

Meeting report of the Rwanda learning and consultation Workshop

Theme: Reflecting on efforts aiming at Strengthening Child Care systems in Rwanda



**26th to 27th November 2014,
Kigali Grand Legacy Hotel**

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List of Acronyms

AFRWC	African Charter on the Rights and Welfare of the Child
BCN	Better Care Network
CBCPMs	Community-based Child Protection Mechanisms
CCI	Child Care Institutions
CPC	Child Protection Committees
CPIMS	Child Protection Information Management System
CPWG	Child Protection Working Group
CSO	Civil Society Organisations
DCOF	Displaced Children and Orphans Fund
DI	De-institutionalisation
ECD	Early Child Development
GBV	Gender Based Violence
ICRP	The Integrated Child Rights Policy
IMS	Information Management System
IRC	International Rescue Committee
JADF	Joint Action Development Forum
LMG	Leadership Management and Governance Project
M&E	Monitoring and Evaluation
MIGEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Administration, Community Development and Social Affairs
MINEDUC	Ministry of Education
MINIJUST	Ministry of Justice
MOH	Ministry of Health
MSH	Management Sciences for Health
MVC	Most Vulnerable Children
NCC	National Commission for Children
NCPD	National Council for People with Disabilities
OVC	Orphans and Vulnerable Children
RELAF	Latin American Foster Care Network for the Right to community and family- based care for children and adolescents
RNP	Rwanda National Police
TMM	Tubarerere Mu Muryango
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	UN High Commission for Refugees
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

About the BCN regional initiative

In 2013 the Better Care Network (BCN) - a multi-agency global network facilitating active information exchange, collaboration and advocacy on the issue of children without adequate family care - commenced a regional interagency initiative in eastern and southern Africa to build and share knowledge and to advocate for care reform and technically sound policy and practices around strengthening families and providing appropriate alternative care in the region.

The BCN regional interagency initiative is currently working closely with partners in Kenya, Rwanda and Uganda in order to identify opportunities for closer collaboration and support around family strengthening and alternative care in each of these countries.

Background to the meeting

As part of this process a national consultative workshop was convened in Rwanda on the 26th and 27th of November 2014 by the National Commission for Children in partnership with BCN, and Save the Children. The workshop sought to jointly identify knowledge, awareness and technical gaps which may be hindering children's care reform and identifying national priorities for action. The main focus area of family strengthening and alternative care was addressed through the framework of the three core strategies of BCN's regional work:

- strengthening capacity for family strengthening and alternative care;
- evidence building and sharing around family strengthening and alternative care;
- strengthening advocacy for family strengthening and alternative care.

The workshop was attended by more than 42 people from 23 different organisations, agencies and institutions. This included the Ministries of Justice, of Education and of Gender and Family Promotion, UN agencies, civil society, , donors and academia.

The meeting was structured to allow for both presentations and group discussions with the goal of identifying priorities for action going forward. Below is a summary of the main priority outcomes which were identified by participants during the meeting.

Main priority outcomes

Evidence building and sharing - In order to build, share and use stronger evidence to improve policy and programming stakeholders should prioritise:

- Generating and collecting more evidence to inform community-based initiatives including:
 - working to harmonise initiatives and develop an accepted model in order to make data collection and evaluation more effective,
 - Improving regular monitoring and evaluation of existing mechanisms for child protection,
 - undertaking a national child protection situation analysis (who is doing what, how are they doing it, successes and challenges) and,
 - undertaking a national survey or baseline on children living with disabilities;
- Supporting the transformation of research and evidence into practice. This can include producing research, learning and advocacy briefs and coordinating the research process more effectively - for instance, planning, validation, dissemination and usage - as well as capitalising on any research which being undertaken by students and putting more resources into dissemination of data and findings;
- Making information more easily accessible by creating a centralised site or online library for research, information and sharing;
- Addressing the “mind set and resistance to change” within organisations in regards to learning and implementing new approaches based on evidence, which includes strengthening human resources in order to undertake research and evidence collection (e.g. universities).

Strengthening advocacy - In order to strengthen advocacy to improve policy, programming and resource allocation stakeholders should prioritise:

- Looking outwards: strengthening partnerships with media in order to disseminate messages and advocacy initiatives and working collectively to sensitise parents and families on the educational and psychosocial support (PSS) needs of children with disabilities;
- Looking inwards: support the district level to advocate to government and other bodies on key issues;
- Providing more advocacy and communications training to stakeholders;
- Developing clear messages and disseminating widely, for instance through the development of advocacy briefs;
- Supporting awareness raising around family strengthening and ongoing follow up, and coordinating with Inshuti z’umuryango (Friends of Family).

These priorities also link to the evidence building and sharing priorities as it was acknowledged that strong advocacy messages require evidence to support them.

Strengthening capacity

In order to strengthen capacity to improve policy, programming and implementation stakeholders should prioritise:

Coordination:

- Strengthening the Child Protection Working Group (CPWG) and linking it to the national child care reform process;
- Improving coordination at the decentralised level (e.g. district) between a range of ministries and sectors and;

Budgeting:

- Mobilising resources which can support the development and dissemination of alternative care guidelines, training and capacity building on the reintegration of children into families;
- Putting in place a fund which can be used for emergency family reintegration, family strengthening and support.

Human Resources:

- Increasing the number of professionals needed to work with children with disabilities;
- Strengthening human resources in order to undertake research and evidence collection (e.g. universities).

Community-based child protection group:

- Develop a harmonised model of community-based child care and protection mechanisms;
- Improve regular monitoring and evaluation of existing mechanisms for child protection;
- Investigating how to improve links between formal and informal systems.

The priorities identified by the workshop participants under these three main pillars intersect and support each other in efforts to improve and support a successful child care reform process in Rwanda. It was agreed that a follow up meeting should be held in order to follow up on stakeholders' work in addressing these priorities and to allow for further group sharing, discussion, reflection and planning. Table 1 shows which bodies and individuals are interested in working further to address the various priorities.

WORKSHOP APPROACH AND METHODOLOGY

The consultation workshop used three main approaches:

1. Sharing information from different stakeholders on what has been undertaken and learned so far around family strengthening and alternative care for children;
2. Group discussions which identified key issues and priorities for action going forward;
3. A review of the key issues and recommendations emanating from panel and group discussions and indications of where organisations are already or are potentially interested in engaging.

Information sharing was facilitated through the organisation of four thematic panels of presenters who first presented on their respective initiatives or mandates and then participated in a moderated question and answer session.

The four main themes were based on the meeting focus areas:

- The national context - overview of child care reform in Rwanda;
- Capacity development;
- Building and sharing the evidence;
- Strengthening evidence-based advocacy.

Group discussions focusing on each of the four main themes followed the panel sessions. Two different methods were used.

1. *“Group discussions”*: Group facilitators were identified who then “convened” a group discussion for about 45 minutes around a particular sub-theme or key question. Key points were recorded and three priority actions were identified and presented to the meeting. These actions were also recorded.

2. *“Café conversations”*: “Café owners” were identified and allocated a “café” space and a key question. The rest of the participants circulated around the various cafes engaging in group conversations. The café owners recorded key points.

At the end of the two days the main issues, points and recommendations were exhibited on the walls of the meeting room and participants were asked to review these issues and indicate where their agency had an interest in engaging. The purpose of this exercise was not to elicit organisational commitments as such, but rather to indicate or map which stakeholders might be able and willing to collaborate around a particular issue.

DAY ONE

Opening remarks by the Executive Secretary of the NCC, Zaina Nyiramatama

When opening the workshop the Executive Secretary emphasised that not everyone understands that the child care reform is an actual **reform** which requires joint expertise and coordinated efforts from partners. The need to focus on strengthening families in order to avoid harms to children was also highlighted and participants were also reminded that a family strengthening approach has been built around the national integrated child rights policy from 2011.

Importantly, the Executive Secretary stressed the need to implement this policy in a coordinated manner. The Executive Secretary specifically mentioned that whilst some partners have been very successful in promoting child rights, more effort is required to align and harmonise the various models and interventions. The Executive Secretary ended the opening remarks by calling for more coordination and for stronger conformation to the national framework objectives in order to ensure better coordinated efforts to reach Rwanda's commitment to the UN Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (AFRWC).

Presentation of the workshop objectives

The workshop objectives were then presented by Lucy Hillier, BCN consultant.

The workshop objectives were to jointly identify knowledge, awareness and technical gaps which may be hindering children's care reform and identify national priorities for action. It was outlined that this would be done by focusing on the areas of strengthening capacity; evidence building and sharing and; strengthening advocacy.

The consultant indicated that the hope was that the meeting would result in a stronger understanding of who is doing what in child care reform, the identification of priority actions and; the beginnings of a multi-agency, multi-sectoral, coordinated action plan to support child care reform in Rwanda.

Presentation of Better Care Network's Regional Initiative

The BCN regional initiative was presented by Valens Nkurikiyinka, Regional Technical and Knowledge Management Specialist for Eastern and Southern Africa. The presentation outlined the main objectives and guiding principles of BCN globally which are:

- Facilitating active information exchange and collaboration on the issue of children without adequate family care;
- Advocating for technically sound policy and programmatic action on global, regional, and national levels;
- Guided by the Guidelines for the Alternative Care of Children and UNCRC.

The presenter also listed BCN members (UNICEF, United States Agency for International Development (USAID), Save the Children, Firelight Foundation, Family for Every Child, RELAF) as well as giving a short summary of the 2009 Guidelines for Alternative Care of Children endorsed by the UN General Assembly in 2009 as well as the inter-agency Handbook 'Moving Forward: Implementing the Guidelines for the Alternative Care of Children' (2013) The presenter also summarised a brief history of the promotion of family strengthening and alternative care in Africa.

Of interest, the presentation highlighted some of the technical tools and working papers that BCN has developed or is in the process of developing including:

- Better Care Network Toolkit;
- Manual for the Measurement of Indicators for Children in Formal Care;
- Inter-agency Monitoring Tool for the Implementation of the Alternative Care Guidelines;
- Risk of Harm to Young Children in Institutional Care (2009);
- Families, Not Orphanages (2010);
- Children with Disabilities and Alternative Care (2012);
- Child Care Country Profiles in sub-Saharan Africa (2014);
- Gatekeeping (forthcoming);
- Social Workforce and Child Care Reform (forthcoming).

The presentation also clarified the regional objectives of BCN which are:

- Improving the knowledge and capacities of stakeholders to develop and implement care reform policies and practices that strengthen families and improve alternative care services;
- Sharing the learning generated to inform evidence-based practices and policies at national, regional and global levels;
- Strengthening broader child protection systems through the entry point of child care;
- Strengthening emergency preparedness and response regarding the care of separated children, taking into account the movement of populations within the region.

These regional objectives also informed the Rwanda country workshop.

The presentation went on to outline the main approaches which are being used at the country and regional levels to achieve these objectives. At the country level in Rwanda, BCN seeks to support consultation and collaboration with country stakeholders in order to:

- Identify jointly knowledge, awareness and technical gaps that may be hindering the care reform;
- Identify priority actions with regards to evidence building and sharing, capacity strengthening and advocacy related to family strengthening and alternative care;

- Identify strategic opportunities for strengthened collaboration in the area of family strengthening and alternative care of children at country level;
- Engage and increase awareness on family care with country stakeholders.

A number of central approaches used to achieve the country objectives were highlighted including using:

- An interagency approach which includes building on and sharing the significant work already underway in the region, jointly identifying responses to existing gaps and working with policymakers, practitioners, academics, community and faith based actors;
- Contributing to and strengthening existing national and regional collaboration mechanisms;
- Regional learning and peer support mechanisms with a view to stimulating more cross-fertilisation throughout the region and agencies to inspire and provide guidance to neighbouring countries on child care reform and;
- Strengthening links between national, regional and global efforts related to child care reform.

I. SESSION ONE: NATIONAL CHILD CARE AND PROTECTION FRAMEWORKS

Moderated by: UNICEF

Presentations:

- 1)** The Integrated Child Rights Policy – NCC
- 2)** The national survey on children in institutions – Global Communities
- 3)** The national framework on child care reform - Tubarerere Mu Muryango' (TMM), NCC
- 4)** Isange one-stop centre model – Rwanda National Police

A. Summary of presentations

1) The Integrated Child Rights Policy (ICRP), National Commission for Children presented by Francois Bisengimana

The NCC presenter introduced the presentation by explaining that the ICRP is a harmonised reference point for children in Rwanda that can serve as a basis or give direction for different policies and programmes from different sectors. This is based on the understanding that children's rights have a multi-sectoral nature that there is a need for various ministries and government structures as well as various non-government actors to be involved and also that the NCC was established to review and coordinate the implementation of the Integrated Child Rights Policy.

The presenter went on to highlight the objectives of the ICRP as: to ensure that every child in Rwanda has his/her rights ensured and provided for; to serve as a guide for any policy, plan, legislation or programme intervention specifically designed for children or that can impact/ affect children and; to ensure the

establishment of mechanisms by which data/information on children's issues will be collected, analysed and used.

The Integrated Child Rights Policy's seven thematic areas were outlined as follows:

1. Identity and Nationality;
2. Family and Alternative Care;
3. Survival, Health and Standard of Living;
4. Education;
5. Protection;
6. Justice;
7. Child Participation.

2) The National Survey of institutions for children in Rwanda, presented by Innocent Habimfura, Global Communities

This presentation outlined the main findings from a 2012 survey of institutions for children undertaken by MIGEPROF with the support of Hope and Homes for Children. The presentation of the survey made a number of recommendations regarding improving child care for children as well as how to strengthen the systems around Child Care Institutions.

The presenter outlined the following objectives of the study as: to gather comprehensive quantitative data about all children living in institutions in Rwanda; to gather qualitative data from a sub-sample of children concerning their personal experience of living in institutions; to gather data about the institutions and their staff and; to identify existing interventions in the priority areas of the reform process.

Of note, the presenter also mentioned that the survey did not include institutions for children with disabilities and children from the street.

3) The National Child Care Framework- Tubarerere Mu Muryango' (TMM), presented by Siraji Furaha, NCC

A presentation on the Rwanda national child care framework was given by the NCC. The presenter outlined the objective of the framework as to restore and promote positive Rwandan social values that encourage all Rwandans and the community to take responsibility and caring for their own and other children.

The presenter identified three core approaches in achieving the framework's objective. Namely, by addressing the root causes of institutionalisation; by promoting sustainable family alternative care systems for children and; by ensuring the reform of existing institutions into relevant child-centred, community-based services. The three key elements of the strategy were also outlined. These focused on recruiting and training professional social workers, the creation of community-based family services and social protection support to facilitate family reintegration of children, and the prevention of children being separated from their families.

Of note, the presenter highlighted that more than US\$6 million is still required to meet the budget and in order to fully operationalise the framework.

Despite the budget deficit, the presentation also highlighted the already significant achievements which have been made under the framework which include:

- The revision of family law;
- The development of draft regulations for children's homes;
- The development of draft guidelines on Foster Care and Kinship Care;
- A draft Ministerial Order on national and inter-country adoption;
- The undertaking of a NCC capacity building assessment and the drafting of a capacity building plan in collaboration with Leadership Management and Governance Project (LMG)/MSH;
- The recruitment and deployment of 48 social workers and psychologists in the field (in three pilot and additional new pilot districts) with 20 more professionals to be recruited by the end of 2015;
- Some 1663 children have been reintegrated into family-based care since July 2012 with so far 8 institutions out of 33 having completely reintegrated all their child residents;
- Some 186 children have also been prevented from entering institutions;
- Since 2013, 795 needy families have been financially supported with income generating projects;
- Children's issues have been followed up in the performance contracts for each district;
- Since 2013, a portion of earmarked funds to support needy families in Districts has been redirected to support the framework;
- An assessment of the existing CPIMS was conducted in 2013;
- The Inshuti z'umuryango (Friends of the Family) initiative has followed up on reintegrated children and other children at risk at the village level;
- A Most Vulnerable Children (MVC) database is now under construction.

4) Isange one-stop centre model – presented by CIP Shafiga Murebwayire, Rwanda National Police (RNP)

This presentation was given by the Rwanda National Police. The initiative is designed to complement existing efforts to prevent and respond to gender-based violence (GBV) and child abuse. The programme was established in 2009 by RNP at the Police Hospital to provide timely and affordable comprehensive support to victims of GBV and child abuse. This includes the critical need to support the investigation department in collecting tangible evidence which is acceptable in the courts of law.

Victims of GBV and child abuse can access all of the free services 24 hours a day, seven days a week, in one place which reduces travel distances, avoids the risk of tainted evidence, ensures the safety and security of victims and enhances coordination efforts.

The programme has achieved a good level of success with 11 one-stop centres operational so far. The programme has also experienced some challenges. These include:

- A delay in reporting of cases of sexual abuse which results in the “watering down” of evidence that would have assisted in prosecution of cases;
- The failure of victims and witnesses to testify in court, often due to customary norms and beliefs;
- The legal complexity in obtaining DNA tests for both victims and the culprits;
- Socio-cultural aspects – for instance aggrieved parties often report the matter to council of elders rather than to the police. This leads to some cases being compromised at the initial stages;
- Interference in cases at the initial stage by relatives and elders resulting in the destruction of crucial evidence;

The programme has also identified a number of crucial lessons learnt so far which include:

- Multidisciplinary and multi-sectoral approaches are required for a comprehensive and effective package of services in order to manage child abuse cases;
- Diversified partnership is key in ensuring ownership and collaboration in preventing and responding to child abuse in a sustainable manner;
- Similar one-stop centre services should be included in other existing structures such as hospitals.

Finally, the presenter highlighted some of the key actions and objectives for the programme in the future. These include upgrading the forensic laboratory to enhance quality medical evidence; strengthening police anti-GBV focal points through more equipment and training; the construction of an interview room at police stations and; the decentralisation of the Isange one-stop centre with the end goal of having centres in all district hospitals.

II. SESSION TWO: COMMUNITY CHILD CARE AND PROTECTION MECHANISMS

Moderated by: UNICEF

Presentations:

- 1)** Rwanda community-based child care and protection systems (Friends of Family) Inshuti z'umuryango, National Commission for Children
- 2)** Child protection committees and gender based violence committees, National Commission for Children
- 3)** Nkundaba Model, Care International
- 4)** Ubumwe Community Centre for children with disabilities, Ubumwe Community Centre
- 5)** Overview of community based child protection mechanisms from different countries and linkages to the child protection systems, Consultant for BCN
- 6)** Investment and budgeting for children, UNICEF and Save the Children

A. Summary of presentations

1) Inshuti z'umuryango (Friends of the Family): Proposed community-based child care and protection mechanism, National Commission for Children presented by Siraji Furaha, NCC

Inshuti z'umuryango or 'Friends of the Family' is a nationwide programme which targets children and families. Inshuti z'umuryango are similar to "para-social workers" at the community level and are an integral part of the entire child care and protection system. Linked with the professional social workforce at the district level, these Inshuti z'umuryango are contributing to strengthen the human resources pillar of the child care reform and the broader child protection system. The aim is to have 32,238 Inshuti z'umuryango nationwide by 2018 operating at the Umutugudu, Cell and Sector levels.

The advantages of the Inshuti z'umuryango so far have been identified as:

- Harmonisation through coordination: volunteers across the country hold the same minimum responsibilities and adhere to the same principles and standards;
- Capacity building across the country through national pre- and in-service capacity development;
- Participatory identification of community-based child and family protection volunteers;
- The programme addresses a gap in the **prevention** of violence, abuse, exploitation and neglect against children across the country;
- There is an opportunity to establish clear linkages with district social workers and psychologists;
- Volunteers are critical in the identification and follow-up of cases within an established case management system;
- Partners increase the credibility and sustainability of the programme amongst stakeholders.

2) Child protection committees and gender-based violence committees, presented by Jean Damascene Musabyeyezu, National Commission for Children

The NCC also presented on the community based child protection and Gender based violence (CP/GBV) committees work to protect children and address GBV. Following various consultative meetings with stakeholders and partners involved in child protection and GBV it was agreed that committees would be set up to address GBV and to protect children's rights at the Umudugudu, Cell, Sector, district and other levels, including the national level.

The Committees were set up in 2009 and are made up of individuals who are prepared to cooperate in addressing GBV and children's rights. For the Committees to be able to meet their obligations they must have their own internal regulations, an action plan, elect a bureau of three people (chair, vice chair, and secretary), and report at least every month to the Committee level above them.

In terms of responsibilities, MIGEPROF has the overall responsibility in coordinating all the activities related to fighting GBV and protecting children's rights. Meanwhile MINALOC ensures that each district includes a report on GBV and ensures that the protection of child rights is included in the district performance contract.

Study tours and discussion forums are also organised for an exchange of ideas and experiences among the districts in order to share best practices or results¹. Additionally, there are also semi-annual reviews at national level on the progress in addressing GBV and the protection of children's rights in all the districts.

To ensure the effective functioning of these committees, the MIGEPROF has recruited a consultant to review the terms of references and guidelines for these committees at village level. The updated review document is expected to be finalised and approved by the end of 2014. This review will also show the links with the Inshuti z'Umuryango Committees.

3) Nkundaba Model, presented by Eugene Rusanganwa, Care International

Presented by Care International, an international NGO, the Nkundaba model is a community-based model for psychosocial support and protection for orphans and vulnerable children (OVC) using community members as volunteers, or "Nkundabana". Community volunteers, who are selected by children, visit OVC households to listen to and support the children. The development of this model responds to the children's experiences of isolation and stigma; violation of rights; psychosocial problems; degeneration of society as a consequence of the genocide; cultural values of the past and involvement of the community for sustainability.

¹ The case of the district of Gatsibo is a good illustration of this approach and the document can be accessed through the NCC or MIGEPROF.

The presentation outlined the many successes of the model and also a number of challenges and lessons learned.

Challenges include:

- Achieving consistent and equal communication with all household members;
- Side effects: conflicts with adults in the community;
- Ensuring do no-harm principle;
- Reducing the workload of the Nkundabana volunteers;
- Scaling the model at the national level: expanding to all villages;
- Funding the model in long term;
- Motivating Nkundabana mentors;

Lessons learned include:

- Broad and meaningful community participation is essential;
- There is a need to motivate, retain and reward volunteer mentors (85.6% feel that it is important);
- The Nkundabana model can be adapted to all OVC/children;
- The Nkundabana model needs some further investment in order to reap the full benefits;
- The Nkundabana model has other social benefits including reconciliation, resources for the community as well as rights and psychosocial care;
- There is a need to have a structure and collaboration mechanism: for instance the Nkundabana forum;
- The M&E framework needs to be defined – including the reporting flow, meetings, data collection and data collection tools.

4) Ubumwe Community Centre for children with disabilities – presented by Zacharie Dusingizimana, Ubumwe Community Centre

This presentation was given by one of the founders of the centre - Zacharie Dusingizimana. The Ubumwe Community Center (UCC) was founded in November 2005 by two men - Ndabaramiye Frederick and Dusingizimana Zacharie. Frederick was injured during the war which left him with a disability. However, encouraged and inspired by each other both men decided to give back by working with people with disabilities. The Ubumwe Community Centre serves many people with disabilities living in Gisenyi town and neighbouring villages. Through basic education and various skills training at UCC people with disabilities learn to be self-reliant and gain more self-esteem.

The centre has learned a number of valuable lessons which include:

- Combined efforts from every key actor can result in the mind set around people with disabilities being changed and people with disabilities having their rights fulfilled;
- Most of families of children with disabilities live in extreme poverty and this affects their basic rights (e.g. education, food, health). All changes need to start at the family level, and the rest will be driven by itself;

- Children with or without disabilities are good teachers and ambassadors for their rights and it is better to involve people with disabilities for the rights sensitisation or awareness raising purposes;
- Most children with physical disabilities need special treatment (e.g. surgery) and assistive devices to help them join other children. In addition, children with severe or combined disabilities need more assistance (e.g. specialists; physiotherapists, occupational therapists, music therapists). Children with vision impairments also need more assistance at the family level (for instance basic training needs to be given).

5) Overview of community based child protection mechanisms (CBCPMs) from different countries and linkages to the child protection systems – presented by Lucy Hillier, Consultant for BCN

This presentation considers questions and challenges for participants around CBCPMs including:

- Are we working in a manner that supports sustainable community action to support vulnerable children? What will happen if the implementing agency withdraws?
- Is the community response really helping to improve child protection? How can this be measured?
- Why are many local people resorting to informal responses to protect children? How can linkages between the community and formal services be strengthened?
- Why, even following extensive training on child protection and child rights, do many people continue not to report child protection violations and lapse back into old ways?

The presentation looks at why child protection systems are considered necessary, concepts of formal and informal systems, challenges related to linking formal and informal systems, and it also considers the need to build our evidence and learning around CBCPMs. There is still relatively little evidence to tell us which CBCPM models are working and why despite the widespread use of this common development and child protection model. The presentation ultimately challenged child protection practitioners to question why certain CBCPM models are being used and the extent to which they have demonstrated that they are effective.

6) Investment and budgeting for children: Making Budgets Work for Children in Rwanda, UNICEF and Save the Children

This presentation by Save the Children and UNICEF considered how we can invest effectively in children. Investing in children is understood as the private and public spending of resources - to the maximum possible extent - on areas that directly contribute to the implementation of children's rights. 'Maximum extent' is understood in terms of State Parties' UNCRC obligation to do everything in their power and where possible within the framework of international cooperation to

ensure the progressive realisation of children's rights (Article 4). Additionally, the concept of 'investment' underpins an understanding that spending generates 'returns' or 'benefits' first to the child and then to society and governments.

The presenter provided some examples of work on investment in children including influencing revenue mobilisation and transfers, influencing public and private spending - such as budget inputs, outputs and outcomes - and promoting transparency, accountability and citizen participation (including children) in revenue mobilisation and public spending.

B. Participant comments and discussions from Day One presentations

The diversity of Community Child Protection Committees

It was noted that the Community Child Protection Committees under the NCC are in the process of being evaluated and that there is now a need to show the link between these committees and other child care and protection systems and how they complement each other. For instance, there was a specific question from the floor on how the child protection committees are going to link with the Inshuti Z'umuryango structure to reintegrate children. It was suggested that Inshuti Z'umuryango should be considered as a "*chapeau*" (umbrella structure).

In addition, the "Guardian Angels" concept was suggested as potential model as these groups have already been trained. This model could be replicated or 'borrowed' from as they are now networked and working in cooperatives.

The NCC also suggested that the Inshuti Z'umuryango model could be the community-based system that deals with protection, prevention and support of children with the Executive Secretary saying "*We need to depart from here without confusion and agreement – we don't need to bring in another model with another name but rather build on what already exists*".

Formal vs. Informal responses to child protection

There were also questions as to what constitutes formal or informal responses at the community level and the possible confusion this could generate. Formal and informal designation is not always that clear and sometimes both these processes are happening in parallel. Additionally the NCC commented that informal responses are perhaps not those which are supported by civil society organisations. There are approaches that have been part of Rwandan culture for years which could be termed informal but there are also other approaches which have been introduced by NGOs in order to fill the gaps that government is supposed to address.

In addition, it was also noted that the idea of a community-level response that calls for a child rights approach is not straightforward. It is not often possible to come in to a community with rights and protection language which will fit in with or correspond to a community's local understanding and approaches to keeping their children safe. It was also noted that some global studies have shown that extended

time is required in order to support sustainable structures which lead to social change.

Improved harmonisation

In addition, the need for alignment, harmonisation and working together was emphasised, with the NCC suggesting that there is a need to agree on one model which will facilitate improved monitoring, evaluation and measurement.

During the discussion it was also noted by the Executive Secretary of NCC that harmonisation should not be authoritative but rather discussion-oriented.

Budgeting for children

As regards budgeting for children a recommendation was made: Investment in children needs to be seen as family strengthening. At the moment more funding is given to children and the family are left behind and this has been identified as a gap.

In addition there is a need to invest more in prevention aspects by identifying the root causes of risk and harms for children including needing alternative care. The need to invest in the older children who are still living in orphanages was also highlighted. It was further added that investment in child rights must be a government priority and that cash transfers and other forms of social protection have potential to help support this, as well as advocacy for increased budget allocations.

Save the Children also indicated that they would be happy to work on helping build the capacity of agencies and other stakeholders to analyse budgets.

Especially vulnerable children

Refugee children were also highlighted by UNHCR as a group who need to be included. A psychosocial support model has been developed for refugee families in Rwanda that is working well and demonstrating change amongst participants in the programme.

During the wrap up, the session moderator noted that definitions of child protection can be different. The moderator also noted at the end of the sessions that the main issues for community based child care and protection mechanisms emanating from the presentations are: child care and protection systems, informal and formal; the discussion around the many different models; and how do we know what is working. The moderator also noted key points including the need for coordination, the need to have evidence to show impact, and an interesting discussion on budgets. In conclusion, the moderator said that speaking as a child protection specialist we need to harmonise more and work together and draw more efficiently on collective knowledge and learning.

C. Day One: Group work summary

Main question: *How can we as child care and protection actors support the successful implementation of the child care reform framework in Rwanda?*

1) **Coordination group:** *What should be our priority actions going forward together?*

The three main priority actions which were identified in supporting the successful implementation of the child care reform framework through coordination are: strengthening the CPWG and linking it to the national child care reform; working collectively to sensitise parents and families on the educational and PSS needs of children with disabilities; undertaking a national child protection situation analysis (who is doing what, how are they doing it, successes and challenges).

Additional group feedback and discussion around coordination

The existing Child Protection Working Group (CPWG) needs to have an expanded membership and needs to act as the coordinator for action plans and strategies from the various frameworks. An expanded CPWG should be led by government - specifically the NCC - and coordinate with other ministries;

Coordination at the decentralised level is very important as well as more vertical and horizontal coordination. This should include other ministries not just the MIGEPROF, as well as other stakeholders and partners. Planning is very important in the coordination process, and districts also need to address coordination when they are planning. For example, child protection planning and strategies need to be decentralised to a certain extent. This can be done through existing decentralised models such as District Joint Action Development Forum (DJADF) and include the support to the *Inshuti z'umuryango* programme.

Whilst specific sectors such as “social justice” or “social protection” already exist, participants agreed to work harder to ensure that “child protection” is included in all relevant sectors and frameworks. Additional advocacy is therefore required in the other sectors to ensure that child protection concerns are addressed from within their mandates.

Finally, an accountability mechanism (based around M&E) is required or needs to be enhanced so that reports and plans can really reflect what is actually happening on the ground. In addition, an organised referral pathway does not yet exist.

2) **Resources group:** *What are the resource implications for the child care reform framework?*

The three main priority actions which were identified in supporting the successful implementation of the child care reform framework through addressing resources were: Mobilise resources which can support the development and dissemination of

alternative care guidelines, training and capacity building on the reintegration of children into families; Put in place a fund which can be used for emergency family reintegration, family strengthening and support; Support awareness raising around family strengthening and ongoing follow up, coordinating with Inshuti z'umuryango.

Additional group feedback and discussion around resources

There is a current funding gap of US\$ 6 million for the child care reform process. Partners and other stakeholders need to come together to mobilise resources from different sources in a coordinated manner. This includes providing input into discussions around the financial and resource issues.

It was proposed to reflect on what participants heard about investment in children in the morning session, so that they should look at how the government is contributing to the children's budget. They should also consider what innovative ways exist to mobilise and contribute additional funds.

Going forward participants do need a concrete, clear set of actions in order to address the resources issue.

3) Children with disabilities group: *How can children living with disabilities be better integrated into communities?*

The three main priority actions which were identified in supporting the successful implementation of the child care reform framework through a stronger focus on children living with disabilities were: Undertake a national survey or baseline on children living with disabilities; Improve coordination at the decentralised level (e.g. district) between a range of ministries and sectors; Increase the number of professionals needed to work with children with disabilities.

Additional group feedback and discussion around children living with disabilities

Generally, it was noted that actors should remember to invest in children with disabilities, and advocate for their rights. There are currently many challenges which hinder providing adequate care to children with disabilities including discrimination, children who are kept isolated, family shame and stigma. Sensitisation, education and awareness raising is needed for parents and families on better care of children with disabilities.

In terms of education, integration and mainstreaming of children with disabilities needs to take place at all levels within the education system, including Early Childhood Development and Higher Education.

In light of the comment above regarding children's integration into mainstream education and the emphasis on inclusive education policies and strengthening families, in some cases, day centres which provide special needs support should also be created, in an attempt to prevent children with disabilities from being sent to

institutions. Many parents cannot care for their children during the day so resort to institutional care. In addition, the number of professionals who can assist children with disabilities needs to be increased.

Structures such as schools, as well as other facilities, also need to be built with the needs of children with disabilities in mind.

Finally, the coordination of strategies and plans which address children with disabilities should be coordinated by the NCC, including supporting an inclusion agenda for children with disabilities. Existing forums such as the National Council for People with Disabilities (NCPD) should also create a section which focuses specifically on children.

4) Community-based child protection group: *How can community-based child protection mechanism link more strongly to formal systems?*

The three main priority actions which were identified in supporting the successful implementation of the child care reform framework through fostering stronger linkages between community groups and formal mechanisms were: Develop a harmonised model of community-based child care and protection mechanisms; Improve regular monitoring and evaluation of existing mechanisms for child protection; Investigate how to improve links between formal and informal systems.

Additional group feedback and discussion on community based child protection

There was strong call for the need for coordination mechanisms which can incorporate the formal and informal systems. **In addition, clear guidelines are required on how the existing community-based child protection initiatives will collaborate with Inshuti z'Umuryango.** Coordination also includes developing more harmonised models of community-based child care and protection and a set of agreed standards. The NCC noted that guidelines are being developed for each of the seven ICRP main areas by the NCC.

In addition, a more participatory working plan is required for community-level child care and protection which also includes empowering existing community structures with more training and more regular monitoring and evaluation of existing mechanisms for child care and protection.

Finally, questions were asked during the discussion as to who should be involved in supporting community-based child care and protection structures and it was noted that there is a gap at village level in terms of service provision.

Table 1 shows which bodies and individuals are interested in working further to address the various priorities.

DAY TWO

III. SESSION THREE: EVIDENCE BUILDING AND ADVOCACY

Moderator: Karinganire Charles, University of Rwanda

Presentations:

- 1)** Development of the most vulnerable children database, National Commission for Children
- 2)** Child Protection Information Management Systems: analysis and recommendations, UNICEF
- 3)** The TMM communication strategy and existing advocacy mechanisms, National Commission for Children
- 4)** The Alternative Care Measuring Tool, Hope and Homes for Children
- 5)** Umugoroba w'Ababyeyi Parents' Forum, MIGEPROF
- 6)** The Child Rights Coalition- Umwana Ku Isonga, Child Rights Coalition

A. Summary of Presentations

1) Development of the most vulnerable children (MVC) database, presented by Absolom Muramira, National Commission for Children

Presented by the NCC, the objective of the most vulnerable children database or Information Management System (IMS) is to establish a mechanism by which data and information on children's issues is collected, analysed and used by different stakeholders to inform programme and management processes. The database will be available to all who become members and is intended for multi-sectoral and multi-agency use.

The IMS is web based and hosted by the National Data Centre. The IMS is in the process of being rolled out and is planned as follows;

Phase 1: Developing Tools, Training, & Data Collection - 720,619 children were identified as most vulnerable nationwide. **Phase 2:** Data Entry, Analysis & Dissemination - Expected to commence in January 2015. **Phase 3:** Data Use - Expected to start in July 2015.

Additionally, efforts will be made to integrate this IMS with other databases in the future.

2) Child Protection Information Management Systems: Analysis and recommendations, presented by Mona Aika, UNICEF

Presented by UNICEF, this presentation commenced with a brief explanation of the background. An assessment was recommended by the NCC in collaboration with UNICEF and conducted by the International Rescue Committee (IRC) to inform a strategy to establish a National Child Protection Information Management System for case management. It was found that there is a significant need within Rwanda's

child protection community (both governmental and non-governmental) for a greater understanding of child protection case management, including capacity building to undertake case management. In addition child protection referrals were shown to be mostly informal and that referral pathways require strengthening. Finally the assessment found that coordination among child protection actors is weak.

The assessment also made a number of recommendations which included:

- Undertaking an incremental approach to establishing a national child protection information management system is required to support case management using de-institutionalisation of children as an entry point;
- Using a gradual process of adoption and then testing;
- Introducing a Child Protection Information Management System (CPMIS) to support child protection case management once a national case management system is functioning and capacity has been built among the social workforce, at both the government and community level;
- Linking the IMS with refugee camps;
- Link to the global child protection IMS steering group (UNICEF, IRC, Save the Children).

As a result of the findings and recommendations, the CPMIS strategy was developed which includes at its core: incremental development and continuous change, building on the district pilots and extend them vertically (Sector, Cell and Village) and horizontally (Juvenile Justice), and influencing partners and stakeholders to adopt consistent data definitions and formats.

The main function of the CPIMS will be to:

- 1) Support management of individual cases including:
 - Ensuring the required data is recorded in one place;
 - Managing the response;
 - Managing referrals.
- 2) Provide statistical analysis and indicators including:
 - Monitoring activities, results and outcomes;
 - Helping identify needs and priorities;
 - Advocating for funds/policy change;
 - Ensuring accountability.

The system is currently being tested at the district level in order to: test out ideas before committing to scale; build on interagency collaboration; contribute towards the development of a child protection system; make best use of limited technical capacity but still provide intensive support; generate practical examples of what a CPMIS could deliver and; create advocates and champions.

3) The TMM communication strategy and existing advocacy mechanisms, National Commission for Children

The TMM communications strategy was presented at the workshop by the NCC. The purpose of the communications strategy was described as “to support the implementation of the national child care framework - TMM - by the enhancement of public and private partnership for building family assets and self-reliance”.

Communication and advocacy efforts by the programme will focus attention on birth families and alternative family-based care. It will promote positive change in attitudes, behaviours and relationships within families, work places and community for improved child care. It will also engage government, civil society, and the private sector in efforts to establish strong child care structures and it will promote partnerships across these sectors to achieve large scale implementation of the national child care reform.

The approach uses radio as a key communication medium as well as social media, edutainment and religious and other local structures. Its primary targets are parents and guardians, Child Care Institutions, NCC employees, psychosocial workers and community volunteers.

4) The Alternative Care Measuring Tool, presented by Deus Kamanyire, Hope and Homes for Children

The presentation of the alternative care measuring tool explained how the tool is being developed in order to help countries measure their progress on the Implementation of the “UN Guidelines for the Alternative Care of Children”. Rwanda is one of the countries selected to test the tool.

The purpose of the tool is to:

- support actors and networks at the country level to assess how far they have progressed in the implementation of the Guidelines;
- help Governments and NGOs measure the extent to which they have effectively implemented the guidelines;
- measure how far key indicators have been achieved and how to prioritise key areas.

5) Umugoroba w’Ababyeyi (Parents’ Forum), presented by Laetitia Umutirabura, MIGEPROF

Umugoroba w’Ababyeyi is a “Home Grown Solution” to promote self-reliance amongst the general population. It was first started in 2010 as Akagoroba k’Abagore and a new official programme was subsequently launched in March 2013 by the First Lady Madame Jeanette Kagame. The overarching goal of the programme is to improve family relationships and living conditions and ultimately contribute to Rwanda’s sustainable development.

Umugoroba w’Ababyeyi is a holistic programme, implemented by a range of Ministries, which has a competitive advantage over other programmes as its scope is very broad, encompassing aspects of wellbeing and the quality of life i.e. finance,

health, safety, self respect, justice, access to goods and services, social life etc. This programme also promotes economic opportunities for families and strengthens their participation in economic, social and health processes.

Since the programme started some of achievements include, among others:

- Cases of mitigated conflicts and mind set changes in relation to GBV;
- Reunited couples and the prevention of marital separations;
- The reinforcement of positive traditional cultural values such as “*kugabirana, kuzitura, kuremerana, kugira ubupfura, guhana umuganda, kuragizanya no gufashanya*’ .

6) The Child Rights Coalition- Umwana Ku Isonga, Child Rights Coalition presented by Enock Nkurunziza

The mandate of the Child Rights Coalition is to monitor and report on the implementation of the United Nations Child Rights Convention and the African Charter on the Rights and Welfare of the Child. It is also to coordinate activities carried out by individual member organisations in relation to implementing and reporting on these international and regional treaties.

The Coalition is made up of both national and international organisations and undertake advocacy in support of the implementation of the UNCRC and ACRWC.

The Coalition has identified a number of achievements so far which include:

- The sensitisation of CSOs, youth and children on child rights;
- The translation, production and dissemination of the UNCRC concluding observations and the Bujumbura Declaration on Child Rights in East Africa;
- Network building with other regional Child Rights Coalition, for example, Each rights;
- The preparation and celebration of the Day of the African Child with children and other actors, where children discuss child rights;
- The production, submission and presentation of UNCRC alternative report to the UN in 2012 and of the Alternative Report on ACRWC to the African Union in 2014.

Despite these successes the Coalition noted that it is still challenged by insufficient and unsustainable funding.

B. Comments and discussions from Session Three

The moderator asked as to whether the Umugoroba w’Ababyeyi initiative is really making difference to families? Or is it confined to women? Does it promote gender equality? Gender equality and family strengthening can be a good strategy for child protection. It was not clear to what extent this query was answered during the session.

It was also noted by the MIGEPROF presenter that one key issue is that people don't want to open up about family conflict, such as GBV. This is a great challenge for the Umugoroba w'Ababyeyi programme and efforts are being made to encourage people to discuss these issues.

A question was also asked as to how the IMS and the OVC databases and systems are linked, stressing that there does need to be a link. It was explained that the data bases are slightly different as one focuses on case management and the other on data, so they are not yet integrated. However there are plans to see how this might be effected once both initiatives are up and running.

C. Group work summary - Evidence and advocacy café conversations

1) Evidence gaps and challenges group

This group asked three main questions (below) and elicited a number of responses where priority issues were identified.

- *What are the evidence and learning challenges and how can we minimise them?*
- *What are the challenges for advocacy?*
- *What re the three priority areas for advocacy or research in Rwanda?*

The three main priority actions which can help to address these questions above were identified as:

- Address the mind set and resistance to change within organisations;
- More evidence is needed to inform community-based initiatives;
- Support transforming research and evidence into practice.

2) Coordination of advocacy and evidence building group

This group asked one key question: *In what ways can we coordinate our research and advocacy efforts more effectively to increase knowledge and improve practice?* Four priority actions areas were subsequently identified through the conversations. These were:

- Produce research, learning and advocacy briefs;
- Create a centralised site/library for research and information;
- Coordinate the research process more effectively (planning, validation, dissemination, usage);
- Implementing bodies need to harmonise child protection initiatives.

3) Information on advocacy and evidence building group

This group asked the following question: *Are the examples of other evidence, research, data and information that you know of? Where have they occurred and what has been their focus?* Three priority actions areas were subsequently identified through the conversations. These were:

- Create a centralised place for research sharing and access;
- Coordinate the research process (from research and learning to dissemination and take up);
- Capitalise on research being undertaken by students.

4) Resource implications (people and funds) group:

This group asked three key questions below:

- *What are the resource implications for stronger evidence and advocacy?*
- *What potential entry points or strategies are needed?*
- *What are the top three priorities for action?*

Discussions resulted in a number of priorities (five) being identified which were:

- Strengthen partnerships with media in order to disseminate messages and advocacy initiatives;
- Support the District level to advocate to government and other bodies on key issues;
- Strengthen Human Resources in order to undertake research and evidence collection (e.g. universities);
- Provide advocacy and communications training;
- Put more resources into dissemination of data and findings and not just for undertaking research.

Table 1 shows which bodies and individuals are interested in working further to address the various priorities.

IV. SESSION FOUR - CAPACITY BUILDING: NATIONAL, DISTRICT, COMMUNITY AND FAMILY LEVELS

Moderator: Francois Bisengimana, National Commission for Children

Presentations:

1. Capacity Building Plan for Rwanda's National Commission for Children, National Commission for Children
2. Social workforce capacity development in Rwanda:
 - a) Rapid Social Workforce Development: Rwanda's TMM Training Series, National Commission for Children
 - b) National social workforce capacity building - Successes and Challenges, Hope and Homes for Children
3. Family Strengthening - Building the capacity of families and the Active Family Support Model, Global Communities

A. Summary of presentations

1. Capacity Building Plan for Rwanda's National Commission for Children, National Commission for Children

The NCC presented the main elements of its capacity building plan at the meeting. Based on a capacity assessment the following priority capacity needs were identified within the NCC:

- Strengthening leadership around the Integrated Child Rights Policy (ICRP);
- Improving coordination of various actors involved in the child protection system;

- Undertaking advocacy²;
- Strengthening links to clients and community;
- Improving monitoring and evaluation, research and documentation;
- Increasing resource mobilisation.

Based on the capacity assessment, a capacity building plan 2014-2016 was subsequently developed which has a number of objectives. These include:

- Establishing operational guidelines outlining the obligations for the implementation and monitoring of the seven areas of the ICRP to ensure that all parties are clear on how the NCC will be leading, coordinating and monitoring ICRP implementation;
- Developing an integrated information management system that can be used for multiple strategic purposes, including: programme planning; ICRP data collection and information sharing; stakeholder and partner analysis; and routine monitoring and evaluation;
- Establishing a coordination mechanism to regularly convene partners involved in child protection at all levels of the system.

2. Social workforce capacity development in Rwanda

The social workforce capacity building was explained in two parts, firstly through a presentation by UNICEF focusing on Rwanda's TMM Training Series and then by Hope and Homes for Children, which focused more on what has been learned so far, challenges and achievements.

a) Rapid Social Workforce Development: Rwanda's TMM Training Series, UNICEF

The goal of the TMM rapid social workforce development initiative is to build and strengthen the capacity of the social welfare workforce to deliver and coordinate childcare and protection services at decentralised levels. The training focuses on:

- A mix of pre-service and in-service training;
- Classroom learning supplemented by field-based supervision;
- An emphasis on assessment - training satisfaction, training relevance to job function, actual work function/ behaviour.

The integration of mobile technology was also a key part of the capacity building exercise. This includes an SMS application to survey trainees on actual field work prior to upcoming modules and using tablets to facilitate professional productivity - such as scheduling and reminders - and to provide professional resources and guides.

The programme has learned a number of valuable lessons so far which include:

- There is a low level of digital literacy amongst workers which implies that technology needs to be introduced at the earliest possible opportunity;

² It was not clear from the presentation precisely the type of advocacy planned.

- Case management needs to be strengthened;
- The linkages between classroom learning and field application need to be strengthened which requires increasing the frequency of field supervision as well as bolstering the structure and organisation of field supervision;
- Stakeholders need to be engaged more substantially throughout the training series.

b) National social workforce capacity building - Successes and Challenges, Hope and Homes for Children (HHC)

This second and linked presentation on the national social workforce outlined the main elements and achievements of the joint social workforce capacity building project between the NCC, UNICEF, HHC and Tulane University in Rwanda. The project identified the need to strengthen the social workforce in Rwanda. Child care reform involves the transitioning of children from institutions to families and other family-based alternative care. In order to achieve this, the following capacity is required:

- An adequate number of professional workers to provide quality services;
- Increased capacity of the social workforce for both existing and new professionals;
- Increased quality support to families and children - including oversight of alternative care options - not just sending children home;
- Addressing psychosocial and psychological needs of children and families;
- An army of professionals to build the capacity of sectors, cells and villages.

Based on a number of key partnerships, resource mobilisation, training exercises and support the programme has so far achieved the following successes:

- The recruitment of 48 government senior social workers and psychologists with 40 more individuals who have been selected for training;
- In partnership with HHC staff, over 1663 children were reintegrated and provided with post placement support between January 2012 and October 2014;
- Over 183 children have been prevented from being separated from their families, using a range of prevention and gatekeeping strategies in collaboration with local leaders;
- The programme has demonstrated the capacity to deliver quality services, using deinstitutionalisation methodology and following key steps;
- The complementarity of skills of social workers and psychologists has been strengthened including case management processes and team decisions around the child;
- There has been deployment in three Districts: Rubavu, Nyarugenge and Kicukiro and the placements so far appear to be sustainable;
- All participants in the programme have demonstrated improved capacity to develop deinstitutionalisation plans, use and complete relevant diagnostic tools e.g. assessments and documentation, as well as demonstrating skills in

working with vulnerable children and their families using various stages of interventions, intervention plans and follow up;

- There is an increased ability to engage with different stakeholders and clients in determining the best interest of the child as well as an increased ability to create effective linkages with community social protection networks, such as childcare networks;
- Techniques in maintaining self-care and managing burn out associated with the nature of work have been introduced;
- Social workers now use intervention tools and manage confidential information of children and families;
- There is now intensified monitoring and follow up and also a crackdown on illegal care practices.

The programme has also experienced some challenges which include inadequate logistical support to facilitate travel, meals, accommodation of professionals while on duty; additional training for dealing with difficult cases, for example children with special needs; inadequate time allocated for field-based supervision; limited time to cover key modules in the training course and modules and training materials that were in English.

The social workforce capacity building plan is responding to lessons learned and challenges and plans to now:

- Increase the budget for and facilitation of logistical support;
- Build the capacity of lower level psychosocial workers to supplement the efforts of professionals;
- Translate some key training materials into Kinyarwanda;
- Allocate more time for field based supervision;
- Plan well to allow for enough time to cover all the training modules.

3. Family Strengthening - Building the capacity of families and the Active Family Support Model, Global Communities

The “Higa Ubeho” initiative seeks to increase the use of health and social support services among the most vulnerable families to mitigate the impact and reduce the risk of HIV and other health threats by supporting broad range of services and support at the community level.

The support to families is based on the categories of “Ubudehe” which is a community-based system that assesses the financial situations of citizens living in villages throughout Rwanda. The community evaluates each household’s or citizen’s financial and asset situation and places it in one of six categories of Ubudehe³.

So far 122,771 individuals served from over 75,452 vulnerable households. The capacity for household economic strengthening has been built in 23 districts and

³ Ubudehe categories were being reviewed at the time of the meeting

5,846 new community-based service points have been established with 61,448 parents and guardians of vulnerable children benefiting from economic strengthening.

In addition, the Ishema Mu Muryango programme (“Pride for the Family”) which links to Higa Ubeho has also so far reached nearly 4000 children under five years old in playgroups in 26 Districts.

The programme has identified a number of good practices which include:

- Using savings groups as an entry point for services including savings, emergency funds (Social Welfare Fund), loans and business planning, development and growth;
- Working through groups rather than individuals to encourage social cohesion, positive peer influence and peer-to-peer learning;
- Leveraging existing local resources such as existing assets, using volunteers and local civil society organisations;
- Continuously looking at way in which the programme can be improved.

The Active Family Support Model - a jointly implemented initiative by HHC, the NCC, UNICEF and the Imbuto Foundation - was also presented as another successful model which can strengthen families. This model is innovative because it targets young people in the context of their family and community and provides key support to enable young people who have been living institutions to reintegrate into the community and live more independently.

The interventions are tailored to individual needs and circumstances, and are designed to assist young adults and their families by strengthening resiliency, education, skills, livelihoods and standards of living. The families also contribute to the design of the intervention plan based on their own particular strengths.

The model also includes providing support in the form of training, resources and other services for improved housing, physical and mental health, education and the household economy.

The model has had a number of successes but has also identified the following challenges and lessons including:

- The programme is resource intensive and it targets a relatively small number of participants at one time with no instant results - this is a medium to long-term programme;
- The programme requires a range of technical skills from employees and requires detailed information and individual assessment;
- Communities need to be involved at all levels and stages and commitment and real dialogue is required in order for long lasting changes to take place.

B. Comments and discussions from Session Four presentations

There was an emphasis in the discussion on addressing the capacity gaps at the district level within the social workforce in order to improve child care and protection - for instance there are many legal issues of land inheritance and land grabbing which affect children who lose their parent(s).

It was suggested that workers at the district level need to better understand their roles and responsibilities which will necessitate developing manuals and procedures for the district level. It was noted in response that this need is already included in the TMM plan.

In general it was also noted that strengthening the social workforce needs to happen at district, community and family levels, in particular, including case management and referral systems strengthening, with additional questions being asked as to what has impeded the quality training of professionals and para-professionals at these levels so far.

There was additional discussion as to whether social workers should also act as coordinators with disagreement as to whether this was the role of social workers or local government.

There were also concerns as how emergency care can be provided in cases, for example, where children are being abused or have serious behaviour issues.

V. CLOSING REMARKS BY UNICEF, BETTER CARE NETWORK, SAVE THE CHILDREN AND THE NATIONAL COMMISSION FOR CHILDREN

During the closing remarks it was noted that different ministries including the Ministry of Gender and Family Promotion, the Ministry of Education, the Ministry of Justice and the Rwanda National Police were present at the meeting, indicating the beginnings of closer inter-ministerial collaboration and coordination.

The centrality of family strengthening in child protection and the child care reform process was also acknowledged.

It was also noted that resources will always be at the centre of the discussions, and that advocacy needs to continue among actors in order to mobilise resources and improve policy, programming and coordination. However it was also acknowledged that there were already many resources in the room which can be employed to address the various challenges and gaps. For instance, Save the Children committed to working collaboratively with the NCC and BCN to increase investment in children and take the care reform agenda forward.

BCN noted that it will be following up with the NCC around the priorities identified and interest shown during the meeting and there was a hope to meet again in the near future to follow up on progress.

Finally the NCC's Executive Secretary made a number of key points on closure.

Firstly, the Executive Secretary emphasised that consultation amongst stakeholders is required by the government to know how it should go forward and that this meeting and the presentations we heard show that there is indeed support to work together on child protection and child care reform.

In addition, it was pointed out that the implementation of child care reform started two years ago, and that much has already been achieved. Very few institutions since 2012 have been receiving new children and whilst between 2010-2011 the number of new entries into institutions was more than 200, in 2013 only 22 children entered institutions.

Part of this success is demonstrated by the fact that institutions have changed their behaviour since the start of the child care reform programme and many families have also been strengthened, which has prevented the institutionalisation of new children. For example, many children have been taken by their extended families or fostered as a result of the programmes implemented under recent child care reform efforts. This should be considered a real achievement because it was previously the culture to take the child directly to an institution.

The NCC also invited stakeholders to work ever more increasingly closely with the NCC, noting that government has made the environment conducive to collaborative partnerships and coordination. It was stated that there is good leadership, policies and an environment where stakeholders can work more openly and transparently together. The NCC stressed that efforts should be coordinated to avoid competition and confusion between actors and the general population.

Some key priorities and commitments identified at the meeting were also highlighted by the Executive Secretary's closing remarks including:

- Coordination – USAID/LMG has committed to supporting strengthening the CPWG and coordination mechanisms;
- Developing guidelines to harmonise efforts;
- Increased community-based support;
- Capacity building.

Finally, the Executive Secretary also noted that areas such as ECD and adolescent safety and life skills, including helping girls avoid unwanted pregnancies and stay in school, are also priority areas even though they are not always treated as such, and that these challenges need to link to child care reform and child protection.

VI. SUMMARY OF FEEDBACK FROM THE EVALUATION FORMS

All the participants expressed their satisfaction with the workshop's focus and discussions. The main comment from participants is that they wanted more time to discuss issues in depth and come up with action plans. They would have preferred to have less time allocated to presentations.

VII. CONCLUSIONS

The meeting demonstrated that exemplary progress has already been made in reforming children's care in Rwanda through the strengthening of families and other strategies. It was also clear that there is strong political will to continue with this reform.

However the meeting also helped to bring certain issues, themes and priorities to the fore where progress is being made and where challenges are being encountered and additional support is required. For the most part these emerging themes and priorities cross cut the three focus areas of evidence, advocacy and capacity.

Going forward, participants were enthusiastic to take part in a second meeting where progress in addressing the various priorities could to allow for further group sharing, discussion, reflection and planning around the family strengthening and alternative care agenda in Rwanda. This should certainly take place on the back of concerted follow up by the various actors in relation to discussions, comments and commitment made during the workshop.

KEY DOCUMENTS AND REFERENCES

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Child Protection in Crisis Learning Network (2013) Best Practices for engaging community-based child protection mechanisms and establishing synergies with the education sector: learning from protracted refugee settings in Uganda and Rwanda.

Child Protection in Crisis Learning Network (2013) Community-Based Child Protection Mechanisms in Refugee Camps in Rwanda: An Ethnographic Study

Wessells, M et al. (2009) Executive Summary: What are we learning about protecting children in the community?

Table 1: Priority areas, indications of interest and scoring		
Priority areas	Scoring	Interested institutions, organisations, agencies and individuals
Evidence building and sharing		
Develop a harmonised model of community based child protection mechanisms.	*****10	Esron - USAID, Ancilla -Uyisenya ui Imanzi, Patricia - AVSI, UCC, Esperance - NCC, Eugene - CARE Int., Charles -Mini Jus, Sara Lim - UNHCR, Elisa - Save the Children, Alexia - NCC
Undertake a national child protection situation analysis (who is doing what, how are they doing it, successes and challenges).	*****6	USAID, UNICEF, Save the Children, Catholic Univ. of Rwanda, Umwana Ku Isonga,
Improve regular monitoring and evaluation of existing mechanisms for child protection.	*****6	Umwana ku Isonga, NCC, Gisimba Memorial Organisation, NCC, SOS CV, UNICEF
Produce research , learning and advocacy briefs;	*****6	Umwana Ku Isonga, Care International, HHC, Save the Children, World Vision,
Investigate how we can improve links between formal and informal systems.	*****5	Univ. of Rwanda, World Vision, Global Communities, Save the Children
More evidence needed to inform community based initiatives.	*****5	AVSI, USAID, Global Communities, CRS,
Support transforming research and evidence into practice.	****4	UNHCR, MINEDUC, NCC, Catholic University of Rwanda
Address the mind set and resistance to change within organisations to improved programming based on evidence	****4	NCC, Uyisenya ui Imanzi, Umwana Ku Isonga, MIGEPROF
Coordinate the research process.	***3	MIGEPROF, NCC, Catholic University of Rwanda
Strengthening Human Resources to undertake research and evidence collection (e.g. universities).	**2	University of Rwanda, Catholic University of Rwanda
Undertake a national survey or baseline on children living with disabilities.	**2	HHC, Umwana ku Isonga
Capitalise on research being undertaken by students.	**2	Catholic University of Rwanda, University of Rwanda
Coordinate the research process more effectively (planning,	**2	NCC, MIGEPROF

Table 1: Priority areas, indications of interest and scoring		
Priority areas	Scoring	Interested institutions, organisations, agencies and individuals
validation, dissemination, usage).		
Create a centralised place for research sharing and access.	**2	NCC, Enock - Umwana Ku Isonga
Implementing bodies need to harmonise child protection initiatives.	*1	NCC
Put more resources into dissemination of data and findings: not just undertaking research.	0	No names
Strengthening advocacy		
Support awareness raising around family strengthening and ongoing follow up, coordinating with Inshuti Z'Umuryango.	*****8	NCC, Global Communities, NCC, UNHCR, SOS CV, AVSI, World Vision, Agnes RR -CRS
Provide advocacy and communications training.	*****7	HHC, NCC, World Vision, UNHCR, Save the Children, ANPCANN Rwanda, UCC
Strengthen partnerships with media to disseminate messages and advocacy initiatives.	*****6	- Care Int., NCC, MIGEPROF, HHC, Global Communities, Umwana Ku Isonga
Sensitise parents and families on educational and PSS needs of children with disabilities.	****4	Min Education, - UCC, - SOS CV, Gisimba Memorial Centre, MIGEPROF
Strengthening Human Resources to undertake research and evidence collection (e.g. universities).	**2	University of Rwanda, Catholic University of Rwanda
Support district level to advocate to government and other bodies on key issues.	*1	Umwana Ku Isonga
Strengthening capacity		
Strengthen the CPWG and linking it to the national care reform process	*****11	NCC, UNHCR, World Vision, UNICEF; ANPCANN Rwanda, NCC, USAID, CRS, Save the Children, UNICEF, Care International
Increase the number of professionals needed to work with children with disabilities.	*****5	UCC, MiniJust, UNHCR, MINEDUC., SOS CVs
Improve coordination at the decentralised level (e.g. district)	****4	HHC, NCC, MIGEPROF, Min of Justice

Table 1: Priority areas, indications of interest and scoring		
Priority areas	Scoring	Interested institutions, organisations, agencies and individuals
between a range of ministries and sectors.		
Mobilise resources which can support the development of guidelines, training and capacity building on the reintegration of children into families.	***3	UCC,HHC, NCC
Put in place a fund which can be used for emergency family reintegration, family strengthening and support.	**2	Uyisenya N' Imanzi, CRS

Annexure 1: Workshop Participants

Name	Representing
Absolom MURAMIRA	NCC
Agnes Rita RURANGIRA	CRS
Alexia MUKASHEMA	NCC
Amadou SECK	UNICEF
Ancilla MUKARUBUGA	Uyisenga Ni Imanzi
Annet BIRUNGI	NCC
Charles KALINGANIRE	UR/CASS
Charles MURAMA	MINIJUST
Damscene MUSABYEYEZU	NCC
Denyse AMAHIRWE	Save the Children
Deus KAMANYINE	HHC Rwanda
Diogene KAREGA	SOS CV Rwanda
Elie MUNEZARO	Gisimba Memorial Centre
Elisa RADISON	Save the Children
Emmanuel HAKIZIMANA	CUR
Enock NKURUNZIZA	AJPRODHO
Esperance UWICYELA	NCC
Esrone NIYONSABA	USAID
Francois BISENGMANA	NCC
Furaha SIRAJI	NCC
Geoffrey Mugawa	Save the Children
Innocent HARIMFURA	Global Communities
James NDUWAYO	NCC
Jeanne MUREKATETE	ANPCANN
Laetitia UMUTIRABURA	MIGEPROF
Lili BIRNBUM	Columbia University
Lucy Hillier	BCN Consultant
Lydia MITALI	Ministry of Education
Marcel SIBOMANA	Save the Children
Milton FUNES	Global Communities
Mona AIKA	UNICEF
Moses KATUSIME	World Vision
Patrizia SCURATTI	AVSI
Ramatou TOURE	UNICEF
Roger DIRKX	UNICEF
Sara Lim BERNARD	UNHCR
Shafiga Murebwayire	RNP
Sherry MCLEAN	BCN Consultant
Susanne BALERA	NCC
Valens NKURIKIYINKA	BCN
Zacharie DUSINGIZIMANA	UCC
Zaina Nyiramatama	NCC

Annexure 2: Child protection systems strengthening within the context of child care reform in Rwanda

The workshop was also combined with the desire to look more closely at how child protection systems in Rwanda could be strengthened, for instance by identifying strengths and weaknesses in the current system and by looking at examples from other counties in the region. Due to time constraints this aspect of the meeting was somewhat limited. However by using child care reform as a general entry point for strengthening child protection systems in Rwanda, a number of insights as to how to address child protection systems strengthening were identified during the workshop.

These recommendations are based on the themes and priorities identified from the workshop as well as observations and comments from the consultant. The recommendations should be considered as complementary to the many excellent recommendations suggested in the Rwanda Country Care Profile 2014.

1) Strengthening child protection systems in Rwanda

As the meeting noted, the concept of strengthening child protection systems in Rwanda is still relatively new in terms of practice for many actors, especially at the CSO level where programmes often still reflect single issues such as OVC. However, child care reform in Rwanda is also viewed as an entry point into larger, more holistic strengthening of the child protection system (Rwanda Country Care Profile, 2014).

During the meeting the need to work with other sectors was constantly highlighted as was the core role of effective coordination in order to strengthen child protection systems, and it was acknowledged by most that coordination on almost all levels is currently weak and needs to be strengthened to improve child protection and child care reform.

It is therefore suggested that the call to expand and strengthen the CPWG as a coordination focal point could be considered as an entry point for Save the Children and other stakeholders wishing to facilitate the strengthening and implementation of a systems approach to child protection and child care.

Another key priority from the meeting was the need to get a more accurate picture of the child protection landscape by undertaking a situation analysis. By financially or technically supporting this study it could be possible to ensure that the study approaches the analysis from a systems perspective, using existing tools developed for this purpose, highlighting where there are linkages, gaps and barriers in the current system. For instance, Save the Children, in partnership with UNICEF, could also consider how it can bring its involvement and expertise in systems strengthening in the region, via the *Interagency Working Group on child protection systems strengthening* to this study.

Notably the meeting highlighted that that whilst specific sectors such as “social justice” or “social protection” already exist, participants needed to work harder to

ensure that “child protection” is included in all relevant sectors and frameworks. Additional advocacy is therefore required in the other sectors to ensure that child protection concerns are addressed from within their mandates.

Additionally, given Save the Children’s comparative advantage in and commitment to promoting investment in children, as well as its commitment at the meeting to provide support to partners in this area, consideration could be given to proposing or supporting a supplementary component to a child protection situation analysis which looks at how resources are allocated and used. The implication of a lack of coordination and areas of overlap and duplication is that resources are not used as efficiently as they could be. Recommendations to government/NCC/CPWG as to how to budget for children across a system as opposed to within one ministry would contribute greatly to strengthening a Rwandan child protection system.

Finally, the strong role of community and district level structures in the child care reform process, the defining role this can play in the effectiveness of the entire system (Wessells M. 2009), and the fact that this issue was prioritised during group work around community-based child protection suggests that Save the Children could especially prioritise, promote and support further investigation into the linkages between community-based child protection mechanisms (formal and informal) and how they link to the formal child protection system.

2) Community-based interventions and responses to child care and protection

There was much discussion in the workshop around the role of community-based child protection mechanisms and the challenges which are being encountered. These include:

- a) The proliferation of community-based interventions to address child care and protection;
- b) The need to identify and develop robust, effective models of community-based child protection in Rwanda and;
- c) The heavy burden of responsibility on communities and volunteers to deliver programmes.

The meeting highlighted that there is a proliferation of community-based interventions supported by government and civil society alike, but with duplication, a lack of coordination and a lack of alignment to national programmes. The meeting recommendation to undertake a national survey on community-based child care and protection mechanisms is certainly a priority at this point, as a more accurate understanding of who is doing what at the community level is very clearly needed. This is certainly a possible entry point for further Save the Children collaboration. For instance, SC could link to, advise or be part of the planning committee around this survey. SC might also want to consider providing some financial support for a study of this kind.

Likewise, the call for a standard model of community-based child protection and the recognition of the need to prioritise and improve regular monitoring and evaluation of existing mechanisms is another possible entry point for Save the Children. SC

could consider how it could link learning groups, such as the CPC /Africhild, to stakeholders and support a stronger evidence base around CBCPMs and how this could translate into programming.

The meeting presentations and discussions also gave the impression that a significant burden of responsibility has been placed upon community systems and volunteers. This aspect could be included in the scope of any SC supported study of CBCPMs.

3) Improving aspects of evidence and knowledge generation and sharing

The meeting made a number of strong recommendations regarding information collection, dissemination and usage. And the meeting also placed a strong emphasis on how information and learning is turned into practice. This was particularly highlighted around community-based initiatives. The disconnect between what is known and what is actually shared and incorporated into policy and programming is a common challenge in many countries.

Save the Children could help address this challenge by perhaps supporting the increased channelling of information from the *Interagency working group on child protection systems strengthening* (CPSS Working Group) with learning and implications drawn from evidence or motivating to the CPSS Working Group to undertake some work or studies in collaboration with Rwandan bodies. Of note, the case study(s) which are currently (Jan. 2015) being collected by the CPSS Working Group in Rwanda require additional support from Rwanda-based organisations in order to finalise. SC could potentially provide this support in order to finalise the case study.

4) The need to strengthen different forms of advocacy

The meeting noted that training in advocacy skills and communications would be welcome and this could be an activity which both Save the Children and BCN could consider supporting. Save the Children might also want to consider how it can use the care reform agenda to promote a stronger child protection system for instance supporting the development of key messages and advocacy briefs which can target a range of ministries and sectors.

5) Children living with disabilities and under-represented groups and issues

Save the Children should seek to ensure that these other groups are included going forward as part of a more comprehensive child protection system strengthening process.

In addition, Save the Children could consider supporting increased participation of these various groups of children, especially drawing on its institutional experience and resources around children on the move, children in emergencies and child participation.