



PROGRAMME BRIEF

The Inshuti z'Umuryango:
the volunteers helping keep children
safe in Rwanda



Acronyms

CHW	Community Health Worker
CPWO	Child Protection and Welfare Officer
GoR	Government of Rwanda
IZU	Inshuti z'Umuryango
NCC	National commission for children
MIGEPROF	Ministry of Gender and Family Promotion
NCDA	National Child Development Agency
RIB	Rwanda Investigation Bureau
UNICEF	United Nations Children's Fund



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Introduction



The Government of Rwanda (GoR) is committed to ensuring that all children achieve their full potential in a safe and protective environment. A key element of this commitment is the 'Inshuti z'Umuryango' (IZU) or 'Friends of the Family' programme. IZU are a cadre of para-professional volunteers who are selected by residents in every village (one male and one female) based on their good reputation. They usually work as a pair in supporting children and families and are responsible for assisting in the protection of children from neglect, violence, abuse, and exploitation. The IZU programme was initiated in 2016 as an innovative approach to decentralising the child protection workforce to community-level, and the cadre now comprises the frontline of Rwanda's child protection system. Though IZU are community-based, they are linked to all administrative levels up to district level, as illustrated below:

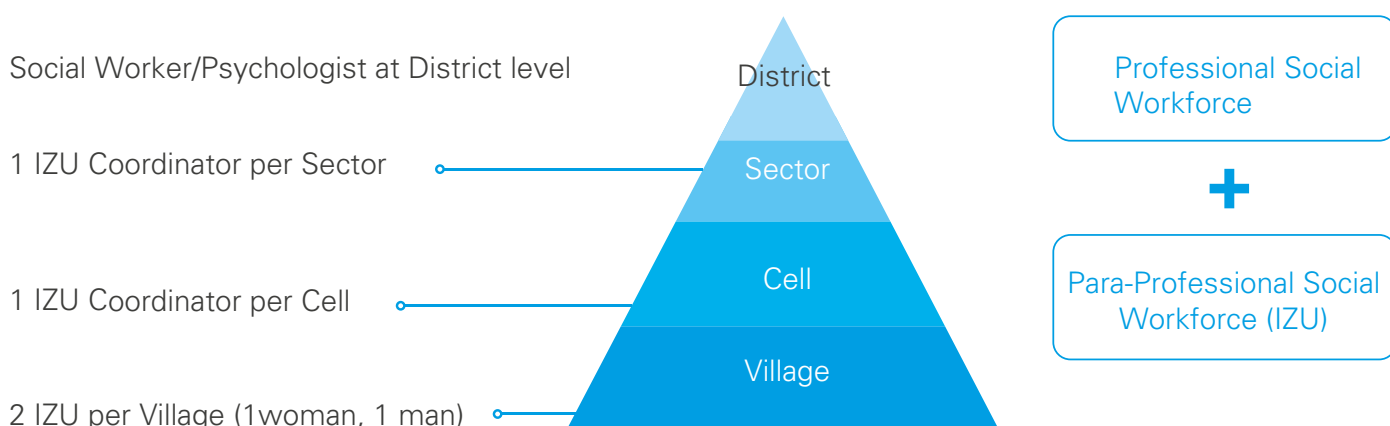


Figure 1: The structure of the social service workforce in Rwanda¹

This brief outlines the background to, rationale for, and objectives of the IZU programme, the phased operationalization of the cadre, brief key results achieved by the cadre thus far (explored in more detail in the IZU Results Brief) in relation to Rwanda's wider child protection strategy, and challenges and lessons learned during the operationalization of the cadre.

The brief is based upon a review of relevant policy and programme documentation, complemented by interviews with a range of programme stakeholders conducted during a 2021 rapid capacity and gap analysis of the IZU cadre.

¹ Government of Rwanda and UNICEF Rwanda. (2019) Programme Brief: Building the Social Service Workforce for Child Care Reform in Rwanda.



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Background and rationale for the IZU programme

In 2011, the Government of Rwanda (GoR) introduced an Integrated Child Rights Policy (ICRP). This policy established core child rights principles and set out children's rights across all aspects of children's lives. The IZU cadre was established under Law N°54/2011 Relating to the Protection of the Child (since replaced by N°71/2018 Relating to the Protection of the Child), which establishes the rights and protection of the child in Rwanda:



Every child shall have the right to be provided with special protection by his/her family, the Rwandan community and the Government for his/her physical, mental, spiritual, moral, psychological and social growth according to human dignity².

Article 10, Law N°54/2011 Relating to the Protection of the Child

Article 10, Law N°54/2011 Relating to the Protection of the Child

The National Integrated Child Rights Policy of 2012 put this into action:



The vision of the ICRP is to create an environment in which child's development, survival, protection and participation are ensured through a well-coordinated and multi-sectoral approach, where the welfare of the children is ensured, their dignity and right to reach their full potential are guaranteed, and their responsibilities are fulfilled.³

National Integrated Child Rights Policy

National Integrated Child Rights Policy

The above policy and law set the foundation for additional supplements to Rwanda's legal framework and programming which sought to decentralize the national child protection system, developing a community-based, holistic model which enables more timely, contextualised community responses, and maximises opportunities for child and family participation.

² N°54/2000 of 14/12/2011 Relating to the Rights and the Protection of the Child, enacted in July 2012.

³ Ministry of Gender and Family Promotion (August 2011). National Integrated Child Rights Policy. https://ncc.gov.rw/fileadmin/templates/document/ICRPOLICY_approvedbytheCabineton30092011.pdf



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Overview of the IZU cadre

The IZU are community-based child and family protection volunteers, selected by their own communities, and focused on strengthening their communities' environments to be supportive and protective for children and their families. There are two IZU based in each village – one male and one female.

The IZU play a key role in the identification of children who are at risk of harm or being harmed, serving as their first point of contact and as entry point into the wider child protection system. They comprise communities' direct linkage to statutory child protection structures and provide support across six priority areas as shown below.

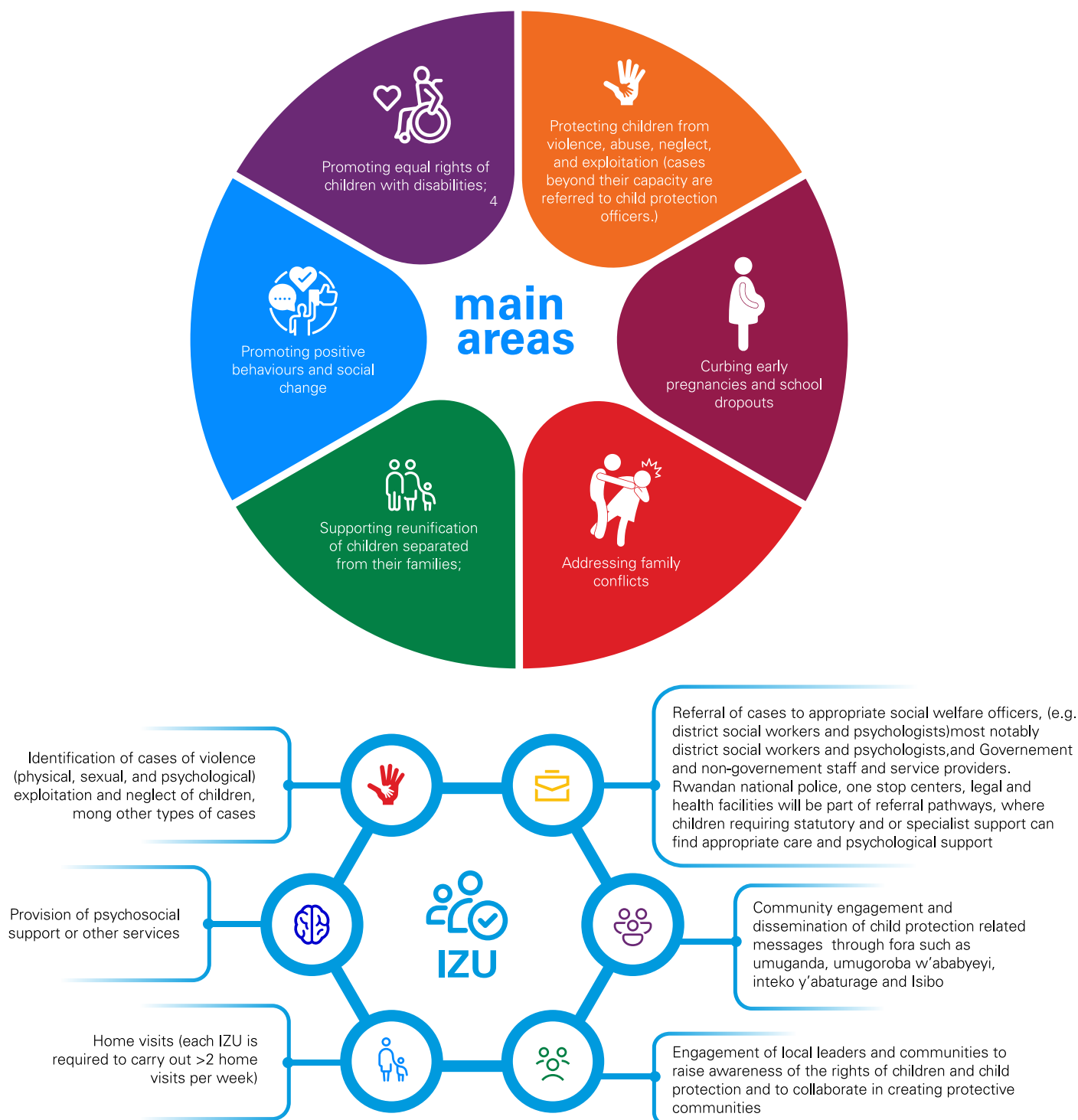


Figure 2: Main roles of the IZU

4 Ministry of Gender and Family Promotion (2016). Imirongo Ngenderwaho Ijanyye n'Ishyirwaho n'Imikorere y'Inshuti Z'Umuryango.

IZU are required to refer protection cases that go beyond their capacity and mandate to district social workers and psychologists, or other government and non-governmental staff and service providers.⁵

At the core of IZU's work is their relationships with the communities with whom they live and work. The community level forms a critical element of the child protection system as both the level for frontline response and the level which feeds information to the rest of the system (up to national level). IZU's strong presence in their communities sees them well placed to play an important role in the prevention of, and response to, protection issues within their communities.

IZU raise awareness, promote, and advocate for children's rights, provide basic counselling to families in conflict who may be at heightened risk of violence, identify children at risk of dropping out of school or early pregnancy, and promote positive parenting principles to create more protective communities. IZU work closely with other community-based forums, such as Community Health Workers (CHWs), Inteko z'abaturage and Umugoroba w'Imiryango, to raise awareness and promote child rights, regularly conducting community discussions on child rights and protection issues prevalent in the community. The IZU also readily interact with the foster carers to support reintegration of children into communities, including children with disabilities.

Where a violation of child rights has already occurred, the IZU cadre identifies cases and escalates to the appropriate statutory authorities (for example, RIB, CPWO), regularly monitors and follows up with the effected child/ren and their family, provides direct practical support (for example, psychological first aid), and links children and families to necessary referral service providers.



⁵ National Commission for Children (now NCDA) (draft, 2019). Model for the operationalization of the Inshuti Z'Umuryango.

Spotlight: IZU's key role in violence against children prevention and response

Violence Against Children (VAC) is common in Rwanda with children experiencing violence across all spheres of their lives (at home, in the community, at school and online). A 2015 survey⁶ of children and young people's experience of violence found that:



experience some form of violence before turning 18.

The violence experienced by children is strongly influenced by gender, with girls being more than twice as likely to experience sexual violence than boys, and boys more likely to experience physical violence than girls, although both boys and girls are equally likely to experience multiple forms of violence.

Children's disclosure of violence and access to services is also influenced by gender, including norms that promote male violence and greater levels of girls able to disclose violence but with less knowledge about how to seek services.

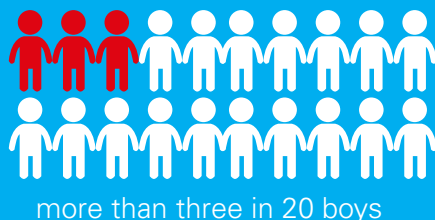


have experienced sexual violence before the age of 18, with neighbours being the most common perpetrators of the first such incident.

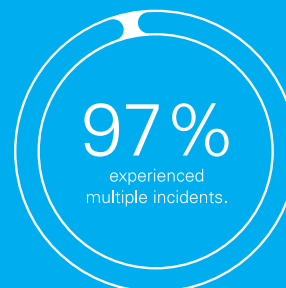


have experienced physical violence before the age of 18, with a majority experiencing physical violence multiple times.

Most violence was perpetrated by parents, adult relatives and other caregivers.



identified they had experienced emotional violence by a parent or caregiver before the age of 18,



⁶ Rwanda Ministry of Health (MOH), Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Education (MINEDUC), National Commission for Children, National Institute of Statistics of Rwanda (NISR), UNICEF Rwanda, & the US Centres for Disease Control and Prevention (CDC) (2016). Violence Against Children and Youth in Rwanda: National Survey Results (2015).

Global evidence indicates that compared to children who did not experience violence in childhood, children who both experienced and/or witnessed violence are more likely to:



Cognizant of the above risks that continue well into adulthood, it is critical that children learn from their home, school and community environments that violence is never acceptable, and that interventions are developed and implemented to break the cycle of inter-generational violence. IZU's proximity to their communities strategically places them to identify children at risk of VAC, to intervene before violence has occurred, and to provide support to children already affected by violence.

⁷ World Health Organization (2016). Overview of Seven INSPIRE strategies for ending violence against children: <https://www.who.int/publications/item/inspire-seven-strategies-for-ending-violence-against-children>

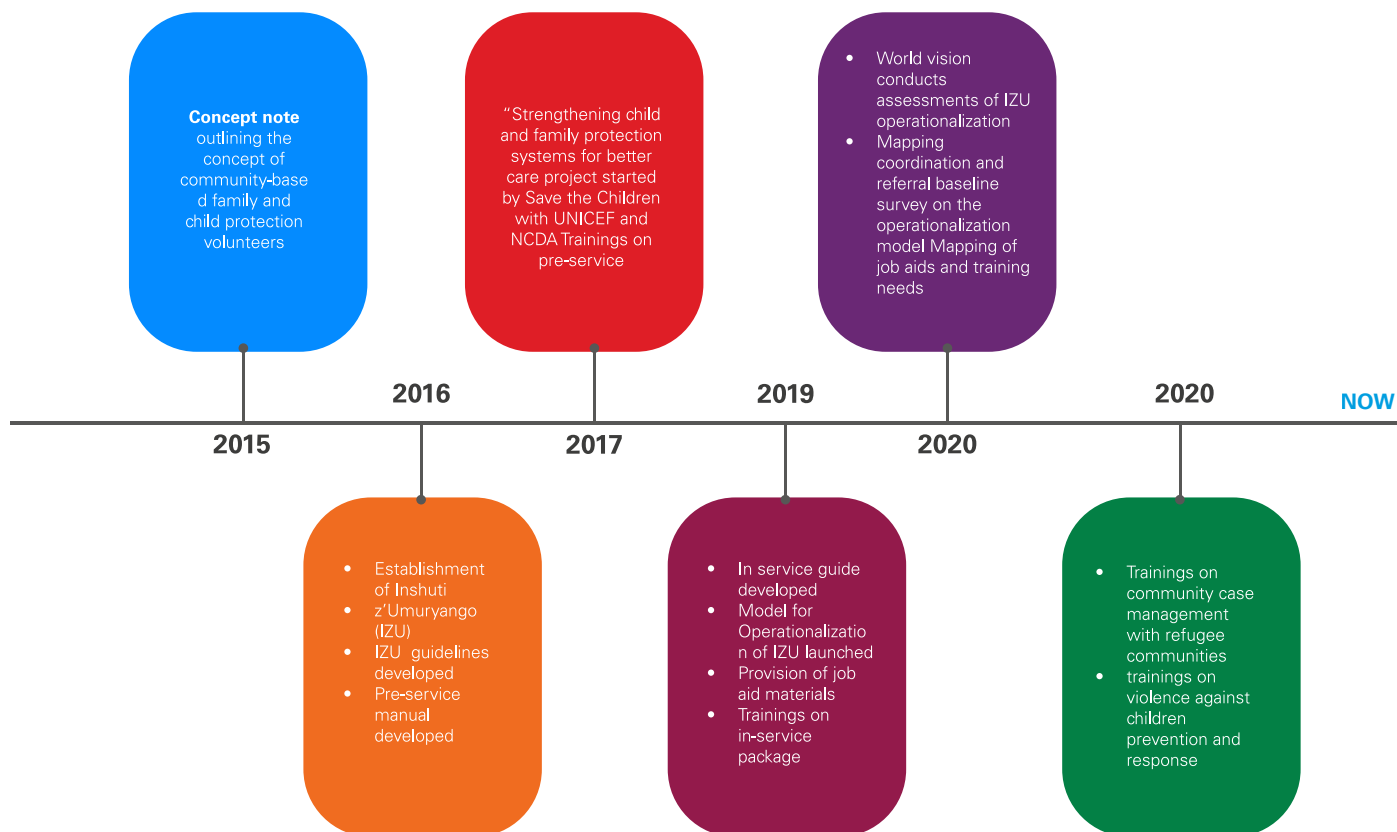


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Operationalization of the IZU cadre: A phased approach

The IZU cadre was conceptualised in 2016, and further rapidly operationalised and scaled throughout 2017 and 2018. Efforts to further strengthen the cadre were implemented from 2019, and continue to date. Figure 3 below briefly outlines key events in the operationalisation and strengthening of the IZU cadre, and operationalisation phases are further detailed below.

Figure 3 Timeline of key events in the operationalization of the IZU cadre



Identification and selection

Throughout 2016, village leadership across Rwanda held meetings to identify and select one female and one male IZU per village. Communities were guided to nominate candidates based on their good character, integrity, education, and motivation, rooted in the understanding that:



Being selected in between the most respected members of their communities of origin, if the right training and materials are provided to them, they can be the perfect catalyst of messages aimed at a positive behaviour and social change.⁸

Upon each community's selection of their most trusted female and male IZU, village leadership next shared the information to higher administration levels. The selected IZU subsequently elected their cell- and sector-level IZU Coordinators.

⁸ National Commission for Children (now NCDA) (2019). Model for the operationalization of the Inshuti Z'Umuryango (IZU)

Onboarding

Though the IZU cadre was conceptualised and IZU selected in 2016, efforts to operationalize the cadre initially made limited progress due to funding gaps. The 2017-2018 ‘Strengthening Child and Family Protection Systems for Better Care’ initiative (a collaboration between NCDA, UNICEF and Save the Children) helped accelerate progress.

In particular, the initiative offered support to formally onboard the cadre in 2017. A pool of master trainers from each district were trained and supported to cascade IZU pre-service trainings down to village level throughout 2018 and 2019. In addition to successfully training IZU from 21 districts, master trainers also trained village leadership on child protection and coordination, to ensure they were effectively equipped to support the work of the IZU. A pre-service booklet was provided to all IZU, outlining their key roles and responsibilities.

To enable IZU to effectively carry out their mandate, they were also provided with varied material supports, including IZU ID, registry books, pens, phones, airtime, bags, umbrellas, and reflector jackets. Later, during a 2021 rapid skills and gap analysis, IZU respondents emphasised the importance of these materials in allowing them to move within their respective communities and to coordinate with other community-based child protection actors.

Pilot

Between 2018 and 2019, Save the Children field offices (linked to local government offices) provided targeted capacity strengthening support to IZU across 11 districts⁹ under the “Strengthening Child and Family Protection Systems for Better Care” initiative. Capacity strengthening efforts included additional in-service training, job aids, materials, coordination and on-the-job coaching and mentorship. In-service training included human security, mutuelle de santé (health insurance) sensitization, hygiene, conflict management, early childhood development, and sensitization on disability inclusion (provided by District Disability Officers). The initiative additionally made efforts to generate evidence on best practices in operationalizing and strengthening the community-based child protection system, which could be utilised to bring the IZU cadre to scale.

By the end of the initiative in 2019, across the targeted 11 districts, IZU had reached 201,105 children and 150,418 families with psychosocial support, identified 38,256 out of school children and re-enrolled 66% of them, and identified and reported 1,386 cases of sexual and gender-based violence. At the same time, the IZU cadre had expanded to 29,674 IZU working across 30 districts¹⁰, reflecting a major opportunity to strengthen the community-based child protection system nationally.

The final evaluation of the initiative outlined best practices for the operationalization and strengthening of the IZU cadre, and made recommendations to further strengthen the cadre by addressing capacity gaps, integrate IZU into the wider protection system, make policy adjustments to support the cadre, and nationally scale the cadre while considering resourcing and sustainability.

Operationalization model and plan to scale

The “Strengthening Child and Family Protection Systems for Better Care” final evaluation informed the development of the operationalization model for IZU, with the National Commission for Children (now National Children Development Agency) Operationalization Plan detailing the preferred operationalization approach for IZU across all districts in Rwanda.¹¹

The Operationalization Plan focused on six distinct but interconnected areas deemed essential for the effective scaling of the IZU cadre:

⁹ Gakenke, Gicumbi, Rwamagana, Ngoma, Nyarugenge, Gasabo, Ruhango, Nyamagabe, Nyabihu, Huye, Kirehe

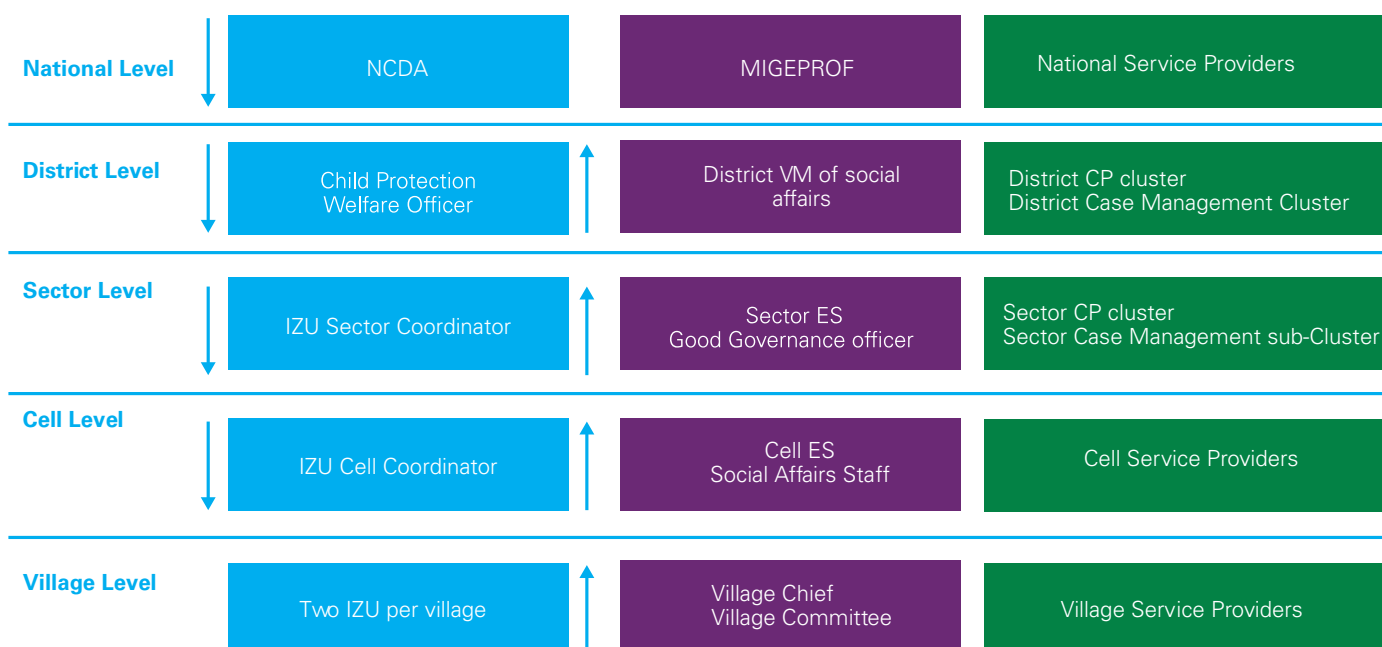
¹⁰ World Vision Rwanda (2020). Final Report: Mapping of Inshuti Z’umuryango Presence, Training Needs and Job Aid Materials.

¹¹ National Commission for Children (now NCDA) (draft, 2019). Model for the operationalization of the Inshuti Z’Umuryango.



Figure 4 IZU and Child Protection System Structure¹²

A detailed implementation structure linking all administrative levels from village- to national-level was established (see Figure 2) and accompanied by a one-year timeline to implement the plan.



Between 2019 and 2021 2019, World Vision Rwanda (WVR) (under a program agreement with UNICEF Rwanda) supported the implementation of the Operationalization Plan across 22 districts. WVR demonstrated a national, standardized, and systematized approach to working with IZU, creating an approach which was then taken forward by additional development partners under the leadership of the NCD Agency.

¹² National Commission for Children (now NCDA) (2019). Model for the operationalization of the Inshuti Z'Umuryango

Ongoing Skills development

IZU continue to be supported with a range of focused, thematic training provided by the national government (largely focused on outlining the IZU mandate but less so on technical content) and development partners (on specific thematic areas and services). Training has typically been delivered through a cascade model, where district staff participate in national trainings-of-trainers (i.e. become master trainers) before cascading to IZU at lower levels. Trainers follow-up with IZU once a training programme is complete to monitor their progress in implementing the newly acquired skills and knowledge, and to collect data for reporting.

In a recent survey conducted by WVR, 97.9% of IZU respondents reported that they had received diverse training that was specifically designed for them and tailored for their IZU role¹³. These trainings covered topics including child rights, gender-based violence, human rights, case reporting, family strengthening, gender equality, environmental protection, family law, IZU role and responsibilities, and working with refugees.

A rapid capacity and gap analysis conducted in 2021 – focused on identifying the IZU cadre's strengths and needs related to carry out their responsibilities in the prevention of and response to VAC – surveyed IZU representatives and other key child protection stakeholders. The rapid assessment found that training typically related to the IZU role and responsibilities but did not include specific content on competencies related to the prevention of and response to VAC. IZU respondents also highlighted that turnover of IZU presented a challenge as training was not delivered on a periodic basis or consistently available, leaving the partner IZU of a new IZU responsible for the orientation and capacity strengthening of the new IZU.

In response to the above findings, a tailored training for IZU on preventing and responding to VAC was developed, and a cohort of Child Protection and Welfare Officers (CPWO) were trained as master trainers in October 2021. The CPWOs will cascade the trainings within their respective districts in 2022. The training was developed to build upon and complement pre-existing IZU trainings with a specialized focus on strengthening IZU cadre's capacity to prevent and respond to VAC, a core issue affecting children across Rwanda.

Though the level of training coverage is high, there is not yet in place a system to ensure that each IZU has received the same trainings, or a minimum set of core trainings.



Spotlight: Content of the IZU VAC training:

1. Aforementioned tailored training on VAC prevention and response is designed to support IZU to VAC, and describe the legal framework that guides their work as it pertains to VAC;
2. Articulate strategies which help prevent VAC at the community and family level;
3. Describe the key steps they should take to identify and respond to cases of VAC;
4. Express strategies for effective identification of community assets (community -based protection services/resources), collaboration and coordination with a range of sector service providers and volunteers when preventing and responding to VAC; and
5. Explain different types of work-related stress and identify a range of strategies they can utilise to reduce and manage stress, including self-care and workload management strategies.

¹³ World Vision Rwanda (2020). Mapping of the Existing Child Protection Coordination and Referral Mechanisms for IZU Operationalization Programme.

Strengthening collaboration and coordination

As per the Operationalization Plan, intentional efforts have been made to ensure IZU are well connected among themselves, and with broader community structures and forums.

IZU participate in the following coordination activities at cell-, sector-, and district-levels:

- Preparation of a monthly activity report which is shared with cell coordinators who compile and pass on to the district-level coordinator;
- Participation in district quarterly meetings with statutory officers in charge of social affairs;
- Participation in sector-level monthly meetings with statutory officers in charge of social affairs;
- When an urgent problem arises, IZU can call an ad hoc meeting in addition to the formal coordination meetings that usually occur twice a month;
- Phone calls are largely used to coordinate activities on protection issues, allowing for timely response;
- IZU report their activities, challenges, and progress in a routine manner. They also regularly report complicated cases to village leaders and statutory authorities depending on the type of issue
- IZU and abunzi (community-based mediators) attend meetings organized by the Human Rights Commission together, to discuss local rights issues;
- IZU regularly collaborate with community health workers, even though there is no formal framework for this collaboration. In particular, IZU support community health workers in raising awareness among families on the importance of paying health insurance (mutuelle de santé) to enable children to access health services;
- IZU and counterpoints in the Child Protection Committees in refugee settings frequently share case information (both ad hoc and via committee meetings), as well as knowledge and skills gained from trainings.

Monitoring

All IZU report monthly on the number of cases and activities carried out according to a standardized reporting system. The consolidated village report (of both IZU within the village) is passed to the cell level, consolidated with other reports, and shared with the sector level. The process is repeated at sector and district-levels ultimately feeding into a national consolidated report of all IZU activities. The national report outlines common protection issues that arise across the country, interventions conducted by IZU, and plans for future activities.



Spotlight: improving monitoring through electronic reporting

Collaboration with statutory authorities has recently been strengthened via the digitisation of IZU reporting. The Unstructured Supplementary Service Data (USSD) system has recently been adopted by IZU to record and report cases. The system makes use of a short code format that can be input into any phone (not requiring smartphone or internet connection) and provides an input format for submitting case information. This information is then fed to the district CPWO who responds according to the situation.

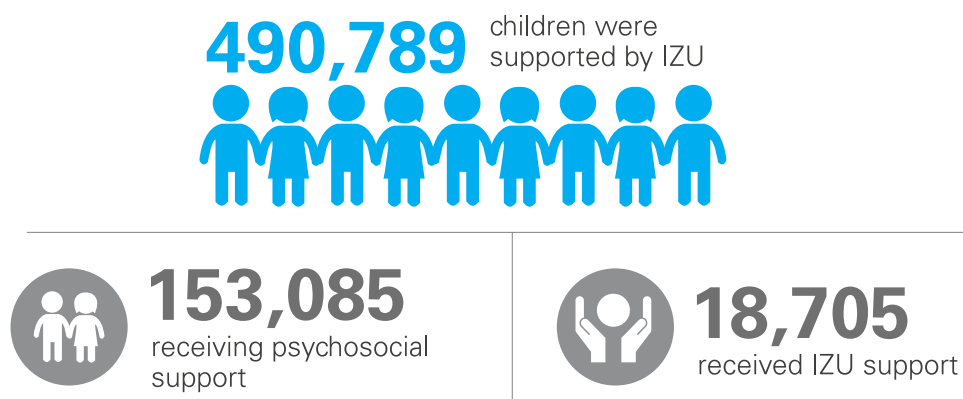


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Programme results

Though the results achieved by the IZU cadre are not yet systematically tracked by a national reporting or case management system, recent data is available. These figures demonstrate the value and reach of the frontline IZU, who provide critical first response efforts to child protection issues within the communities.

Recent data is available and demonstrates IZU's reach and critical first response role when it comes to child protection.



As part of a targeted strategy to prevent VAC, IZU have conducted community-based awareness-raising for child rights and protection in their respective communities. The IZU aim to equip communities with the knowledge they need to identify and appropriately respond to VAC. IZU streamline child protection messages into existing community-level which enable them to reach wide ranging target populations, for example during community service days (umuganda), community dialogue forums (inteko z'abatwariye), and umugoroba w'Imiryango (a gathering at a village level, in which residents deliberate on various community social-economic and cultural issues). Issues discussed include positive parenting techniques, awareness of child rights issues, and how to report child protection issues.

Various evaluations and assessments conducted by development partners (for example, World Vision, Save the Children) have also identified positive results through feedback from communities and the IZU themselves in terms of increased awareness of child protection issues and a willingness to engage with IZU and others to prevent and respond to VAC and other child protection issues. Some of these qualitative results are highlighted below.



IZU play a valued role in prevention and early intervention in cases of family violence and other child protection concerns



We visit families, both those with conflicts and even others without conflicts. When we visit a family, we have a conversation with them and we identify issues related to family conflicts. The purpose is to prevent conflicts before they can happen. We teach them how to behave in their families, how partners should work together and all that contributes to the wellbeing of a child,¹⁴



Now IZU prevent issues before they happen. For example, if they hear that such family is in conflict they visit them before things get worse and spread around the village. They intervene on time,¹⁵

¹⁴ Galloway C, Cozzolino S, Williams T, Birindabagabo J. (2019). Report on Good Practices and Lessons Learned from the Implementation of Strengthening Child and Family Protection System for Better Child Care Project. Save the Children.

¹⁵ Ibid.



IZU highlight child protection concerns in a culturally sensitive manner that is acceptable to families:



I used to close my child inside the house because I didn't want him/her to go out. But when IZU visited us, they explained how bad it is to do that to my child and since then I have changed and I am no longer doing it. Now I respect the rights of my child because of IZU.¹⁶

Recently I participated in a training to those committees in charge of preventing and fighting child labour, and what I witnessed is that [IZU] have influence and are more trusted. The training they have received empowered them so that when they speak in a meeting, you see that people listen to them carefully. If there is message about child protection that we want to communicate, IZU are the ones we ask for help to do that and the message is well understood. (District Official)¹⁷



IZU play an important role in ongoing monitoring and support for family conflict and other child protection cases under support of a social worker:



IZU when they meet an issue that they cannot solve like child abuse, they explain the process to follow, if it is to go to police or any other people who can solve your problem. And they keep following how things are going on during the process.

I would say that [IZU] are people who are near the community, they are advisers of people, when you have a problem you go to find them and they help you to resolve it without going far. They stay with you until your situation improves. (Parent)¹⁸

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.



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Challenges

As with all ambitious child protection programmes implemented in complex settings, challenges have been met during the operationalisation of the IZU.



Expectations over the IZU role: There are high expectations from many child protection actors about what IZU are expected to achieve. This is reflected in the IZU cadres' overall comprehensive mandate.



Our responsibilities are mainly child protection, monitoring children growth, education, elimination of child labour and child exploitation and children wandering on the streets. And assessment of children's living conditions in families.¹⁹

IZU



Gender-related inequities: In line with broader gender norms in Rwanda and beyond, female IZU reported that dominant perceptions and pressure for women to hold the majority of domestic responsibilities, resulting in high workloads in their roles as mothers and wives, impacts the time and energy available for their IZU work.



Workload pressures on Volunteer wellbeing: All IZU (both male and female) report that it can be hard to balance IZU duties and family responsibilities; in some cases, this has impacted the quality of work undertaken by IZU. Many IZU are currently overwhelmed with their caseload and consequently tend to focus on fewer cases, particularly emergency or high-risk cases; that is IZU tend to focus on response to VAC, at the detriment of preventative activities that would promote more protective communities for children. IZUs' frequent exposure to, and role in responding to, VAC cases are often distressing, and can create challenges in terms of personal safety and mental health.



Capacity and development: The demand for social welfare services at community-level goes beyond the capacity of the IZU as volunteers, demonstrating the need for increased provision of social welfare interventions. In its current form, interactions between IZU at cell and technical staff at the district level are limited, meaning limited on-the-job coaching and technical backstopping. A formal performance management system for the IZU cadre is also yet to be developed; this should ideally include a quality framework for agreed practice standards for IZU to work toward. Lastly, while a range of trainings have been provided to IZU, these have largely been based on a didactic model; more practical, strength-based trainings which are rooted in effective adult learning principles and focus on building practical skills should be considered for the volunteer cadre going forward. A coordinated effort with standardised practices across districts to harmonize the range of trainings and materials that are available would be beneficial.

¹⁹ Maestral International (2021). Rapid skills and gap analysis of the IZU workforce: key findings.



Reporting and coordination: The current reporting system poses some challenges to IZU. Low education levels limit the effectiveness of narrative reporting. Additionally, professional social work team also face high workload and manage large caseloads, and are therefore unable to provide rigorous feedback on IZU reports. This in turns impacts IZU professional development and motivation. Moreover, coordination levels are still limited and should be addressed. The referral network for cases is conducted in an ad-hoc or informal manner and remains to be formalised, although plans for the development of a case management system are underway. The latter will be helpful for both professional and para-professional social welfare workforce.



We spend time reconciling those who have conflicts and disputes; other time is spent reporting case to superiors. We advocate for children who were abused, raped or experienced other type of violence, and report the cases to authorities, that's what we do most of the time.²⁰

IZU Coordinator



Funding and advocacy: IZU are clearly carrying out critical work in their communities, however their work is not yet well documented or promoted among local authorities or the wider public. Local authorities are expected to work closely with IZU, but because they are not empowered to monitor the work of IZU, there is often a lack of coordinated action. IZU's resources are also limited, with IZU mentioning during the 2021 rapid skills and gap analysis that budget for transport would help them to make more effective and timely referrals and follow-up. Other community-level volunteers including community health workers and community mediation committees (abunzi) are incentivized with benefits including health insurance; this is not the case for IZU.

²⁰ Ibid



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Lessons learned

Partnerships are critical: The IZU programme was launched in 2015, however traction toward national coverage was only gained once a capacity building-focused development partnership was established. As the IZU programme scales and develops further, it is important to ensure that current and future partnerships are meeting the best interest of the IZU programme and the expansion of the child protection system at large.

IZU contribute to but do not replace a comprehensive social service workforce: The IZU operate as an integral part of a frontline service that families and communities can access. However, their capacity to respond is limited to their individual skill level as well as resources available. Although the intention is to have fully integrated professional and paraprofessional workforce, it is likely that this will require additional resourcing. Currently IZU are acting in place of social workers for emergencies. As volunteers, IZU must be not seen as a replacement for Child Protection Welfare Officers, but rather as a complementary structure to support and be guided by social workers. It is important that IZU are not pressured to extend their activities beyond their mandate and capacity. To avoid this, several recommendations are suggested.



Spotlight: Recommendations to avoid overextending IZU's capacity:

1. Boundaries to the IZU mandate must be clarified among all relevant child protection actors, and IZU standards of practice (which are agreed with communities, service providers and local government) should be established and monitored, especially via supportive supervision;
2. IZU recruitment and training, and training of other key stakeholders, should address the issues of gender inequalities that often place an increasing workload burden on female IZU;
3. Ensure that IZU are trained in and actively participate in the planned new case management system;
4. Define consistent and standardized compensation for community-level volunteers, so as to fairly recognize their contributions and to prevent competition developing between different volunteers (which could see some volunteer cadres choose to leave their positions opting for other community volunteering roles which are better incentivized);
5. Provide IZU with effective and regular supportive supervision as a critical strategy to prevent burnout, minimize turnover and retain the IZU workforce;
6. Include IZU in the local government planning system.

Coordination and system formalisation are key: Building new systems, coordinating partners, and establishing best practice is a long-term and continually evolving process. Operationalisation of the IZU cadre has had many successes and offers positive lessons about holistic child and family support at community level. There are also various gaps that cannot be solved with simply scaling up role of the IZU and that require additional coordination inputs and standards across the full child protection system.

Local engagement needs to be strengthened: The IZU cadre has contributed to increases in awareness about child rights and child protection issues, both among community members and with relevant child protection actors. IZU are appreciated by children, families, and the community at large in terms of the quality of services they deliver on a day-to-day basis. This can be capitalised on further (including strengthening currently weak links between IZU and formal child participation platforms) to ensure success is shared and celebrated, and that more actors become aware of the role of IZU in their communities.

Results need to be measured: Measuring the impact of the IZU to date has been done through ad-hoc surveys. As the system develops further, a framework is required that extends to performance of structures at each level, trainings, as well as an overall performance system. This includes monitoring impact of IZU interventions at a case- and system-level.

The establishment and ongoing strengthening of the Inshuti z'Umuryango' (IZU) or 'Friends of the Family' programme was made possible thanks to the support of USAID's Displaced Children and Orphans Fund (**DCOF**), the **IKEA Foundation**, the **United Kingdom** and the **Swedish Committee** for **UNICEF**