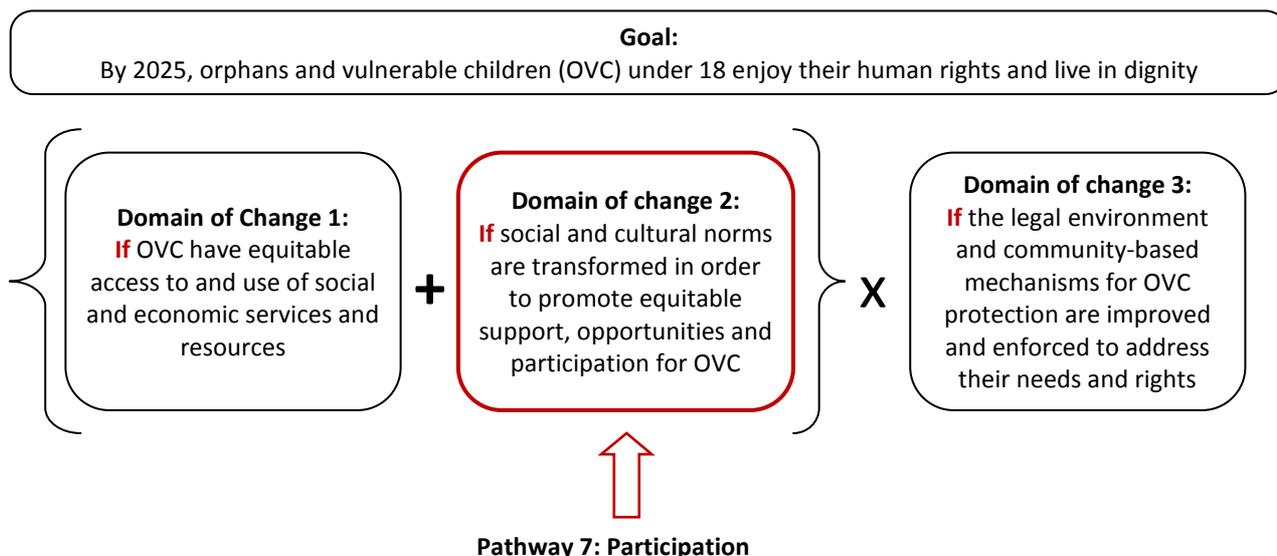


Pathway 7: Promote participation and representation of OVC in decision-making processes that affect them and their families. These processes include planning, budgeting, social services, district priority setting, EDPRS development, etc. The pathway focuses both on the level of OVC (capacity and confidence to access information and to participate) as well as on the level of the decision-making bodies (receptiveness to participation by OVC and their representatives).

Pathway 7 contributes to domain of change 2 of CARE Rwanda’s OVC program strategy:



OVC & participation in Rwanda

Some mechanisms for children to express their views exist, such as the annual National Children’s Summit. However, due to traditional attitudes, respect for the views of children is limited, in the family, the school as well as in the community. Especially for children with disabilities, without parental care and from Historically Marginalized Communities, mechanisms for meaningful participation are almost non-existent (Source: Committee on the Rights of the Child, Concluding observations on the third and fourth periodic reports of Rwanda, adopted by the Committee at its sixty-third session (27 May–14 June 2013), 2013)

Certain OVC face specific challenges, e.g.:

- The law does not allow orphans under 18 to sign contracts, but they have often no legal adult representative;
- Married girls have often less interaction with their society, less access to media and thus less possibilities to participate (Source: UNFPA, The Adolescent Experience In-Depth, 2009);
- Street children are often denied rights to political representation, since the state seems to put the protection of mainstream society before such children. (Source: De Venanzi, Street Children and the Excluded Class, 2003)

Read the full situational analysis on OVC in section A2 in ‘Why the OVC Program?’.

Impact sub-groups

This pathway aims to have an impact on all **OVC of 12 years and older**. At this age children are expected to have the capacity to develop well-funded opinions and be able to express these.

Specific focus is on **children without adult support**, as they have no parents or caretakers to represent them and thus rely more on their own options to participate in decision making.

Read more about the impact group of CARE Rwanda’s OVC program in section B1 in ‘Who the Program is for’.

Strategic partners

CARE Rwanda is committed to work in partnership. In this pathway, our strategic partners are:

- The **Ministry of Gender and Family Promotion** manages different policies around OVC, organizes children summit and provides guidelines to facilitate children forums at district level. Of special relevance is the National Commission for Children (NCC), with the objective to coordinate interventions related to protection of children
- **CLADHO** is an umbrella of organizations that promote human rights. Among others, they summarize and simplify the national budgets and facilitate awareness raising at the local level.
- The **Human Rights Commission** has awareness raising on rights, including the right to participate in public decision making, as one of its core activities. Its work does however not focus on children. CARE Rwanda therefore hopes to partner with them and increase this focus.

Apart from the strategic partners, many implementing partners contribute to this pathway. Please refer to our website for the descriptions of the projects under this pathway and get to know our implementing partners.

Our approach

As the pathway above describes, CARE Rwanda aims to improve both receptiveness of children's role in decision-making as well as the capacity and confidence of OVC to participate. The community scorecard and children's forums and summits focus on the strengthening of receptiveness, while peer support groups focus more on OVC's capacities and confidence. The parent-child dialogues and the Child Mentorship Model contribute to both objectives. As participation of children is a relatively new idea in Rwanda, CARE Rwanda seeks to learn from other CARE Country Offices and CARE members to learn more about this area.

Community Scorecard

The Community Scorecard (CSC) is an approach that facilitates dialogue between citizens and service providers. It allows citizens to monitor and give feedback on the quality of a certain service provided. Through the process, they are enabled to advocate with the service providers and local authorities to solve certain problems or prioritize specific areas of service delivery. At the same time, service providers have the opportunity to explain their decisions and challenges, and engage citizens in service provision. The CSC aims to improve citizen participation in decision making, transparency and accountability, while at the same time improving the quality of the service delivered to the citizens.

The CSC has been tested within the vulnerable women program, and is ready to be used in other contexts. The process allows to pay specific attention to the inclusion of vulnerable CARE's role is to innovate in order to make the process less time-consuming for its participants and look at ways how the CSC can be used effectively with OVC. Where the CSC is implemented successfully, CARE Rwanda and its partners advocate for its inclusion in local authorities' performance contracts, to ensure sustainability. Please read more about the CSC in section C2 in 'What the Program does'.

Children's forums and summits

These are government initiatives in order to support representation of children and giving them a voice towards decision-makers. As the forums and summits work with representatives on focuses on children in general, there is a risk that OVC are not included or represented. CARE's role is thus to advocate for OVC to be included, their ideas represented, the agenda to be set up in a participatory way, etc., both at the grassroots and the national level. As this is a new role, CARE is innovating how this can most effectively be done.

Policy context

CARE Rwanda's work on this pathway is informed by the Government of Rwanda's policy context. Of specific importance to this pathway are:

- The **Law on Child Protection** (2012) includes the obligation to consult children on decisions that directly affect their lives. For example, an orphan cannot be placed in another family without the involvement of the child in this decision.
- The **Integrated Child Rights Policy** (MIGEPROF, 2011) and its strategic plan refer among others the national and district-level summits for children, organized by the National Children's Commission (NCC).

Besides the above mentioned policies, a number of laws, policies and strategies are relevant to the OVC program as a whole. These are described in section A3 in 'Why the OVC Program?'.

Parent-child dialogue

Lack of dialogue between parents and children is perceived as a problem to make children's participation at the household level possible. The Ruhengeri Diocese has developed an approach to facilitate dialogue. Parents and their children are brought together in groups of 20 families to discuss themes such as education, child rights, hygiene and HIV/Aids. The discussions are facilitated by at least 6 facilitators per group, with the help of tools such as images and theatre. Part of the discussions take place in the group, but for certain parts each family sits together separately. Each group has two commissions: a commission charged with the follow-up of the discussions at the family level, and a commission that visits and advise families in difficulty as well as orphans.

There is however a need to further build this approach, collect new ideas, and pilot it before it can become a scalable model. There is need to research from CARE wide to find out if there are similar initiatives in other CARE country offices. This approach is therefore in the stage of innovation.

The Child Mentorship Model

The Child Mentorship Model provides OVC with an adult mentor to help them in multiple areas in their lives. The participating children choose adults they trust to serve as their volunteer mentor. With training and guidance from CARE, each mentor helps several child-headed or vulnerable households. Via regular home visits, the mentor supports the children's emotional well-being, assesses their physical needs, and acts as advocate, counselor, protector, friend and bridge to the community and duty bearers. The model combines the efforts of the mentors, the communities in which OVC reside, local authorities, service providers and OVC themselves to fulfill the children's rights.

The Child Mentorship Model contributes in a number of ways to the increased participation of OVC in decision-making. First, the mentors act as local advocates for the OVC, ensuring that this group is not left out during such processes and promoting receptiveness to OVC opinions. Second, whenever mentors are trained on child rights, local authorities are also invited, thus becoming more aware of their responsibility to take them into account and include them in decision making. Thirdly, local authorities also participate in the so-called fun days and appreciation days for volunteer mentors. These days give them the change to better get to know the OVC and the issues they face. The perceived distance between local authorities and OVC becomes smaller. As such, it becomes easier for authorities to involve the OVC in decision-making processes.



Lastly, the OVC gain confidence through the contact with their mentor to form and share their opinions.

The Child Mentorship Model has been extensively tested and is currently being scaled-up through partners and government. Section C2 in 'What the Program does' provides more information about the Child Mentorship Model.

Peer support groups

Known under many different names, peer support groups are basically groups of children and/or youth that aim at building their capacity and self-confidence. They can be mixed groups or girls only, organized around a certain topic (such as health, hygiene, doing homework) or be more general and address a wide variety of topics. Some groups are led by adults, for example a volunteer mentor or a teacher, while others are managed by the members themselves. What they have in common is that children or youth come together with their peers and through discussions, games, listening to experts in a certain field and fun activities increase their knowledge but also their capacities to form an opinion, talk to a group. The groups also engage in joint advocacy on topics that they have identified as important.

Where initiatives exist, CARE Rwanda seeks partnership with the actors involved. For example, CARE works together with government, to ensure that the government-supported 12+ groups and leadership clubs in secondary schools contribute to opportunities for OVC to participate and function in a gender-equitable and gender-transformative way. Churches are generally also active in the organization of youth clubs and youth camping, which provide another opportunity for CARE to partner and provide support, e.g. in the facilitation of discussion around e.g. sexual and reproductive health.

CARE Rwanda is engaged in innovation in order to strengthen this approach, with specific focus on how to include out-of-school children and youth.

Indicators

The following indicators are used to measure impact at the level of this pathway:

- % OVC and adults reporting meaningful participation of OVC in the public sphere
- % of OVC involved in decision making processes or bodies (including their involvement in setting cell level performance contract objectives, their election for children's forums at multiple levels, and their being consulted by local administration)

Some key achievements so far

- When it comes to including children in decision-making, the Child Mentorship Model gives the good example. It are the children themselves who select an adult that they trust as their member, rather than assigning mentors to the children. This helps build confidence of the children to take decisions in a public process, but also shows others their capacity to do so.
- Through building of capacities and confidence of OVC, they have succeeded to be elected as for example representatives in children's forums at different scale levels from the village to the district. Other OVC have, once they have become adults, been elected in government positions such as village leaders. This shows that they have been able to go from a very vulnerable position to a position where they are in a respected position and can, taking their own background into account, support other OVC in their community to participate and share their opinion. Through NIPS and COSMO projects, around 1,500 children have been support through building of capacities and confidence.

Current and recent projects

The following ongoing or recently closed projects contribute to this pathway:

- **NISU** (Nkundabana Initiative Scale-Up)
- **KGAS** (Keeping Girls at School)
- **COSMO** (Community Support and Mentoring for Orphans and Vulnerable Children)
- **NIPS** (Nkundabana Initiative for Psychosocial Support)

Learning agenda

CARE Rwanda is committed to learning, to continuously improve the relevance and quality of its work. In relation to supporting the participation of OVC in decision-making, it poses itself the following questions:

- Laws and policies don't give a specific age when children should be involved in decision-making, which makes the responsibility to involve children very open for interpretation by parents and decision makers. What is a relevant and generally accepted age to start include children at the household level and at the community level? What form of capacity building is relevant to children of what age? And how can CARE stimulate inclusion at proper age and genuine expression of their own opinion rather than being used for their parents' opinions?

