwanda's Nkundabana (Kinyarwanda for "I love children,")[1] approach provides a community-based solution to the overwhelming problem of child-headed households (CHHs) and households in which adults are unable to provide adequate care for children. Challenged by the impact of civil war, genocide and HIV/AIDS, Rwanda is confronted with one of the highest percentages of orphans in the world. Communities already overburdened by social fragmentation, loss of labor from the HIV/AIDS pandemic, and crippling poverty are unprepared to care for the children left behind. Even the capacity of extended family members to absorb orphaned children often reaches its limits; in far too many cases, children are left to their own devices.

The Nkundabana model mobilizes adult volunteers from the community - Nkundabana - to provide guidance and care for children living in households without adult support. Trained and supported by CARE in counseling, active listening, and life skills instruction, these volunteers provide the best alternative for children with no adult family members available for guidance and care. By making regular visits, Nkundabana can encourage children to attend school or seek medical assistance, as well as provide an important emotional outlet in the form of psychosocial support. The Nkundabana model provides a foundation for establishing economic and food security, a basis from which advocacy and child protection functions can be initiated. The model has excellent potential for long-term sustainability, as communities are supported to come together for the care of children in their midst.

Program Duration: 1998–ongoing. In early stages 1992-2002; only since 2003 has the full potential of the Nkundabana approach emerged.
Main topics: Orphans and other vulnerable children and youth (OUCY), training and support of community volunteers, HIV/AIDS prevention and education, economic security, emergency assistance, education and vocational training, advocacy and protection, psychosocial support, community organizing.

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Background

As Rwanda struggles with challenges faced by many other African nations - notably the rapid spread of HIV/AIDS and worsening economic insecurity - it must also grapple with the long-term consequences of war and genocide. Poverty is pervasive: 51 percent of the population lives below the national poverty line.[2] Children are among the most severely affected, with orphaned and abandoned particularly vulnerable - 29 percent of children 0-19 years of age are missing one or both parents;[3] nearly 40,000 children in that age range are the heads of their households;[4] over 90,000 live in child-headed households. HIV/AIDS has greatly exacerbated these problems, with an estimated 20 percent of all orphans having lost parents to the disease.[5]

As these young people and their families struggle to meet their basic needs, they must also deal with the incalculable effects of isolation, marginalization, trauma and grief. Lacking adults to talk to them, teach them important life skills, and offer a source of protection, many orphans and vulnerable children and youth report feelings of loneliness and isolation.[6] The long-term effects of these factors on young people are numerous: economic stagnation or decline as children grow into unskilled workers; morbidity and malnutrition because basic needs are not met; increased spread of HIV/AIDS as young people concentrate on survival rather than protection; and greater risk of exploitation and abuse for young people who have no adult protection. Adding to these factors, genocide and war have left Rwanda sharply divided, and those living in poverty are in fierce competition for limited resources. As children grow up with low self-esteem, poor education, and undeveloped social skills, conflict, hostility and even violence are likely to continue.

In response to this growing crisis, the government of Rwanda in 2003 adopted a "National Policy for Orphans and Other Vulnerable Children," and in 2004 developed a three-year "National Plan of Action for Orphans and Vulnerable Children." These actions have proven critical because ultimately the primary responsibility for protecting the rights of OVCY lies with the government.

CARE has responded to the needs and rights of OVCY by employing a multi-faceted approach, addressing issues such as food, shelter, medical assistance, education, psychosocial support, advocacy and economic stability. CARE Rwanda's focus on OVCY began in 1998 in the Gitarama province.[7] In 2000, the Leadership Initiative for Fighting Epidemics (LIFE) project began, offering food assistance, HIV/AIDS education, and savings and loan activities to child-headed households. Two years later, the Community Rapid and Effective Action Combating HIV/AIDS (Community REACH) program was initiated. REACH aimed to scale-up the LIFE project, providing additional HIV/AIDS training, income-generating activities and increased community support. The Nkundabana Initiative for Psychosocial Support (NIPS), begun in 2003, expanded activities focusing on psychosocial support and education. All of the projects represent community capacity-building efforts that strive to change attitudes towards OVCY, decrease the marginalization of OVCY and increase the skills of community members. While the other projects are scheduled to end in 2005, NIPS will continue until at least 2006.[8]

Understanding vulnerability

The World Bank defines vulnerable chlidren as "groups of children that experience negative outcomes, such as loss of their education, morbidity, and malnutrition, at a higher rate than their peers."[9] Living in a country in which over half of the population lives below the national poverty line, large numbers of Rwandan children are vulnerable. Rwanda's National Policy for Orphans and Other Vulnerable Children provides 15 categories that indicate vulnerability.

Jacqueline and her brother are mentored and supported by Nkundabana, adult caregivers from their community who are trained by CARE.

Due to limited resources, CARE focuses on two subgroups of OVCY – those living in child-headed households, and those in families affected/infected by HIV/AIDS. A CHH is defined as "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."[10] Other indicators of vulnerability include the age and gender of the head of household (younger children are less equipped to provide for the family and girls are at great risk of exploitation), the number and age of dependents, and the availability of food and shelter. CHHs are considered to be at extreme risk because children suffer in the absence of an adult caregiver; for this reason, CARE's programs center on the presence and support of Nkundabana.

The Nkundabana Model of Care

Nkundabana are community-based volunteers who serve as adult mentors and role models for children in CHHs. The use of Nkundabana began in 1998 with a partnership between CARE and Food for the Hungry International (FHI).[11] When that partnership ended in 2000, CARE continued implementing programs facilitated by Nkundabana.

Family members are the preferred choice to serve as caregivers, but in situations where family members are not an option, a community

Caring for younger siblings places a heavy burden on youth who themselves are in need of care and support.

member is the best alternative. Nkundabana are the key component of all of CARE's CHH interventions: they live near the CHHs and conduct regular visits to the children, providing culturally appropriate methods of support. Selected by the children themselves, they play the role of advocate, teacher, counselor, and bridge to the community. During regular visits, Nkundabana teach life skills and provide advice. Because children living in CHHs have demonstrated an immense need for psychosocial support, Nkundabana play a vital role in helping children talk through their concerns of today and the past. Trained in helpful active listening and HIV/AIDS prevention counseling, Nkundabana are on the frontline of easing emotional and psychological distress and slowing the spread of HIV. Within the larger community, they advocate against the exploitation of children and in favor of land rights, working to sensitize the community to the issues of CHHs. These efforts have led to demonstrated changes in the community's treatment of CHHs and decreased the marginalization of OVCY. The Nkundabana approach is also sustainable over the long term: with proper training and organization, Nkundabana become project leaders and can continue care and support activities even after CARE and other NGOs phase out direct support.

Areas of Intervention and Achievements

1. Education and vocational training

- Ensuring access to primary education for all includes the challenge of providing school materials and uniforms without creating dependency. CARE has found it is useful to consult teachers about which materials are most essential. Nkundabana assist by checking in with the OVCY and confirming that they are attending school , and helping children overcome any barriers preventing their attendance.

A study of the LIFE project found that Nkundabana support led to a decrease in absenteeism from school and an increase in school attendance of children from CHHs, as well as a reduction of misconduct of children.[12] 6,087 children in the project are enrolled in primary schools.

- Access to literacy training is often difficult for OVCY: the obstacles include lack of training for trainers, poor or no infrastructure, and no quality control. CARE works to create awareness within the community about training opportuni-

ties, support the training of trainers, and better equip classrooms. 107 literacy trainers have been trained, and 3,093 children are participating. Training of trainers includes lessons on language, counting, conflict resolution, and different life skills.

- Vocational training contributes greatly to the long-term self-sufficiency of OVCY. By learning a vocation, a child has the opportunity for productive employment. However, facilities are often in need of repair or absent altogether. With CARE's support, vocational training centers have been repaired and adequately equipped for use, and plans have been made for new centers. Currently, 1,542 OVCY are enrolled in vocational training such as carpentry, tailoring, mechanics, and driving school. Another 1,373 are participating in informal apprenticeships designed to build skills other than farming. Succsessful non-formal training approaches involve flexibility of schedule, integrated literacy training, start-up tools once the training is complete, and entrepreneurial skill-building. The OVCY are organized into guilds - for masonry, tailoring, handicraft, and construction, to name a few - and given the necessary materials to start up their activities in the community.

2. Psychosocial Support Psychosocial support is an ongoing process of meeting the physical, emotional, social, mental and spiritual needs of children, all of which are essential elements of meaningful human development.

- Identification of CHHs and Nkundabana by the community achieves the goal of community involvement and ownership. The children themselves select Nkundabana, and on average one Nkundabana is partnered with five households. As Nkundabana establish their leadership roles, they determine how many CHHs should be matched with each Nkundabana. In the seven provinces where CARE Rwanda is now implementing the Nkundabana approach (Cyangugu, Gikongoro, Butare, Kibuye, Gisenyi, and Umutara in addition to Gitarama), 6,075 CHHs are currently being served; 1,093 Nkundabana have been confirmed.[13]

Best practice example – identification of CHH and Nkundabana: *In an environment characterized by extreme poverty and eroded social cohesion as a result of war, genocide and HIV/AIDS, the methodology applied in the identification of beneficiaries can determine the success or failure of the entire program. A good methodology will stimulate a high level of acceptance and, later on, high levels of participation and voluntary contribution. A non-transparent and poorly understood methodology will result in conflicts, stigmatization, and lack of sustainability at the end of the program.*

With the recent expansion of CARE's OVCY program into several provinces of Rwanda, different approaches to the identification of the CHH and Nkundabana can be compared. CARE's experience has shown that broad community consultation in the selection of CHHs, either through meetings, trainings, participatory maps or other participatory rural appraisal (PRA) methods, is crucial and can prevent many difficulties at a later stage. Further, the selection criteria of the CHHs/OVCY need to be clear and endorsed by the community. The identification must be followed by a process of verification and a final selection. Note that in the application of the intervention model there will never be a final list of beneficiaries, as new CHHs are added to the list as they come into being.

For the identification of the Nkundabana, the consultation of the community (including the children) elicits the most appropriate selection criteria. Commonly mentioned criteria include personal integrity, availability, a minimum age, literacy, physical ability and relative income security. One successful and recommended option in the selection of Nkundabana is to have the children themselves nominate Nkundabana candidates whom they trust. This approach can best ensure that persons nominated have previously shown integrity and the motivation to help children.

- 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 emphasize the role of all community members to assist with the project. In confirming the Nkundabana, the communities gain ownership of the project.

- During appreciation days Nkundabana are publicly recognized for their service and presented with tokens of gratitude.

Best practice example – appreciation day: *Holding an 'appreciation day' has proved to be a successful method for promoting a collective recognition of the work done by the Nkundabana. Volunteer programs must be built on respect for the contribution of the volunteer as well as on professional management. Organized as a community event, the appreciation day helps increase the transparency of the project implementation and can reduce jealousy in the community.*

- Fun days are other community-wide activities intended to provide fun and recreation for all children. CARE believes that all children have the right to play and have fun; these days can provide an inexpensive yet effective form of psychosocial support.
- Training for all volunteers occurs before they begin making home visits. Nkundabana are instructed in professional conduct, counseling techniques, concepts of trauma and grief, sexual and reproductive health, HIV/AIDS and child rights.

Best practice example – case supervision of Nkundabana: *In a very fruitful partnership between CARE and ARCT-Ruhuka (a Rwandan NGO), case supervision for Nkundabana was introduced in Gitarama. Building on the training of the Nkundabana in helpful active listening, the activity consists of periodic meetings between the Nkundabana and trained counselors, during which difficult CHH-related cases are discussed and intervention strategies defined between participants.*

- Weekly visits by Nkundabana are the primary point of service for the majority of care for OVCY.
- Associations with representatives from CHHs and Nkundabana are formed to meet on a regular basis to provide support and break down isolation.
- Group counseling and art therapy sessions are conducted for OVCY. Thirteen dance/arts clubs have been established in Gitarama, breaking down isolation.
- Five-day life skills peer-education training sessions focus on child rights, conflict resolution, family and reproductive health, trauma, and facilitation skills.

3. Advocacy and Protection

- Advisory committees have been formed at the sector, site, district/town, and provincial level. CHHs are more accepted within the community, as indicated by increased visits from neighbors, inclusion during community events, and even election for local government positions.

Best practice example – advisory committee: *The advisory committee is a forum which allows key stakeholders to exchange information and discuss project interventions. Key stakeholders are primarily representatives of the children, the Nkundabana and the local authorities. Other stakeholders include partner organizations, associations representing people living with HIV/AIDS, and national government structures such as the National Women and Youth Councils.*

The first advisory committee for OVCY was established in Gitarama and started meeting four times a year. Initially, the committee only met at the provincial level, but was soon decentralized down to sector level. Within one year the committee showed remarkable success: perhaps for the first time, the children could voice their concerns publicly and have local authorities - such as district vice mayors - listen to them. In this manner, major program decisions were directly influenced by the elected child representatives. Their active participation was appreciated by all and fostered positive and collaborative interactions in the interest of the CHHs.

- Haguruka, a local child rights organization, provides trained paralegal counselors to OVCY and Nkundabana for assistance with issues of

The Nkundabana visits these young orphans twice a week to talk about HIV/AIDS farming, nutrition, saving money, and other subjects that young children need to learn.

exploitation, abuse and property rights.

- Advocacy activities are conducted to prevent the sexual exploitation of OVCY and unwanted pregnancies.
- Meetings have been organized by Nkundabana in communities to discuss child rights and child protection.

4. Economic Security

- Savings and loan activities are among the most promising activities of the project participants. CARE uses a community managed savings-led methodology called CLASSE-Intambwe (Community Learning and Action for Savings Stimulation and Enhancement; Intambwe means "Step" in Kinyarwanda), which is being adapted to fit the context of CHH. The CLASSE Intambwe methodology typically requires several months to be introduced and to start working, depending on how well participants are organized at the time of introduction.
- Financial training has been provided to both CHHs and Nkundabana, as well as tools such as ledger books.

CHH associations meet each week to deposit savings, and 30 percent of associations have issued micro-loans to members.

- The local advisory committee identifies CHHs in need of livestock, and the recipient signs a MOU. The animals provide manure for growing crops and additional income. The CHHs repay the committee by contributing the first offspring of the animal. 2,580 goats have been granted to 2,580 CHHs.
- Training in effective agricultural techniques increases the nutritional value of food grown and the number of crops so extra can be sold for income. Small gardens for each sector have been created and are used to teach OVCY and Nkundabana. Nkundabana assist by distributing seeds to CHHs.

5. Formation of associations and networks - Mouvement associatif

- OVCY associations can provide social and emotional support, promote self-help activities, organize savings and IGAs on a group level, encourage lobbying on issues affecting the children, assist with information sharing and the distribution of relief items, and give children a voice in the community.
- Nkundabana associations provide similar

benefits as the OVCY associations, such as a place of support, organization of group activities, and dissemination of information.

- The Nkundabana network bridges the Nkundabana associations and is assuming increasing responsibility for leading and conducting the project. The vision is for the network to develop into a nonprofit organization that takes over community-based care and support in project areas as CARE and other partner NGOs gradually reduce their role.

Nkundabana are organized in associations per site and have already elected an executive committee at the district level which provides guidance to all Nkundabana associations in their work for CHHs.

6. Health and HIV/AIDS

- Payment of mutuelle de sante, the government sponsored basic health insurance program, is made in certain cases. In total, 1,280 CHHs have accessed health insurance with support from CARE.

- Transportation and fees for voluntary HIV counseling and testing (VCT) are provided. Challenges are the legal requirement of a guardian's permission and insufficient infrastructure.
- Peer education activities are often successful and low-cost and can be merged with other activities such as fun days, group IGAs, and anti-AIDS clubs, which have been formed to provide peer education on HIV prevention. Food distribution by the LIFE project in partnership with Catholic Relief Services (CRS), funded by USAID, also occurs at each club session, as well as provision for VCT.
- Succession planning for children identifies adult supporters after the death of a parent.

OVCYs should be involved in the selection of Nkundabana in order to form relationships of trust.

7. Emergency Assistance

- Food distribution meets one of the most basic needs of OVCY and is vitally important in the short run, as investments in longer-term food and livelihood security take time to bear fruit. It is often associated with other developmental activities such as HIV/AIDS education or literacy and vocational training sessions. 1,831 CHHs receive food assistance in Gitarama.
- The maintenance and creation of shelter depends on strong community participation. CARE provides some supplies, such as doors, windows, and roofs, while the Nkundabana encourage and organize the community to provide the remaining supplies as well as the required labor. At this writing, 89 houses have been completed, and 200 more have been constructed by the community and are waiting for the final materials.
- Essential household goods such as pans, blankets, hoes, and basins have been identified; a package containing these items is distributed to CHHs.
- Payment for emergency medical care is provided in certain circumstances.

Lessons Learned

- **Community participation is vital to the acceptance and success of the project.** Special treatment given to targeted members has the potential to create jealousy, conflict, and further stigmatize the OVCY. Rwanda's situation is even more challenging because of its divisive history. In addressing these challenges, one important opportunity for community participation is the selection of CHHs and Nkundabana. The community is presented with the task of establishing criteria for selection of CHHs and Nkundabana and identifying people who fit the criteria. Meetings are organized with community members to inform them of project objectives and their roles in implementation; after being given more information about the CHHs, community members themselves are asked to select households. This identification is followed by a process of verification and a final confirmation.

  In the selection of the Nkundabana by the community and the children themselves, frequently identified criteria included personal integrity, availability, literacy, physical ability, and relative income security; it was also considered important for the Nkundabana to be above 25 years of age. Based on the above criteria, the CHHs selected Nkundabana whom they trusted most. Generally, persons who were nominated by CHHs had previously shown integrity and the motivation to help children.

  Involving children in the selection of Nkundabana allows them to identify adults they trust. Continued community involvement also allows for transparency of the project, which helps to combat feelings of jealousy or misunderstanding in other community members. Start-up events, appreciation days, fun days, and construction of shelters are important efforts to include the whole community and provide opportunities for everyone to see what the project is about, gain information, and benefit from the project. Community involvement also prevents dependency on external organizations that will eventually phase out direct support. By the end of the project, the community members will be the primary caregivers and leaders of efforts to assist OVCY; it is therefore crucially important that they feel ownership of the project from the beginning.

- **The government should bear the primary responsibility of protecting the rights of OVCY.** The government has influence over important aspects of life for OVCY, including covering large gaps in basic health care, improving opportunities for education and continuing to develop policies that protect OVCY, particularly from violence, exploitation and land grabbing. While resource constraints are a major barrier, genuine commitment, including the investment of scarce resources to address these gaps, must be demonstrated.

- **The children themselves have identified psychosocial needs as an area of major concern.** The devastation that Rwanda suffered in the events leading up to genocide, the resulting effects of the devastation, and the impact of HIV/AIDS and poverty have left many children in severe need of emotional support. Children tell CARE they have no adults to turn to for help and feel isolated from the community. Psychosocial support should therefore be a priority and a key component of OVC interventions.

- **Aspects of the program, such as food aid and payments of fees for schooling and health care, have the potential to generate dependency and suppress local initiative.** Methods to avoid dependency include tying such hand-outs to participation in activities that help recipients develop their knowledge and skills to become more self-sufficient, and complementing such hand-outs with investments in longer-term livelihood security, such as in community-based micro-finance and micro-enterprise development and in small gardening and livestock. In an environment of extreme poverty, food distribution also carries the risk of creating jealousy and inequality; children not included in the project but also in need of food should therefore be provided assistance.

- **Nkundabana should not be overburdened and should have access to support systems and receive incentives.** In order to provide quality care, the workload of the Nkundabana should be

reasonable: they should be trained both at the beginning and throughout the duration of the project. They also need access to experts to consult on difficult cases, as done with local NGO partners specializing in counseling or child rights and protection. This is an important area of support that needs to be considered as external organizations phase out direct service roles. Nkundabana need to be motivated, which can be achieved with public recognition and gifts that also advance project objectives (e.g., awareness-raising t-shirts and bicycles), and access to participate and benefit from IGAs.

- **Advisory committees are powerful tools for community mobilization and long-term sustainability.** They bring together representatives of the children, Nkundabana, government officials and other community members to make decisions and develop action plans. With this forum to be heard, children are able to influence community leaders and find support for their own perspectives. Advisory committees are also a system already in place that can oversee group projects such as the distribution of goats and develop new initiatives once external organizations have reduced support. These committees, along with associations of CHHs and Nkundabana, need to be supported in developing mechanisms for self-sufficient funding or - ideally - embraced as part of government plans and budgets for OVC care and support.
- **External support should be present in the community, supporting the Nkundabana model, for a minimum of five years in order to ensure positive change.** The first three years involve direct implementation, such as selecting CHHs and training the Nkundabana, establishing mouvement associatif activities, and implementing emergency assistance. Other organizations and stakeholders should be involved as well, and CARE's direct role should be limited to activities directly associated with Nkundabana. The second, two-year phase is characterized by the shift of responsibility for direct service delivery away from CARE and to the local government and community itself. CARE's focus in this second phase is on three activities – community action plans, creation of a community solidarity fund, and capacity building of the Nkundabana structure. Nurturing an increasingly capable and committed local government also features in this phase. These actions enable the community to prepare for complete autonomy. At the end of the five-year implementation phase, the community should be operating direct services, and CARE and its partners should have a reduced role as indirect supporters.
- **The Nkundabana model, like any volunteer service, should be run as professionally as possible.** This approach ensures quality care, long-term sustainability, and continued support of community members. It is recommended that a Volunteer Policy and code of conduct be developed to this end. The policy would help to clarify the relationship between Nkundabana and external support organizations, provide guidelines for incentives such as gifts and transportation, and standardize the treatment of all community volunteers, not just those caring for OVCY. It has been suggested that the Nkundabana associations develop their own code of conduct, but certain standards must be considered.
- **The children themselves have an important role to play in improving their situation and should be included in defining and implementing solutions.** The children are the ideal community members to identify Nkundabana since they know best whom they trust. They also understand their problems and situation better than anyone else, and can provide insight and suggestions on how the program can be improved. In fact, this is their right! As the children become educated in areas such as HIV/AIDS prevention and savings and loan operations, they become excellent peer leaders and educators; providing leadership roles for children also improves their self-esteem and increases feelings of being an important community member.
- **Sustainability after the withdrawal of external aid must be considered and planned for.** Key components of sustainability are strong associations and committees, acceptance by the community of activities pertaining to the care of OVCY, political and budgetary support, and

mechanisms for fundraising and/or reliable external sources of funding, as needed.

- **Expansion of the Nkundabana model should include succession planning.** Succession planning is valuable for providing for the wellbeing of children after the death of a parent. A guardian can be identified, and when there is no guardian available, a Nkundabana can be designated.
- **Additional support should be directed towards the special needs of young children.** Educating and preparing caretakers on early childhood development may aid in the task of caring for young children, thereby preventing long-term health, psychological, and emotional problems.

Conclusion

The Nkundabana approach draws upon strengths that already exist in communities in order to provide care for children living in CHHs. With proper training and support, Nkundabana can meet the wide-ranging needs of OVCY. Community involvement reduces stigmatization and isolation of OVCY. It also gives the children themselves a voice in directing activities. This model presents an innovative, efficient, and effective strategy for providing hope for OVCY.

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Acronyms

ARCT-Ruhuka	***Association Rwandaise des Conseillerss en Traumatisme (Rwandan NGO)***
CHH	***Child headed household***
CRS	***Catholic Relief Services***
HAL	***Helpful active listening***
IGA	***Income generating activities***
LIFE	***Leadership Initiative for Fighting Epidemics***
MOU	***Memorandum of understanding***
NIPS	***Nkundabana Initiative for Psychosocial Support***
NGO	***Non-governmental organization***
OVCY	***Orphans and vulnerable children and youth***
REACH	***Rapid and Effective Action Combating HIV/AIDS***
USAID	***Unites States Agency for International Development***
VCT	***Voluntary counseling and testing for HIV***

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