

# Scaling up the mentorship program to address the psychosocial problems of orphans and vulnerable children in Rwanda

## I. Background

The Rwandan genocide and the impacts of the HIV/AIDS epidemic have increased the social problems facing its citizens: limited economic opportunities, weakened social fabrics and family ties; regional political instability. The traditional social organization has broken down and within communities there remains a continued feeling of insecurity, mistrust and fear. This environment has weakened available social support networks and poses additional challenges for meeting the needs of OVC.

In December 2001, with assistance from World Vision Rwanda (WVR), community members identified 2,098 of the 'most vulnerable' youth living in 723 households. As of March 2003 this number had increased to 886 child-headed households with a total of 2,658 youth. The age and health status of the caretaker were the primary indicators in assessments of vulnerability; however, other factors such as number of persons in the household and food insecurity were also considered important. As



expected from the literature, the community felt those children living without an adult were the most vulnerable (Williamson, 2000). Presently, the age of the child-head of the household ranges from 10-21, with an average age of 15. WVR has been addressing the basic needs of OVC in its operational areas through the implementation of Child Headed Households (CHH) Projects. These projects provide shelter, income-generation skills and facilitate access to formal education and health services for Child Headed Households.

Recognizing the complex interplay of factors contributing to the well-being of children, the psychosocial support intervention that is being tested under the mentorship project builds upon the existing projects that provide basic material support for OVC. Adult mentors from the local community, trained in the principles of child well being and a range of psychosocial support skills, provide weekly home visits to CHH in order to strengthen the care giving structures around OVCs in the target households. The program further builds social support networks for OVCs by engaging them in peer support activities and raising awareness of the needs of OVCs in the local community.



In the first year, 177 volunteers have been recruited and trained. 156 mentors have been assigned 442 households (with 1,298 children) to take care of. An additional 177 volunteers will be recruited and trained in the second year to provide psychosocial support to another 409 households in the control group. Phasing of the psychosocial support program will allow for comparison of effects between the intervention and control group over time, and modification and improvements to the program before delivering it to the control group.

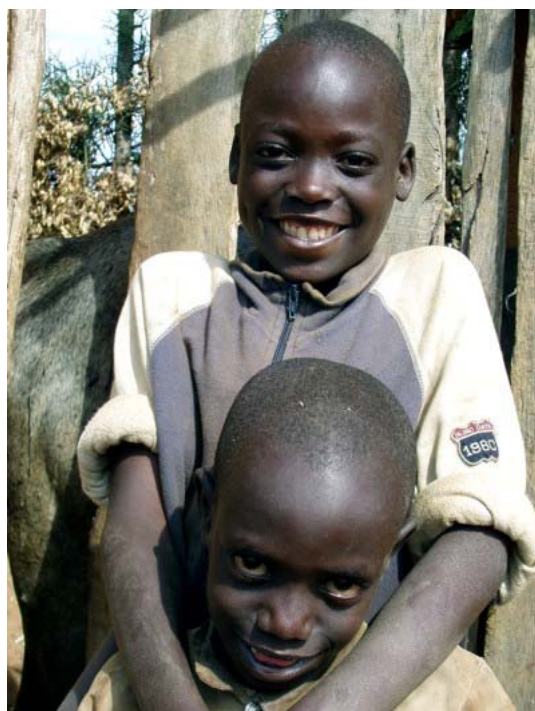
This project connects very well to the three core models of the WV Africa Hope Initiative:

1. Mobilizing and strengthening community care coalitions (CCCs)
2. Mobilizing and equipping the church and FBOs through Channels of Hope
3. Value-based life skills training and peer education for children under the age of 18

This project utilizes the approach of community care coalitions (CCC) where community adults (home visitors) willingly take responsibility of caring for orphans living alone in child headed households. Like the CCC model, the model and practice of mentorship encourages people from different community institutions to participate in the project. Because World Vision Rwanda is scaling up the mentorship program in all the ADPs, the mentors are going to be operating under CCCs to be able to harmonize the two approaches.

## 2. Results

Mentors began visiting 442 CHH in October 2004 and within one year, 156 mentors have made 17,725 visits to 442 youth-headed households. The results of the focus groups and survey conducted with youth were used to help the mentors and the wider community better understand



the needs and problems facing CHH and orphans in general. The barriers to community support and preconceived notions about orphans uncovered by the research became an integral part of the mentor training and community sensitization activities. The awareness-building activities and the initiative of the mentors have helped to mobilize responses for addressing OVC needs.

There are a number of benefits accruing from the mentorship program as revealed by the youth during focus group discussion

*Improved Family Dynamic:* There has been significant improvement in parenting skills of household heads. Children reported a decrease in inappropriate behavior of head of household (harsh punishments; harboring all family resources) and improvement in responsiveness of head of household to children's needs. One male head of household said:



*“They taught us that we shouldn’t be selfish and forget our young siblings. This helped because sometimes we used to take care of only ourselves and forget them.. I never listened to the children I look after because I was always angry, but the mentor helps me. I now listen to them and solve their problems.”*

**Increased emotional Support:** Children said that they feel that someone cares about them, comforts them when ill or sad and encourages them to succeed. For example, 90% of the youth said that they feel valued when they are with their mentor; 92% feel happy when they are with their mentor; 82% say that their mentors understand their feelings and 87% said they mentor helped them to feel more confident of their future.

**Reduction in delinquent/risk behavior:** Youth also spoke of increased interest in education, developed politeness to others, developing a sense of culture because of the advice from their mentors. We recall that in the focus group discussions that took place before the commencement of the program almost half of the youth reported that they felt like leaving home and never returning. One youth had this to say;

*“I had started going to bars and drinking to forget my problems. Then the mentor came and told me it wasn’t good to drink at my age. He advised me and I stopped because I was going to become an alcoholic.”*

**Increased Protection:** 71% of the youth agreed that their mentor helps protect them. Mentors are advocates for youth to the community, local authorities, and youth’s family and even to other institutions like WV (I.e., when serious problems arise).

**Community Integration & Support:** 83% of youth agreed that mentors have helped them to establish better relationships with other community members.

### 3. Institutional Linkages

The program is a partnership between World Vision US (WVUS) and Horizons as funding agencies and World Vision Rwanda (WVR), Tulane School of Public Health (TSPH) and the Rwandan School of Public Health (RSPH) as implementing agencies. The partnership has a shared aim of improving the well being of OVCs and assessing the value of community-based adult mentorship through home visitation. In direct response to psychosocial needs, the partners work alongside local and international professionals and the participating community to develop and implement a mentoring program with home visitation to complement the basic needs package provided to OVC in Gikongoro by WVR.



In ensuring the success of the program and the surrounding research, the program team is collaborating with a technical committee composed of both international and local professionals (e.g. NGOs representatives, university professors, Government representatives and persons with psychosocial and mental health expertise) with experience in OVC and psychosocial programs that will advise the overall project. Youth from Child Headed Households and adults are also represented on the committee to ensure that voices of the beneficiaries in the project design and evaluation and the dissemination of the results back to the communities. The project team organizes workshops for dialogue with the Technical committee to facilitate their input into the project and the evaluation design.

## 4. Challenges

- Unsatisfactory youth-mentor relationships; during the focus group discussions and survey frequencies done with 271 youth beneficiaries regarding mentorship program, youth were asked about the frequency of the mentor visits and their interaction with the mentors. Only 50% indicate once or more a week, 22% indicate once a month and 11% indicate a few times a year or never. Some 28% of the youths reported that there are times that once a mentor does come for a visit, he/she seems in a rush to complete and leave.
- Some, children (21%) feel that their mentors help children from other households they visit more than they do to them. This creates jealousy among the youth houses holds.
- Adverse community reactions to program – when a male mentor visits a household of females, people assume he is their husband. Some community members resent youth for not selecting them to be mentors
- A few original support systems of youth stopped helping them. For example, one youth said that they had neighbours who used to give them advice. But then, when they saw that she had mentor, these neighbours stopped giving them advice and visiting.
- Limited means to assist youth. Mentors say that it saddens them often when a child tells them his/her problems and they can't do something because of limited means to do so.

## 5. Lessons Learned

The lack of parental care and guidance caused multiple emotional problems in the lives of orphans. Several mentors reported that while youth were initially apprehensive and distant, after only a few visits, most youth became very excited about the mentor's arrival. Overall, volunteers have indicated that youth have been very responsive and welcoming of the mentor. In fact, program staff reports that youth have traveled on their own initiative to the program office to express gratitude for the mentorship program. The mentors have also been enthusiastic and active, with only two mentors ceasing program involvement. Due to its impact in the last few months of its existence, the mentorship program is being replicated in all other WVR operational areas to benefit more orphans.

The work of mentors has challenged the other members of the community to care for OVCs. For example, a neighbor of one CHH sought out the mentor specifically to comment on the positive changes observed in the CHH since the visits began and promised to get engaged in this kind of life changing work.



## 6. Strategic Alignment

The program is in alignment with the MDGs, especially goals 1 and 6. It is aimed at mitigating the impact of AIDS among orphans and vulnerable children by dealing with psychosocial health and well-being of children and youth in the most affected communities using response social support to address both physical and psychosocial needs of OVCs in Rwanda.

Even though some children have been absorbed in foster families or are being supported to acquire mentors who will be providing them with care and support, it is evident that these fostering families or mentors are overwhelmed due to limited resources to meet the needs of their own families and the families of supported children. The program is planning a response that can ensure sustainable improvement in these households' income. It is planning an income generating response to economically empower the OVC and their foster mentoring families, which is in line with the MDG 1 of eradicating extreme poverty and hunger.

The program is promoting the use of home visitors being promoted by the WV Hope Initiative under the CCC model. It is also mobilizing the partnership with the church and other faith based institutions in the community to promote community care and support, which is embodied in the Channels of Hope model.

The partnership with academic institutions has made the program unique because of the systematic studies that have informed the programming phases. The involvement of the community adults and youths right from the design processes through to the selection of their own mentors has ensured the ownership of the program by the community. The youth heads of households' recommendation of potential adult volunteer mentors has contributed to their motivation and high retention rate (about 99%).

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