

Evaluation of Community Support and Mentoring for Orphans and Vulnerable Children (COSMO) Program in Rwanda

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Introduction

In Rwanda, the AIDS pandemic and the 1994 genocide have contributed to weakened family structures and the phenomenon of orphans, vulnerable children and youth (OVCY). OVCY are at increased risk of physical, mental, and behavioral problems, as well as school drop-out and various forms of exploitation (Evans, 2005; Hunter, 2000). Recent studies also indicate that adolescent orphans initiate sex at an earlier age and have higher risk of acquiring HIV and other sexually transmitted diseases than do non-orphans (Birdthistle et al., 2008; Gregson et al., 2005; Kang et al., 2008).

One approach to mitigate the risks to OVCY is the use of mentors. Mentoring programs have been used successfully in the United States to enhance school attendance and achievement, diminish risk-taking behaviors, and improve psychosocial wellbeing among at-risk youth (Sipe, 2002). Adult mentors have been used in Rwanda among youth-headed households to effectively promote psychosocial wellbeing. Thurman et al. (2008) found that youth participants in mentoring programs had reduced maltreatment and marginalization and increased perception of adult support, compared to non-participants. Further, qualitative evidence suggests that mentoring programs can cultivate increased community support of OVCY (Thurman, Pells, & Ntaganira, 2006).

Intervention

CARE International in Rwanda initiated the *Nkundabana Initiative for Psychosocial Support* (NIPS), beginning in 2003, as a community-based approach to mobilize adult volunteers or mentors to provide guidance and care for children living in child-headed households or those without sufficient adult guidance (e.g., households with chronically ill caregivers, elderly caregivers, etc.). NIPS was implemented in three districts in the southern province of Rwanda (Kamonyi, Muhanga, and Ruhango districts). Based on feedback from program stakeholders, it was recommended that the program should be expanded to include vulnerable children more broadly, including single-orphans, youth living in impoverished families, and youth in household affected by HIV and AIDS. Thus, in late 2006, this model was extended to vulnerable children in Musanze district in the northern province under the *Community Support and Mentoring for Orphans and Vulnerable Children* (COSMO) program, while efforts to strengthen the Nkundabana model continued in the southern province. The COSMO program is implemented by CARE International in Rwanda in partnership with ARCT-Ruhuka, a Rwandan association of trauma counselors supporting the psychosocial component, and Haguruka, a Rwandan legal aid organization supporting the legal and child protection component.

In accordance with the seven priorities of Rwanda's *National Plan of Action for Orphans and Other Vulnerable Children* (2007), COSMO seeks to contribute to the fulfillment of child rights with particular emphasis on two national strategic objectives:

- (1) To provide protection, care and support to OVCs by establishing and strengthening family and community-based support structures.
- (2) To ensure access to essential services for OVCs including shelter, education, health and nutrition, social protection, water and sanitation and birth registration including development of linkages and referral across services.

COSMO operates in five sectors of Musanze district: Cyuve, Gashaki, Kinigi, Musanze, and Nyange. Nkundabana volunteers are trained in counseling, active listening, and life skills instruction. Nkundabana volunteers conduct regular home visits to children under their care and strive to provide basic support and advice so as to ensure that OVCY continue to attend school and seek medical assistance when needed. Specific areas of Nkundabana intervention include: education and vocational training; psychosocial support; advocacy and protection; economic security; health and HIV prevention; emergency assistance; shelter; and collective action to support the interests of OVCY (SIAPAC, 2008). A baseline assessment of COSMO in late 2007 suggested that although the model had strengths, scale-up and sustainability were programmatic concerns requiring attention (SIAPAC, 2008).

Objectives

This evaluation has two primary objectives. First, it sought to assess COSMO program effectiveness in reducing vulnerabilities among OVCY in Musanze district. Second, the evaluation examined the prospects for sustainability of the Nkundabana associations in the southern province. In particular, these distinct efforts focused on the following:

1. COSMO program effectiveness in Musanze district.

Specific objectives:

- a. Determine whether or not development, health and protection needs of OVCY participating in the COSMO program are met.
- b. Determine whether or not economic and livelihood household security of OVCY participating in the COSMO program are improved.
- c. Determine whether or not psychosocial wellbeing of OVCY participating in the COSMO program is improved.
- d. Determine Nkundabana perceptions of program implementation, program effectiveness, and own issues related to vulnerability.

2. Sustainability of Nkundabana associations in the southern province.

Specific objectives:

- a. Determine key stakeholder perceptions of program implementation, program effectiveness, and appropriateness of beneficiary targeting efforts.
- b. Determine key stakeholder perceptions of local ownership and local capacity for program sustainability including such factors as technical, managerial and organizational capacity.
- c. Determine key stakeholder perceptions regarding coordination and collaboration among participating parties.

Ethical Considerations

The full research protocol underwent ethical approval by Tulane University in the United States and by faculty from the National University of Rwanda, School of Public Health. All potential respondents were informed at the outset that their participation was voluntary and would not affect their eligibility to receive services at present or in the future. Respondents also were apprised of the potential sensitive nature of questions and their right to decline to answer any question or to withdraw from the survey at any time. Due to low levels of literacy

in the settings where the study was conducted, interviewers read the consent forms aloud to each participant and requested verbal consent of the participant to conduct the interview. The interviewer then signed and dated the consent form as a witness to the given consent and noted whether permission to conduct the interview had been granted. Respondents did not receive incentives for participation.

Methods: Program Effectiveness – OVCY Outcomes

OVCY outcomes were evaluated using a post-test only design. In February 2010, a quantitative survey was conducted among OVCY in Musanze district in Rwanda. To be eligible for the survey, youth had to be between 10 and 17 years of age. Potential intervention group respondents were selected randomly from program files containing the names of all 2,584 OVCY living in the five sectors in which COSMO operates in Musanze district (Cyuve, Gashaki, Kinigi, Nyange, and Musanze). Potential comparison group respondents were randomly selected from sector records of all children and youth identified as OVCY by a participatory community process in three cells in Gataraga sector (Murago, Rubindi, and Rungu) and five cells in Remera sector (Gasongera, Kamisave, Murandi, Murina, and Rurambo). The evaluation sought to interview 165 OVCY in the intervention group and 165 OVCY in the comparison group.

Survey items were selected based on the intended outcomes of the program and in consultation with program staff. The survey was double translated into Kinyarwanda by two independent translators and rectified by a third party. The translated survey was pretested among a small group of COSMO beneficiaries, and several items were revised based on feedback from the pre-test. Interviews were conducted at the home of respondents by trained interviewers and were timed to last approximately one hour.

After ten days of field work, 95 intervention group surveys¹ and 83 comparison group surveys were completed among eligible respondents (54% response rate). Several factors impeded the ability to achieve a higher response rate. The two most common reasons were (1) many youth no longer were living in the location indicated in the sampling frame files, and (2) the ages listed in the sampling frame were sometimes incorrect such that some sampled children did not meet the age criteria for inclusion in the evaluation. In addition, even with follow-up visits, some children simply could not be reached for participation.

Analyses – OVCY Outcomes

Quantitative analyses focus on the following six domains: (1) demographics, (2) economic wellbeing and food insecurity, (3) psychosocial wellbeing, (4) unmet need for support services, (5) HIV knowledge, and (6) program satisfaction. Descriptive statistics include frequencies of categorical variables and means of continuous variables. To assess the association between program exposure and outcomes of interest, bivariate analyses included chi-squares and t-tests. Multivariate analysis was used to determine the greatest predictors of select outcomes by separating out the independent contribution of multiple factors. Multivariate analyses were limited to logistic regression for categorical outcomes. A p-value < .05 is considered statistically significant and reflective of a “real” association or difference

¹ On the survey, five youth who were listed in the sampling frame as being beneficiaries of the COSMO program indicated that they did not have an Nkundabana mentor. Therefore, they were considered as non-exposed and counted as members of the comparison group.

between variables. Cronbach’s alpha was calculated to measure the internal reliability of scale items (i.e., how consistently multiple scale items measure a single concept), with alpha level above 0.6 deemed acceptable.

Results – OVCY Outcomes

Demographics

The demographic profiles of the intervention and comparison groups were similar (Table 1). Slightly more than half were male, and they averaged just over 14 years of age. Similar proportions of the intervention and comparison groups reported living in child-headed households (14% and 12%, respectively). The groups differed somewhat on the orphan status of respondents. There were more single paternal orphans in the intervention group than in the comparison group (39% versus 27%) and fewer non-orphans in the intervention group relative to the comparison group (9% versus 21%). Among respondents who had not completed primary school, the majority of both groups reported currently attending school.

Table 1. Demographic profile of OVCY

	Intervention (n=95)	Comparison (n=83)
Male (%)	53.7	55.4
Mean age	14.1	14.2
Live in a child-headed household	13.7	12.0
Orphan status (%)		
Maternal orphan only	10.5	13.4
Paternal orphan only	38.9	26.8
Double orphan	41.1	39.1
Non-orphan	9.5	20.7
Currently in school ² (%)	72.8 (n=81)	68.4 (n=76)

* p<.05; ** p<.01

Socio-economic status and food insecurity

There were notable differences between study groups in measures of socio-economic wellbeing (Table 2). Respondents in the intervention group more frequently lived in a household with goats or sheep (84%), a radio (82%), and/or rabbits or pigs (34%). Respondents in the comparison group more frequently lived in a household that owned cattle (19%). Ownership of personal assets was considerably higher among the intervention group than the comparison group. Respondents in the intervention group more frequently owned a blanket for sleeping (55%), a pair of shoes (60%), at least two sets of clothes (52%), and a bednet (45%). Nearly one-half (49%) of intervention group respondents indicated that their roof provides adequate shelter, compared to only 19% of comparison group respondents.

² Among youth who should have been in school because they had not completed Standard 6 (n=81 for intervention group and n=76 for comparison group).

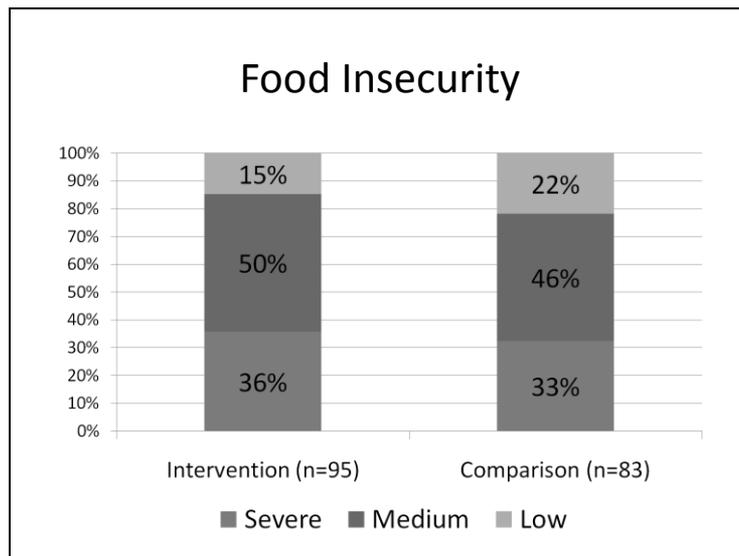
Table 2. Socio-economic status and food insecurity

	Intervention (n=95)	Comparison (n=83)
Household Assets		
Bicycle	6.3	3.6
Radio**	82.1	25.3
Telephone/mobile phone	9.5	9.6
Cattle*	7.4	19.3
Goats/sheep**	84.2	37.4
Chickens	10.5	13.3
Rabbits/pigs**	33.7	12.1
Personal assets		
A blanket (for sleeping)*	54.7	38.6
A pair of shoes**	60.0	39.8
At least 2 sets of clothes**	51.6	28.9
Bed	15.8	16.9
Bednet**	45.3	13.3
Roof provides adequate shelter**	49.5	19.3
In the last four weeks:		
Frequency of no food at all in the household because there were no resources		
Never	17.0	22.0
Sometimes	56.4	51.2
Often	26.6	26.8
Frequency did any household member go to sleep at night hungry because there was not enough food		
Never	19.3	15.9
Sometimes	53.0	51.1
Often	27.7	33.0
Frequency did any household member ever go a whole day and night without eating anything at all because there was not enough food		
Never	33.3	25.5
Sometimes	39.5	50.0
Often	27.2	24.5

* p<.05; ** p<.01

Food insecurity was measured using three items ($\alpha=.92$) from the Household Food Insecurity Access Scale (HFIAS) (Coates, Swindale, & Bilinsky, 2006). Respondents rated the frequency of household occurrences of food insecurity on a three-point scale of never, sometimes, and often (Table 2). Cumulative scores were calculated, and higher scores indicated more food insecurity. Using cutoffs established by the scale developers, about one-third of intervention (36%) and comparison (33%) group respondents met the criteria for severe food insecurity (Figure 1).

Figure 1: Food insecurity



Psychosocial wellbeing

Table 3 displays the group differences on measures of psychosocial wellbeing. Marginalization was measured using six items, four of which were developed by Thurman et al. (2006) and two that were generated for this evaluation ($\alpha=.85$). Items are measured on a four-point scale, ranging from strongly agree to strongly disagree. Average scores were calculated (range= 1-4), and higher scores indicating more marginalization. The intervention and comparison group had similar average marginalization scores (2.81 versus 2.76, respectively), which indicated that marginalization was somewhat elevated among both groups. Yet, on some of the individual measures, the intervention group appeared to be less marginalized. For example, 64% of comparison group respondents indicated that people make fun of their situation, whereas 49% of the intervention group reported the same ($p<.05$). Likewise, a smaller proportion of the intervention group reported that people speak badly about them or their family or that they feel isolated from others in the community, although the frequencies did not differ significantly relative to the comparison group. Conversely, however, a significantly higher proportion of the intervention group (79%) reported that people are jealous of the services they receive ($p<.01$).

Adult support was measured using four items ($\alpha=.90$) developed by Thurman et al. (2006) in a previous study of mentoring programs for OVC in Rwanda. Youth were asked to rate their level of agreement on a four-point scale, ranging from strongly agree to strongly disagree. The items inquired about whether youth had an adult in their life who

- (1) They trust to offer advice and guidance,
- (2) They would go with them to the authorities if they needed help,
- (3) Comforts them when they are sad or sick, and
- (4) They can always depend on.

Mean scores were calculated (range=1-4), and higher scores reflect more adult support. Perceived adult support was relatively high for both groups. Although the groups did not differ statistically on the mean scores, the intervention group reported slightly higher levels of adult support. At the individual variable level, youth in the intervention group more

frequently reported that they had an adult in their life who they trusted to offer them advice and guidance than did youth in the comparison group (77% versus 62%, $p<.05$).

Table 3. Psychosocial wellbeing

	Intervention (n=95)	Comparison (n=83)
Marginalization (mean)	2.81	2.76
Marginalization (% Agree)		
People make fun of your situation*	48.9	63.9
People speak badly about you or your family	57.5	68.7
People are jealous of the services you get**	79.0	51.8
People in this community would rather hurt you than help you	71.6	71.1
People in this community do not invite your family to community social activities/events	64.2	59.0
You feel isolated from others in the community	55.3	62.7
Adult support (mean)	3.03	2.89
Adult support (% Agree)		
You have an adult in your life that you trust to offer you advice and guidance*	76.8	61.5
There is an adult who would go with you to authorities in you needed to get some help or take action	76.8	65.0
You have an adult in your life who comforts you when you feel sad or sick	77.9	74.7
You have an adult in your life that you can always depend on	75.8	71.1
Peer relationships (mean)*	3.20	3.01
Authority assistance (mean)	3.14	3.07

* $p<.05$; ** $p<.01$

Peer relationships were measured using two items ($\alpha=.82$) developed by Thurman et al. (2006): (1) you have at least one close friend your own age that you can count on, and (2) you feel like you belong to a group of friends your own age. Youth rated each statement on a four-point scale, ranging from strongly agree to strongly disagree. Average scores were calculated (range=1-4), with higher scores reflective of better peer relationships. Youth in the intervention group had significantly stronger peer relationships than did youth in the comparison group (3.20 versus 3.01, $p<.05$).

Authority assistance was measured using two items ($\alpha=.85$): (1) there are authorities or leaders in this community you could go to if you were being hurt or treated unfairly, and (2) you trust that authorities in the community would look out for your best interests if you went to them with a problem. Youth indicated their level of agreement with these statements, using

a four-point scale, ranging from strongly agree to strongly disagree. Mean scores were calculated (range=1-4), and higher scores indicated higher authority assistance. Higher scores indicate higher levels of perceived community support. Perceived authority assistance was high among both groups. Perceived authority assistance was slightly higher among the intervention group, although the difference was not statistically significant.

The 10-item Center for Epidemiologic Studies – Depression (CES-D) scale (Radloff, 1977) also was utilized as a measure of psychosocial wellbeing among youth. Youth were to consider the last week and rate the frequency of each item on a four-point scale of never, sometimes, often, and always. Youth in both groups reported a similarly high frequency of feeling sad and lonely, trouble concentrating, lack of motivation, and sleep disturbances (Table 4). Less than half reported often or always feeling happy during the week before the survey, though most reported frequently feeling hopeful about the future.

Table 4. CES-D Item Scores

	% Often/Always Intervention (n=95)	% Often/Always Comparison (n=83)
You were bothered by things that usually don't bother you.	53.7	54.2
You have trouble keeping your mind on what you were doing.	62.1	61.4
You felt depressed.	66.3	68.3
You felt that everything you did was an effort.	69.5	72.3
You felt fearful.	53.7	50.0
Your sleep was restless.	62.1	51.8
You were lonely.	56.8	60.3
You could not get going.	52.6	55.4
You felt hopeful about the future.	63.2	62.6
You were happy.	49.4	45.8

Unmet need for support services

Unmet need for support services focused on seven ancillary services commonly needed by OVCY: healthcare, counseling, legal assistance, financial assistance (e.g., funds for income generating activities), household material assistance (e.g., bednets, clothes, blankets), school material assistance, and housing assistance. For the first four services, youth were asked whether they needed each of these services in the previous four weeks. For the latter three, they were asked about need for the services during the last calendar year. If youth had a need for a service/assistance, they were asked whether they received the service/assistance. Unmet need was determined if there was a need but the service was not received.

On average, the intervention group had statistically lower service needs than the comparison group (p<.05). Intervention group respondents indicated that they needed 4.5 services (range=0-7) in the weeks and months before the survey. Respondents in the comparison group indicated that they needed 5.0 services (range=2-7). The most common needs were

household material assistance, financial assistance, and housing assistance (Table 5). Respondents in the comparison group had statistically higher levels of need for healthcare and household material assistance than the intervention group.

Table 5. Need for social services in the last four weeks/year

	Intervention (n=95)	Comparison (n=83)
Healthcare*	50.5	67.5
Counseling	21.3	30.1
Legal assistance	17.9	27.7
Financial assistance	89.5	94.0
Household material assistance**	91.6	100.0
School materials	87.4	85.5
Housing assistance	90.5	90.4

* p<.05; ** p<.01

Among those who needed services, unmet need for support services was generally high. However, there were differences in levels of unmet need between the intervention and comparison groups. For many services assessed, the intervention group had statistically lower levels of unmet need (Table 6). In some cases, the differences were substantial. For example, whereas 91% of comparison group respondents who needed school material assistance indicated that their need was unmet, only 41% of intervention group respondents indicated the same. Similarly, the intervention group had lower levels of unmet need for household material assistance, legal assistance, and housing assistance.

Table 6. Unmet need for support services as a proportion of need in the last four weeks/year

	Intervention	Comparison
Healthcare	39.6	57.1
Counseling	70.0	75.0
Legal assistance*	47.1	82.6
Financial assistance	86.9	94.9
Household material assistance**	72.4	97.5
School materials**	41.0	91.4
Housing assistance**	70.9	94.7

* p<.05; ** p<.01

HIV knowledge

A 9-item HIV knowledge index was calculated from items contained in the Demographic and Health Survey HIV module (DHS, 2005) (Table 7). Respondents were asked whether they had ever heard of HIV/AIDS, whether there was anything a person could do to avoid getting HIV/AIDS, and whether it was possible for a healthy looking person to have HIV/AIDS.

Table 7. HIV knowledge

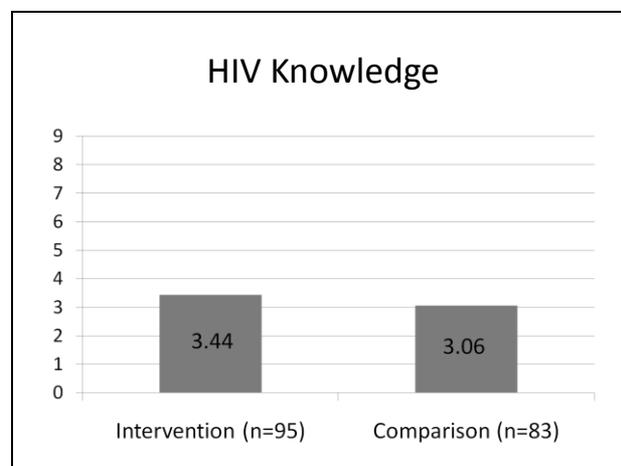
	Intervention (n=95)	Comparison (n=83)
Ever heard of HIV	89.5	83.1
Anything a person can do to avoid getting HIV/AIDS	85.3	78.3
Prevention methods		
Abstain from sex	66.3	72.3
Use condoms	33.7	21.7
Limit sex to one partner/stay faithful to one partner	4.2	1.2
Limit number of sexual partners	3.2	1.2
Avoid sex with prostitutes*	7.4	0
Avoid sex with persons who have many partners	0	1.2
Possible for a healthy-looking person to have HIV/AIDS	54.7	47.0

*p<.05; ** p<.01

Note: All frequencies are calculated based on the total number of youth in the intervention and comparison groups. However, only youth who had ever heard of HIV were asked whether there was anything a person could do to avoid getting HIV/AIDS. Only youth who said prevention was possible were asked to list prevention methods. Only youth who had ever heard of HIV were asked whether it was possible for a healthy-looking person to have HIV/AIDS.

Additionally, respondents were asked an open-ended question as to how HIV transmission could be prevented and probed to list as many methods as they knew. Participants' responses were summed, and higher scores indicated greater HIV knowledge. HIV knowledge scores ranged from 0 to 6. On average, intervention group respondents had slightly higher HIV knowledge scores (3.44) than did those in the comparison group (3.06) (Figure 2).

Figure 2: HIV Knowledge



Program satisfaction

Youth who reported having an Nkundabana mentor were asked a series of questions assessing the extent and quality of their interactions with the Nkundabana (Table 8). Most youth (68%) reported their Nkundabana visited weekly or more than once per week. However, 13% said their Nkundabana visited every other week or once per month, and 19% said visits occurred less than once per month.

In general, youth reported that their mentors had value, including that they gave good advice (88%), helped the child feel more confident (87%), and helped protect the child (84%). Most youth (90%) reported that they trust their Nkundabana. Though most youth were satisfied with the frequency and duration of Nkundabana visits, 32% said their Nkundabana only visits when the child had a problem and 35% said their Nkundabana seemed in a rush to leave.

Table 8. Program satisfaction

	Intervention (n=95)
Frequency of mentor visits	
More than once per week	53.7
Once per week	14.7
Every other week/Once a month	12.6
Less than once a month	18.9
	% Strongly Agree/Agree
Mentor visits enough	74.2
Mentor gives good advice	87.6
Mentor understands child's feelings	80.9
Mentor has given things to help the household	53.9
Mentor has helped child establish better relationships with other community members	80.9
Child feels happy when with mentor	93.2
Mentor helps child access needed support	70.8
Mentor helps protect child	84.3
Child has learned a lot from the mentor	77.5
Mentor helps the child feel more confident	86.5
At visits, child has enough time to talk about everything he/she wants to discuss	75.3
Child trusts mentor	89.9
Mentor only visits when the child has a problem	31.5
At visits, mentors seems in a rush to leave	34.8

Select multivariate analyses

Multivariate analysis was used to increase understanding of the most important factors affecting unmet need for support services. Logistic regression was used to analyze binary outcomes. Odds ratios should be interpreted as the likelihood of an outcome occurring. Odds ratios less than 1 indicated reduced likelihood.

Analyses of the relationship between having an Nkundabana mentor and unmet need are suggestive of a relationship for most services (Table 9). Respondents with an Nkundabana had statistically lower risk of unmet need for household material assistance, legal assistance, school materials, and housing assistance. For the other support services, the odds ratios were in the anticipated direction, suggesting that having an Nkundabana was associated with reduced unmet need. Small sample sizes may have reduced the ability to find statistically significant results.

Table 9: Likelihood of unmet need for support services

	Has an Nkundabana	
	Odds Ratio	p-value
Healthcare	0.42	0.088
Household material assistance	0.07	0.001
Counseling	0.68	0.629
Legal assistance	0.09	0.016
Financial assistance	0.31	0.097
School materials	0.07	<.001
Housing assistance	0.14	0.001

Note: Multivariable analysis adjusted for gender, age, food insecurity score, orphan status, and program exposure.

Methods: Program Effectiveness – Nkundabana Perceptions

Nkundabana perceptions of program implementation, outcomes, and their own issues related to vulnerability were captured using a survey among Nkundabana mentors in Musanze district in February 2010. Potential respondents were selected from program files containing the names of all 242 active Nkundabana in Musanze district. From these files, 100 Nkundabana were randomly selected.

The survey was double translated into Kinyarwanda by two independent translators and rectified by a third party. Prior to data collection, the survey was pretested among a small group of Nkundabana. Interviews were conducted at the monthly regional Nkundabana meetings by trained interviewers and were timed to last approximately 30 minutes.

After three days of field work, 84 surveys were completed (84% response rate). The main factor that limited the ability to achieve a higher response rate was that some of the Nkundabana selected for participation did not attend the monthly meetings.

Analyses – Nkundabana Perceptions

Analyses focus on the following five domains: (1) demographics, (2) economic wellbeing and food insecurity, (3) psychosocial wellbeing, (4) motivations for volunteering, and (5) program experiences. Descriptive statistics include frequencies of categorical variables and means of continuous variables. Cronbach's alpha was calculated to measure the internal reliability of scale items (i.e., how consistently scale items measure the same concept), with alpha level above 0.6 deemed acceptable.

Results – Nkundabana Perceptions

Demographics

Most Nkundabana respondents (70%) were male, with the average age being 42 years (Table 10). However, the range of respondent ages was between 26 and 66 years (data not shown). Most (67%) had no more than primary school education. The vast majority (92%) were married either formally as recognized by the government or in an informal arrangement, such as those who were cohabitating with a significant other. Most (83%) reported having lived their entire lifetime in the current sector of residence. When they are not working as Nkundabana, most (92%) work as farmers, either growing crops or tending to livestock.

Nearly all (99%) of Nkundabana were living in households with children under the age of 18 years. On average, there were 4.1 children in the household. While most of the children were the biological children of the Nkundabana, 12 Nkundabana were caring for children who did not have a parent living in the household (data not shown). Many of the Nkundabana reported being orphans when they were youth. Prior to the age of 18, about 18% were single paternal orphans, 7% were single maternal orphans, and 8% were double orphans.

Table 10: Demographics, n=84

	%	N
Gender		
Male	70.2	59
Female	29.8	25
Age		
<35	27.4	23
35-45	38.1	32
>45	34.5	29
Mean age = 42.0		
Highest Level of Education		
Primary	66.7	56
Secondary	30.9	26
Higher	2.4	2
Relationship Status		
Married (Legal or “Illegal”)	91.6	76
Widowed	1.2	1
Separated/Divorced	7.2	6
Length of time in the sector		
Lifetime	83.3	70
Other work		
Farming	91.7	77
Youth in household	98.8	83
Average number = 4.1		
Childhood orphan status		
Maternal orphan only	7.1	6
Paternal orphan only	17.9	15
Double orphan	8.3	7
Non-orphan	66.7	56

Economic Wellbeing and Food Insecurity

Economic wellbeing was measured by inquiring about household ownership of select assets derived from items in the Rwanda Demographic and Health Survey (2005). Most (98%) used firewood or straw as their main type of cooking fuel, and 75% used a public tap as their household’s main source of drinking water (Table 11). The most common assets were a bicycle (96%), radio (93%), and telephone/mobile phone (70%).

Table 11: Economic wellbeing

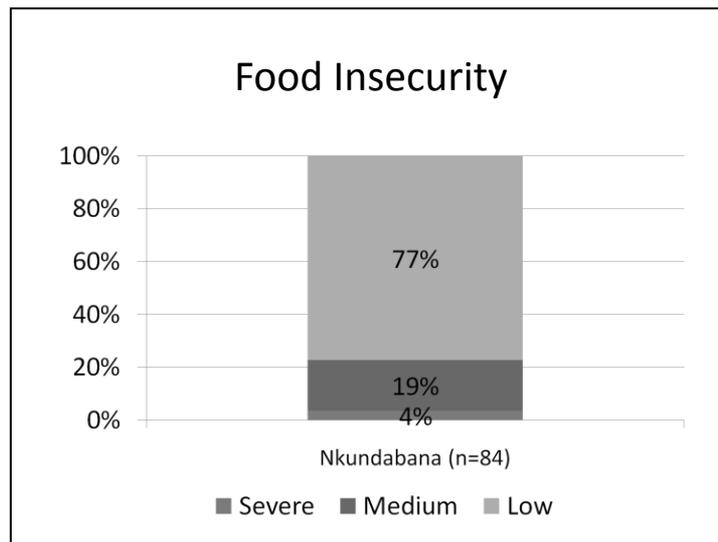
	%
Main type of cooking fuel	
Firewood/straw	97.6
Charcoal	2.4
Main source of drinking water	
Public tap	75.0
Natural water source (e.g., pond, dam, river)	17.9
Piped	3.6
Borehole	2.4
Other	1.2
Assets	
Bicycle	96.4
Radio	92.9
Telephone/mobile phone	70.2
Electricity	3.6
Car/truck	1.2
Television	1.2
Motorcycle/motor scooter	0
Refrigerator	0

To measure food insecurity, a modified version of the Household Food Insecurity Access Scale (HFIAS) (Coates, Swindale, & Bilinsky, 2006) was utilized ($\alpha = .88$). Three items were used from the original HFIAS to assess the frequency of instances of food insecurity, and respondents rated the frequency of these occurrences on a three-point scale of never, sometimes, and often (Table 12). Cumulative scores were generated and higher scores indicated more food insecurity. Using cutoffs established by the scale developers, 4% of the sample met the criteria for severe food insecurity, 19% had moderate food insecurity, and 77% had mild food insecurity (Figure 4).

Table 12: Food insecurity

In the last 4 weeks, how often:	% Sometimes or Often
Was there no food at all in your household because there were no resources	20.2
Did you or someone in your household go to sleep at night hungry because there was not enough food	33.3
Did you or someone in your household go a whole day and night without eating anything at all because there was not enough food	20.2

Figure 3: Food insecurity



Psychosocial wellbeing

Five items were used to measure Nkundabana personal social connectedness, including their interactions with friends, their desire to live in the community, and their level of trust for community members. Responses were scored on a four point scale, from strongly agree to strongly disagree.

Respondents generally had strong personal ties to their communities. The vast majority strongly agreed or agreed that their neighbors visit them (94%) and would help them if needed (94%) (Table 13). Most (96%) Nkundabana report having many friends in their community, but a smaller proportion (86%) reported that they trust most people in their community. Only 1% said they would be happier if they lived in another community.

Table 13: Personal social connectedness

	% Strongly Agree/Agree
Your neighbors visit you to see how you are doing.	94.1
Your neighbors would help you if you really needed it.	94.1
You have many friends in your community.	96.4
You trust most people in this community.	84.5
You would be much happier if you live in another community.	1.2

Three items measured Nkundabana perception of community attitudes towards vulnerable youth and the work of the Nkundabana. Most (62%) Nkundabana indicated that adults in the community are generally concerned about the welfare of children, but 45% said the community rejects orphans (Table 14). The vast majority (91%) of Nkundabana report that the community thinks they are compensated for their work with youth.

Table 14: Community attitudes

	% Strongly Agree/Agree
Adults in the community are generally concerned about the welfare of children.	61.9
The community rejects orphans.	45.2
The community thinks that Nkundabana are compensated for their work with youth.	90.5

The 10-item Center for Epidemiologic Studies Depression scale (Radloff, 1977) was used among Nkundabana. Respondents rated the frequency of occurrence of various feelings during the previous week on a four-point scale of never, sometimes, often, and always. As seen in Table 15, some Nkundabana reported frequently experiencing sad feelings and loneliness, restless sleep, and inability to concentrate in the week before the survey. However, the majority were hopeful for the future and reported being happy.

Table 15. CES-D Item Scores

	% Often/Always
You were bothered by things that usually don't bother you.	25.0
You have trouble keeping your mind on what you were doing.	29.7
You felt depressed.	29.8
You felt that everything you did was an effort.	45.3
You felt fearful.	30.9
Your sleep was restless.	45.3
You were lonely.	23.8
You could not get going.	23.8
You felt hopeful about the future.	85.7
You were happy.	79.6

Motivations for volunteering

Volunteer motivations were measured using a series of items derived from the Volunteer Motivation Inventory (McEwin & Jacobson-D'Arcy, 2002), Volunteer Functions Inventory (Clary, Snyder, & Ridge, 1992), and subsequent adaption of those scales by Esmond and Dunlop (2004). The items were posed as statements around common reasons for volunteering, including personal values, recognition, reciprocity, reactivity, self-esteem, and self-protection. Respondents were asked to rate statements on a four-point scale, ranging from strongly agree to strongly disagree. Although the items were developed initially to be used as scale items, the internal consistency of most of the scales was low in this analysis, most likely due to respondent misunderstanding on items asked in the negative form (i.e., the use of "not" is uncommon in Kinyarwanda). Therefore, the items were analyzed individually.

The responses indicated that all of the motivations assessed were important drivers of volunteerism among the respondents (Table 16). There was an altruistic aspect to the motivations of volunteers. Nkundabana indicated that volunteering was very much a part of their value system. For example, 100% indicated they volunteer because they are concerned about the less fortunate. But respondents also gave indications that they benefit in various ways from volunteering. For example, a large proportion gave responses indicating that volunteering affects their self-esteem, can provide a sense of recognition, and helps their own mental wellbeing.

Several individual items stood out as being less important to the Nkundabana. For example, only 29% indicated that they volunteer in order to stay busy. Just under two-thirds (64%), said they volunteer because their family has always been involved in volunteering. Sixty-nine percent said volunteering helps them deal with their own problems.

Table 16. Volunteer motivations

	% Strongly Agree/ Agree
Values	
You volunteer because you believe that you are meeting a need in the community in your volunteering role.	100.0
You would very much like your children to follow your volunteering experience.	100.0
You volunteer because you feel that volunteering makes the world a better place.	100.0
You volunteer because you believe everyone should volunteer	100.0
You are concerned about those less fortunate than yourself.	100.0
You feel it is important to help others.	98.8
You volunteer because your family has always been involved in volunteering.	64.3
Recognition	
Being appreciated by CARE is important to you.	100.0
You feel that it is important to receive recognition for your work.	85.7
You like to work a volunteer agency that treats their volunteers and staff alike.	83.3
Reciprocity	
You volunteer because you believe that what goes around comes around.	86.9
You volunteer because you believe that you receive what you give to the world.	75.0

	% Strongly Agree/ Agree
Reactivity	
You often relate your volunteering experience to your own personal life.	96.4
Volunteering gives you a chance to try to ensure people do not have to go through what you went through.	88.1
You like to help people, because you have been in difficult positions yourself.	78.6
Volunteering helps you deal with some of your own problems.	69.0
Self esteem	
You volunteer because you feel that volunteering is a feel-good experience.	97.6
You volunteer because volunteering makes you feel important.	97.6
You volunteer because volunteering makes you feel like a good person.	94.0
You volunteer because volunteering keeps you busy.	28.6
Self-protection	
Volunteering as an Nkundabana has relieved you of some of the guilt you have felt about being more fortunate than others.	90.5
No matter how bad you have felt, volunteering has helped you to forget about it.	81.9

Program experiences

To better understand their program experience, Nkundabana were asked a series of questions about their work with the COSMO program. The majority (84%) of respondents had served as Nkundabana for more than 2 years, 15% had served between 1 and 2 years, and one individual had been an Nkundabana for less than 1 year (Table 17). On average, they were each mentoring 9.7 youth (range=3-21). They reported spending an average of 7.8 hours per week working as an Nkundabana (range=1-40). Most (96%) indicated that they had received some form of compensation for their work as an Nkundabana, including bicycles (100%), meeting-related per diems (33%), and material incentives (16%).

Table 17. Program experiences

	%
Length of service (n=84)	
Less than 1 year	1.2
1 to 2 years	14.6
More than 2 years	84.2
Compensation (n=81)	
Bicycle	100.0
Meeting per diem (food/travel)	33.3
Incentives (e.g., t-shirt, umbrella, flashlight)	16.1
Average number of youth assisted = 9.7	
Average number of hours spent mentoring per week = 7.8	

Overall, 83% were very satisfied and 17% were satisfied with their experience of being Nkundabana volunteers (data not shown). Nkundabana reported positive relationships with CARE and with youth (Table 18). Nearly all reported that CARE provides guidance and material support to help them in their work as mentors. Similarly, nearly all indicated that the youth they work with trust them, respect them, and take their advice.

All respondents said that the training they received had helped them in their roles as mentors, but nearly one-third said they needed more skills and one-half said they sometimes have felt uncomfortable because they did not have the skills necessary to help the youth they serve. The data further suggest that the Nkundabana experience negative reactions to their inability to assist youth. Most reported feeling helpless and frustrated at times, and 42% said they have felt overwhelmed by their responsibilities as mentors.

There were mixed indications of the program's engagement at the community level. While most (96%) said COSMO has helped local authorities address the needs of youth, fewer than two-thirds (63%) reported that other community members help them in their work as mentors. However, through their associations, the majority of Nkundabana find assistance and encouragement.

The Nkundabana offered indications that their work is sustainable including their dedication to continue as Nkundabana in the absence of a formal program (98%), satisfaction with the amount of hours worked per week (82%), and a perception that their associations were sustainable in their current form (92%). However, 17% indicated the distance they must travel to visit youth makes it difficult for them to fulfill their responsibilities. Nonetheless, only one individual reported sometimes thinking about leaving the program.

Table 18. Program perceptions

	% Strongly Agree/Agree
Relationship with CARE	
When you inform CARE of material support youth need, they help access it.	97.6
CARE gives advice and guidance you need in your work with youth.	98.8
CARE appreciates your work as a mentor.	98.8
Relationship with youth	
You feel comfortable talking to the youth you work with.	97.6
The youth you work with take your advice.	98.8
The youth you work with respect you.	98.8
The youth you work with trust you.	98.8
Skills/training	
The training you received prepared you well for your work as a mentor.	100.0
You have enough skills to fulfill your responsibilities as an Nkundabana.	69.9
Sometimes you have felt uncomfortable because you did not have the necessary skills to help the youth you work with.	50.0
Emotional reactions	
You feel helpless meeting the material needs of youth you work with.	85.7
You feel helpless in solving all problems facing the youth you work with.	66.7
You get overwhelmed with your responsibilities as a mentor.	41.7
Your experience as an Nkundabana has been frustrating.	78.6
Community engagement	
Community members help you in your work as a mentor.	62.7
The Nkundabana model has helped to improve the work of local authorities in addressing the needs of youth.	96.4
Nkundabana associations	
The members of your Nkundabana association provide encouragement to you.	98.8
The members of your Nkundabana association have helped you to solve problems related to the youth that you work with.	97.6
Your Nkundabana association is sustainable in its current form.	91.7
Sustainability	
Sometimes you think about leaving the program.	1.2
You would visit the youth you work with even if the CARE mentor program stopped.	97.6
The distance you must travel to assist youth you work with makes it difficult for you to visit them.	16.8
You are satisfied with the amount of time you spend working as an Nkundabana each week.	81.9

Methods: Program Sustainability – Southern Province

Data were collected using qualitative research techniques among various stakeholders in Muhanga, Kamonyi, and Ruhango districts in the southern province of Rwanda in January 2010. The evaluation explored the perceptions and attitudes of all key stakeholders towards COSMO program implementation, effectiveness, community ownership, partnerships as well as sustainability of the program without ongoing support from donors.

Using semi-structured interview protocols, qualitative data were collected via focus groups among Nkundabana and community leaders and in-depth interviews with CARE field and national staff, institutional partners, and government officials. Sites within each district were selected with assistance from CARE national staff. The evaluation sought to collect qualitative data at sites deemed as having variable performance. Table 19 provides a summary of the methods by respondent type.

Table 19: Qualitative data sources and methods

Source	Methods	Location	# of Participants
Nkundabana	3 Focus groups	1 sector each: Muhanga, Kamonyi, & Ruhango Districts	35
Community leaders	3 Focus groups	1 sector each: Muhanga, Kamonyi, & Ruhango Districts	29
Partners	In-depth interviews	Muhanga, Kamonyi, and Ruhango districts; Kigali	8

All focus group discussions and in-depth interviews were conducted by trained researchers in Kinyarwanda, the local language. Each focus group discussion was attended by three members of the field team: the facilitator who led the focus group, one assistant who took notes, and one supervisor who assisted both the facilitator and note taker. The team jointly transcribed the text in the language it occurred. In-depth interviews were conducted by one member of the field team who facilitated the interviews and kept notes. Data were then translated into English and analyzed thematically.

Results – Southern Province

Effectiveness of beneficiary targeting efforts

Although Nkundabana and community leaders believed that the children chosen for program participation were the most vulnerable at the time of selection, most Nkundabana noted that there are many more, very vulnerable children that need to be enrolled in the program. Some Nkundabana reported being approached by other non-participating children who want to be in the program, and they find it difficult to turn them away. Nkundabana and local community leaders also felt that enrollments needed to occur more regularly and that those living with mentally ill or alcoholic adults should not be excluded from the program.

“The OVCYs chosen in this program merited it, they were living in difficult conditions.” Nkundabana

“Only OVCYs in child headed homes were enrolled in the program yet there were those with very sick, mentally unstable, alcoholic and abusing parents/adults whose conditions are worse and need the care of a good mentor.” Nkundabana

The Nkundabana further reported that the way in which the community, in partnership with CARE, had the OVCYs select their own Nkundabana ensured that the program would be implemented by the Nkundabana without hesitation.

“The children chose us to be their parents, how can we do otherwise? With their trust in us, we have been able to play a tangible role in taking care of them and resolving conflicts among them...” Nkundabana

Program effectiveness

In general, respondents indicated that the program has been effective in meeting the basic needs of OVCY. All stakeholders interviewed perceived the Nkundabana as proxy-parents that the OVCYs need foremost.

“Even if these OVCYs were all enrolled in school, can you imagine not having someone to bring your school report/marks to? The Nkundabana are there for this and many other parental roles.” Partner

Nkundabana perceive that COSMO has benefited the lives of participating OVCYs by helping with their protection issues and removing them from isolation. Community leaders echoed this opinion, reporting that COSMO helped resolve problems of isolation, lack of adult presence, violation of their rights, and lack of education and decent housing. Awareness of OVCYs issues also has been raised at the community level, and advocacy in relation to property rights has been bolstered.

“This program helps us to protect and advocate for OVCY as our own children. It works well and the children are happy because they are no longer isolated.” Nkundabana

Although there were notable gains among participating OVCY, Nkundabana and community leaders concurred on a weakness of the program. They cited their inability to sufficiently provide material support to OVCYs who come to them seeking support. Nkundabana, in particular, reported always having a sense of helplessness when they are approached by a very needy OVCY.

Coordination and collaboration

All stakeholders interviewed agreed that the collaborative efforts between CARE and the local leadership, and the various trainings offered to Nkundabana and community leaders, have helped to provide wholesome support to the OVCYs. Nkundabana appreciated the involvement of community leaders and other partner organizations that brought different expertise to the program. For example, Nkundabana and OVCYs benefited from specialized trainings in legal issues and active listening that otherwise would not have been possible without the partnering organizations. Nkundabana mentors also appreciated easy access to CARE, ARCT Ruhuka, and Haguruka and community leaders, with many specifically mentioning that access led to quick resolution of referred cases.

Local ownership and capacity for program sustainability

All Nkundabana and local leaders expressed perceiving the COSMO program as their own, although they indicated that they will require technical support and encouragement to continue enrolling OVCY and Nkundabana. Respondents reflected on the Nkundabana commitment to care for the OVCYs, even without outside motivation.

“This program is truly ours because we took an oath, we cannot abandon them, CARE gave us a foundation...” Nkundabana

“We have already made this program ours because the children are in our hands and CARE only comes in to help.” Community Leader

All respondents believed that it would be possible to sustain the Nkundabana model given the activities that have already been initiated by the Nkundabana and community leaders. These include but are not limited to monthly meetings with the local leaders at cell level to discuss and resolve OVCYs issues, registering an association that will coordinate all Nkundabana and mobilize resources for sustainability, and the initiation of farming projects that will help Nkundabana generate income.

There were conflicting opinions as to whether the formation of an Nkundabana association would contribute to program sustainability. All Nkundabana respondents reported that forming an association would ensure sustainability of the COSMO program. However, one stakeholder noted that the formation of Nkundabana associations would essentially divert Nkundabana from their initial role as proxy-parents of the OVCYs. Further, this respondent suggested that, by establishing a separate entity for Nkundabana, the detachment from other community members might cause the community to view the care of OVCY as a duty for Nkundabana only and not one to be supported by the broader community.

“How will the Nkundabana take care of OVCY if they are busy doing association work? Let them be empowered as regular people in their communities, they should not just bundle themselves into associations but should join other cooperatives and associations for producing in their communities. Otherwise they will be an isolated group.” Partner

Respondents reported many potential threats to the sustainability of the program. Some noted that the lack of budget and plan for the care and support of OVCYs at the local administrative levels, the limited interest at the district level to follow-up on OVCY issues, and the lack of expertise in program management among local stakeholders would challenge the program’s continuance at full capacity. Other respondents doubted the managerial and technical capacity of Nkundabana to run the program on their own and reported that they believed that this program was sustainable but would require regular follow-up and recognition at the national level. Local community leaders were of the view that sustainability would require close collaboration with Nkundabana.

“We still need support for another short period. We can care for and love these OVCYs, but we cannot meet their other material needs and take care of their psychological well being and legal issues without the partner’s input.” Nkundabana

“The support given so far has been needed but it is like a drop in the ocean...”
Community leader

“I have hope that it will continue since it is a recognized program in these communities. The aspect of having a Nkundabana in the OCVY’s life will always be there. But the training they were receiving will be absent. I think that this is a great program that needs continuous technical support.” Partner

Limitations

As with any evaluation, the results presented herein should be considered carefully in view of several major limitations. First, the cross-sectional, post-test evaluation design prevents the ability to attribute the observed outcomes to the program. However, the evaluation design provides suggestive evidence of program outcomes. Second, the results can only be generalized to the sampling frame—OVCY between 10 and 17 years old living in the study areas. It is unknown how the program may be affecting youth under the age of 10 or older than 17. Third, low sample sizes may inhibit the ability to discern statistically significant findings in the analysis of OVCY outcomes. Therefore, readers should review the text for trends in the anticipated direction, as well as for outcomes in which there was a significant difference between the intervention and comparison groups. Fourth, the validity of many of the scales used for this evaluation has not been determined in the Rwandan context. For example, although the Centers for Epidemiologic Studies – Depression scale was designed to capture the essence of several of the core symptom criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases (ICD-10), no studies have confirmed the legitimacy of the screening tool in Rwanda. Similarly, the scales used to evaluate motivations for volunteerism among Nkundabana were developed in American and Australian settings, and there were issues with their internal consistency in Rwanda. Finally, information bias may be present in the data, because some respondents may over or under exaggerate their situation, thus leading to inaccurate classification on the survey.

Conclusions and Program Implications

Program targeting goals are being reached

Using a participatory community approach, the data suggest that the COSMO program has identified and targeted some of the most vulnerable and at-risk children in Musanze district. Among the random sample of youth beneficiaries who participated in the survey, 91% of them had lost one or both parents. In contrast, according to the Rwanda DHS (2005), 21% of all Rwandan children are single or double orphans. The data also suggest, however, that there is a need for more frequent identification and enrollment of OVCY, as well as a need to offer program assistance to youth that meet other vulnerability criteria, as set forth by Rwanda’s *Strategic Plan for Orphans and Other Vulnerable Children* (2007). In addition to the vulnerability criteria outlined in the Strategic Plan, program mentors suggested expanding program outreach to other groups of at-risk youth not included in the national strategic plan. For example, Nkundabana in the southern province indicated that youth with mentally ill or

alcoholic parents also could benefit from mentorship and other program supports. The expansion of the program also may help reduce the stigma commonly experienced by orphans. Thus, as the program moves forward, communities and program partners should institute a more frequent schedule for identification of OVCY and perhaps consider expansion to other at-risk youth not commonly targeted by such programming.

The material needs of youth are being met but are limited by program funding

The data suggest that the program is meeting the material needs of beneficiaries by providing personal items needed by youth, such as bednets and shoes, as well as livestock that can be used to boost economic security within the household. Further, a significantly higher proportion of program beneficiaries reported that the roof of their dwelling provided adequate shelter for their family, compared to non-beneficiaries. Nevertheless, there were large proportions of program beneficiaries who lacked personal items and adequate roofing, suggesting perhaps that the processes used for need identification and distribution should be re-evaluated and updated. The disparities among program beneficiaries also might be due to lack of funding for the provision of such supports to all eligible youth in the program's coverage area. Such inequalities actually may promote jealousy and marginalization among youth, so the program must devise methods of equitable distribution, for example by setting a minimum standard package for all OVCY, carefully maintaining program monitoring records, and consistently reassessing to determine whether all program beneficiaries have received the minimum package. Another concern is that, with the exception of livestock, the material goods provided meet immediate needs but must be replaced often as children outgrow them or wear through them. In the absence of financial support from CARE, it will be difficult for the community to sustain the provision of these types of goods.

Food insecurity remains a need

There were no significant differences in level of food insecurity between the intervention group and comparison group. Nearly one-third of OVCY in both groups were living in households that had experienced severe food insecurity during the month prior to the survey, and approximately 50% were living in households that had experienced moderate food insecurity. Interestingly, even some Nkundabana volunteers were living in households with moderate or severe food insecurity. Efforts to address food insecurity may include advocating for more nutritional assistance to the region, focusing on provision of livestock, working with families to bolster their gardening activities, or supporting other income-generating activities.

OVCY are attaining needed support services, but needs are high

OVCY need for support services was high. For example, most youth (92%) in the intervention group needed housing and material assistance in the weeks and months prior to the survey. The analyses suggest that among those who needed services, OVCY in the intervention group had significantly lower unmet need relative to youth in the comparison group, suggesting that the program is helping ensure OVCY access to essential services. However, unmet need also remains generally high, and this might be due to a limited support service network in the district to meet the high level of need. While the program should continue efforts to link OVCY to services, efforts to bolster the availability of support services also are necessary and might occur through more sophisticated advocacy by program partners to communicate the needs to officials at all levels of government.

Some aspects of psychosocial wellbeing are strong, but others require more attention

In contrast to OVCY in the comparison group, OVCY in the intervention group had stronger peer relationships, more frequently reported having an adult in their life that they trusted, and less frequently experienced people speaking badly of them or their families or making fun of them. These data suggest that program efforts to affect marginalization and build supportive adult and peer relationships among OVCY likely are working as intended. Nonetheless, the levels of reported marginalization generally remained high among OVCY beneficiaries and were corroborated by surveyed Nkundabana, about half of which indicated that the community rejects orphans. Further, a significantly higher proportion of youth in the intervention group reported that people were jealous of the services they obtain—data which imply that the program may be contributing to unintended divisions between beneficiaries and non-beneficiaries. Additionally, responses to items contained in the Center for Epidemiologic Studies – Depression scale indicate that many OVCY in the intervention group are experiencing certain psychological symptoms at very high levels. Thus, as the program moves forward, efforts should be taken to minimize harm and reduce marginalization, such as by further expansion of the criteria for receipt of support so as to reduce jealousy and continued sensitization and engagement of community members, and to address other psychological issues that are common among OVCY. Given the high burden of some of these issues, group counseling efforts may be the most efficient in this setting.

Nkundabana also need support

On average, the mentoring workload of Nkundabana (9.7 OVCY per mentor) is meeting targets set by program personnel. However, many Nkundabana report having more than 10 COSMO youth under their care and support, and on average they are spending around 8 hours per week in their mentoring role. The work they do as Nkundabana is at times psychologically taxing on them. Most said they feel helpless meeting the material needs (86%) and solving all the problems (67%) of the OVCY they mentor. Nearly half (46%) reported that they get overwhelmed with their responsibilities as an Nkundabana, and 79% said that their experience as an Nkundabana has been frustrating. It should be noted that, following an earlier evaluation of the Nkundabana model in the Southern province, it was recommended that efforts to support the psychosocial wellbeing of Nkundabana were needed. To that end, support group meetings facilitated by an ARCT counselor were implemented in Musanze. The meetings provide an opportunity for Nkundabana to share experiences and challenges and seek advice.

There are also physical difficulties to completing their work. Even though most Nkundabana have obtained bicycles from the program to facilitate visits to OVCY, for 17%, the distance that they must travel makes it difficult to visit OVCY. Many Nkundabana wish that they had more training to address the needs of youth, and qualitative data from the southern province indicate that some program stakeholders believe that the lack of technical and managerial capacity of Nkundabana will pose a challenge to program sustainability. Yet, the Nkundabana are highly committed to the continuation of the program, and the vast majority report that they would continue to visit the OVCY that they mentor, even if the CARE program officially stopped. There are many steps that the program can take to support the continued efforts of the Nkundabana volunteers including further counseling to address the psychological burden of their work as Nkundabana, which could occur within the existing Nkundabana association structures or the support group meetings; recognition from program stakeholders in the form of incentives or public recognition; and additional training.

The project is making a moderate contribution to the realization of child rights in Rwanda

The objectives of the COSMO program are aligned with the national strategy to assist orphans and other vulnerable children, as outlined in *Rwanda's National Plan of Action for Orphans and Other Vulnerable Children* (2007). COSMO particularly targeted two national strategic objectives: (1) to provide protection, care and support to OVCs by establishing and strengthening family and community-based support structures and (2) to ensure access to essential services for OVCs including shelter, education, health and nutrition, social protection, water and sanitation and birth registration including development of linkages and referral across services. However, the findings of the COSMO outcome evaluation in Musanze reveal a mixed contribution of program activities to the realization of child rights.

In some ways, the data suggest that COSMO is making strides towards the protection, care and support of orphans and vulnerable children. COSMO beneficiaries were significantly more likely than the comparison group to report having an adult in their life whom they trusted to offer advice and guidance. Similarly, a higher proportion of COSMO beneficiaries indicated that they know an adult who would go with them to the authorities if they needed assistance. On the other hand, other indicators suggest that threats to protection remain. Nearly equivalent proportions (about 71%) of beneficiaries and non-beneficiaries reported that people in their community would rather hurt than help them. And, COSMO beneficiaries more frequently reported that people are jealous of the services they get.

Likewise, the evaluation found moderate results on the extent to which COSMO is ensuring access to essential services. There were no significant differences in the proportion of beneficiaries and comparison group members who were in school, and nearly 30% of eligible youth in the intervention group were not in school. Food insecurity remains high, and there were no differences in level of food insecurity between beneficiaries and the comparison group. The program does appear to be facilitating linkages and referrals across services, as possible. Though unmet need for support services generally remained high among the intervention group, the intervention group did have significantly lower unmet need relative to the comparison group for legal assistance, household materials, school materials, and housing assistance.

Stakeholders are committed to sustainability, but lack of financial support will be a challenge

Program stakeholders perceive the COSMO program as their own and are highly committed to the sustainability of the program. Several activities have been initiated to facilitate program sustainability, including monthly meetings at the local level and the formation of Nkundabana associations. However, as seen in the quantitative data, the program contributes heavily to the material wellbeing of youth and such gains will be a challenge to sustain in the absence of financial support from CARE or other partners. The continued promotion of income generating activities (IGAs) for both OVCY and their families and Nkundabana will be necessary. But, given the high number of OVCY, traditional IGA approaches could saturate the market and would thus be unlikely to affect poverty substantially. Analysis and reflection are needed to identify a wider range of IGAs that respond to the markets available in the east Africa region.

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