

Nkundabana Toolkit



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CARE

Preface

The Government of Rwanda is committed to ensuring that the fundamental rights of all children are realized. The Government recognizes the extreme need for protection of the children who are orphaned and made vulnerable as a consequence of the genocide perpetrated against Tutsi, poverty and HIV/AIDS.

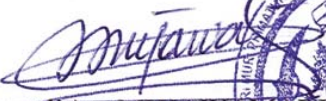
In the years following the genocide perpetrated against Tutsi in 1994, the Government of Rwanda has made concerted efforts to address the needs of Orphans and Other Vulnerable Children (OVC), culminating in the 2003 National Policy of OVC, the 2007-2011 National Strategic Plan and the Integration of OVC issues into a variety of policies, as well as the Economic Development and Poverty Reduction Strategy (EDPRS).

The issues faced by OVC are not the sole responsibility of any one Government ministry or sector. Rather, it is the collective responsibility of all Government ministries, civil society, communities, children themselves, and the international community to work collaboratively to ensure the survival, growth, well-being, and development of the children of Rwanda.

The Nkundabana model is directly linked to the objective 3.3 of the National OVC Strategic Plan 2007-2011, which aims at strengthening the capacity of OVC, families and communities in psychosocial care and support. Moreover, the Nkundabana model has been identified as a best practice in supporting OVC specifically because it is a child-centered approach and is easily replicable.

The Nkundabana Toolkit therefore serves as an important resource for partners working in OVC care. This Toolkit offers the components needed to build and expand upon the Nkundabana approach. It also outlines the implementation steps needed to guide service providers in helping OVC access services and improve their physical, social, emotional, and economic well-being, particularly those children living in child headed households.

MIGEPROF supports this Nkundabana Toolkit and its efforts to harmonize and strengthen the other existing approaches in OVC care in Rwanda.


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Minister of Gender and Family Promotion



Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARCT	Association Rwandaise des Conseillers en Traumatisme (Rwandan Association of Trauma Counselors)
ART	Anti-Retroviral Therapy
CBO	Community-Based Organization
CHH	Child-Headed Household
CNLS	Commission National de Lutte contre le SIDA (National Commission for the Fight Against AIDS)
COSMO	Community Support and Mentoring for OVC
CSI	Child Status Index
DHS	Demographic and Health Survey
ECD	Early Childhood Development
FBO	Faith-Based Organization
FHI	Food for the Hungry International
HAL	Helpful Active Listening
HIV	Human Immuno-deficiency Virus
IDOS	Institutional Development and Organizational Strengthening
IMCI	Integrated Management of Childhood Illness
M&E	Monitoring and Evaluation
MIGEPROF	Ministère du Genre et de la Promotion de la Famille (Ministry of Gender and Family Promotion)
MINEDUC	Ministry of Education
MINISANTE	Ministère de la Santé (Ministry of Health)
NIPS	Nkundabana Initiative for Psychosocial Support
NGO	Non-Governmental Organization
OVC	Orphans and Other Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PRA	Participatory Rural Appraisal
SGBV	Sexual and Gender-Based Violence
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing for HIV/AIDS

Introduction

Rwanda is one of the poorest countries in the world, ranking 167 out of 182 in the Human Development Index (UNDP's Human Development Report of 2009). According to Rwandan Government sources, 56.9% of all Rwandans live on less than one US dollar per day (Enquête Intégrale sur les Conditions de vie des Ménages 2005-2006, NISR). Rwanda also has one of the highest numbers of orphans worldwide. As of 2005, 21% of Rwandan children were orphans (National Institute of Statistics 2005).

These children face highly complex circumstances due to the combined effects of recovery from war and genocide, extreme poverty affecting 36% of Rwandan households, and consequences of the HIV/AIDS pandemic.

Communities have already proven to be supportive of orphans and vulnerable children in many ways. For example, many families foster orphans or unaccompanied children. However, the capacity of households to address the situation is decreasing, in part because an increase in fertility from 5.8 children per woman in 2000 to 6.1 in 2005 is causing rapid population growth.

The most recent Demographic and Health Survey (DHS), conducted in 2005, reported that only 60% of Rwandan children live with both their parents. That means that 40% either live with only one parent, are fostered by their extended family, or live in households headed by children or young adults.

Despite the high-level commitment of the Rwandan Government to achieve the rights of all children without any kind of discrimination, access to basic services for the majority of OVC remains an enormous challenge.

In order to address this situation, MIGEPROF (Ministry of Gender and Family Promotion), in collaboration with its main partners, developed a 5-year National Strategic Plan of Action for OVC in 2007. This Plan of Action constitutes the national framework to guide all interventions in support of OVC. A comprehensive Minimum Package of Services for OVC has been developed (See MIGEPROF's National Guide on a Minimum Package of Services for Orphans and Other Vulnerable Children (OVC)). These services are already implemented by most of the stakeholders working with OVC.

One of these services, psychosocial support for the most vulnerable children using a community-based approach, is an important strategy to address the needs of children living without the



Delphine Mukeshimana was 12 when both of her parents died, leaving her solely responsible for taking care of her four sisters and brother. © 2008 Audra Melton/CARE

supervision of an adult, and to help them cope with their early responsibilities as heads of households.

One of the practices in this field has been the Nkundabana (literally, “**I love children**”) model. Initiated by Food for the Hungry International (FHI) in early 2000, this model was further developed by CARE International in the former Gitarama province and now expanded to the Northern province.

This model has been identified by the Rwandan Government as a best practice,

and has been integrated as one of the priority activities of the National Strategic Plan of Action for OVC, under the strategic objective of “Strengthening of the capacity of OVC, families and communities to provide psychosocial care and support for OVC, including preventative and curative measures to increase well-being, resilience and self-esteem of OVC.”

Why this toolkit was developed

While CARE has been pioneering the Nkundabana model in the former Gitarama province, other stakeholders have developed similar approaches either through their own experience or through capacity building provided by CARE.

As stated in the National OVC Policy (2003) as well as in the National Strategic Plan of Action for OVC, the Rwandan Government is willing to harmonize and document best practices that support orphans and vulnerable children. Developing models that can be replicated at the national level by any interested stakeholder will help to scale up the national response to OVC.

In order to support these governmental priorities and policies, CARE has developed this manual for stakeholders that give psychosocial support to OVC. This manual contains this toolkit with a step-by-step process for how to implement the Nkundabana model; training modules for strengthening the capacity of Nkundabana mentors, OVC and other partners; as well as all other useful tools and lessons learned from CARE’s experience.

CARE used participatory methodology to develop the manual, ensuring as much as possible that tools and documents were presented for discussion with the key actors of the Nkundabana model as well as the main stakeholders active in the field of child protection, particularly MIGEPROF.

A steering committee was established in order to guide the process of developing the manual. This committee was composed of MIGEPROF, CNLS, UNICEF, CARE, ARCT-RUHUKA and HAGURUKA.

Key informants were interviewed at the central level (see Annex 7). Focus group discussions were organized with children and youth, local authorities and Nkundabana mentors in the two areas of project implementation in order to complete a needs assessment. A pre-validation meeting was organized. Based on the recommendations of the participants, the toolkit was finalized and validated.

Origins of the Nkundabana model

The concept of voluntary community mentors who look after the needs of children and who were called Nkundabana was first introduced by Food for the Hungry International (FHI) in Gitarama province in early 2000. At first, Nkundabana mentors mainly facilitated service delivery, especially food distribution. The concept caught the attention of CARE, which then undertook a thorough needs assessment. Based on the results of the needs assessment, CARE enriched the initial model to include child protection and psychosocial elements and to give it a stronger foundation within the community.

CARE Rwanda received funding from the European Union to implement a first large Nkundabana project between 2003 and 2006 in the former province of Gitarama. The project title was NIPS: Nkundabana Initiative for Psychosocial Support. Another large follow-on project was funded for the period of 2007-2009 in the sector of Musanze. The title for this project was COSMO: Community Support and Mentoring for OVC. Through 2004, CARE also implemented various other projects through PEPFAR funding that included elements of the Nkundabana model.



Through the COSMO project, Delphine works with Nkundabana mentor Pascal Harelimana who helps her develop skills and access resources necessary to care for her family. © 2008 Audra Melton/CARE

Through the OVC Technical Working Group – the network of stakeholders, established by MIGEPROF and CNLS, that are involved in the care, protection and support of OVC – the Nkundabana approach became familiar to governmental and nongovernmental partners.

Various evaluations have found that the Nkundabana model is successful in reaching its objectives^{1,2}. More than 90% of OVC were satisfied by the quality of services received, the relationship with their Nkundabana mentor, and the impact of the project on their well-being and integration in the community.

Results from the NIPS project were presented during the 2006 Pediatric Conference on Children and AIDS. Since then, the Nkundabana model has been recognized as a best practice and included in the objectives of the National Strategic Plan of Action for OVC, a document that was officially approved in 2007.

The Nkundabana model

The Nkundabana model is a community-based approach that strengthens the capacity of communities and households to fulfill their obligations in the protection, promotion and achievement of child rights and psychosocial support. Specifically, the most vulnerable children of the community elect volunteer mentors to help them access services and improve their physical, social, emotional and economic well-being, particularly those children living in CHH (child-headed households).

The Nkundabana model combines the efforts of volunteer mentors **who are called Nkundabana**, the communities in which OVC reside, local authorities, service providers and OVC themselves to achieve the rights of OVC.

Nkundabana mentors are trusted adult community members who commit to work in support of OVC. Nkundabana mentors are selected from among persons that the children themselves nominate based on criteria established by the children and the community.

¹ National University of Rwanda School of Public Health (September 2006). NIPS final evaluation.

² SIAPAC (July 2008). Technical assistance for COSMO: Project monitoring and evaluation.



During home visits, Nkundabana mentors listen to children's problems including trauma-related issues. They cooperate with children to find solutions or refer them to other service providers. © 2008 Eugene Rusanganwa/CARE

Nkundabana mentors serve as parental replacements, regularly visiting households of OVC. During home visits, Nkundabana mentors talk to the children; assess their current state of emotional well-being; assess their needs in terms of health care, food, clothes and shelter; inquire about good and bad news; and act as advocates, teachers, counselors, friends and bridges to the community and to service providers. Nkundabana mentors can bring a sick child to the hospital, talk to local authorities if there is a dispute over land or property, and ensure that the children go to school, for example.

Nkundabana mentors also help to channel essential services and resources such as food rations, school supplies, school fees and health insurance to OVC. In CARE's COSMO project, Nkundabana mentors pay special attention to the well-being of very small children and make referrals to health services, including VCT (voluntary testing and counseling for HIV/AIDS), PMTCT (prevention of mother-to-child transmission of HIV) and ART (anti-retroviral therapy) services, when necessary.

Once established, the cadre of Nkundabana mentors becomes a very effective and cost-efficient way to provide services to OVC. The model is highly adaptable and can deliver varied and appropriate services to OVC according to their particular needs.

The main roles and responsibilities of Nkundabana mentors include:

- Active listening and advising during home visits to OVC
- Advocacy and referral to services, and
- Protecting OVC against all forms of violence and abuse, and reporting cases when they occur.

Sustainability was an important consideration from the very beginning of the model's design³. Central to the vision of a sustainable Nkundabana model is the Nkundabana structure: a system of non-profit Nkundabana associations, formed by volunteer mentors, that are able to support the government in delivering essential resources and services to Rwanda's OVC, with a special focus on psychosocial support.

Due to its voluntary and non-profit nature, the Nkundabana structure would be an effective yet inexpensive way to assist the large numbers of children and youth whose needs and rights are not currently being met.

Core elements

The 17 steps to implementing the Nkundabana model are described in detail in the next section. However, the core steps are:

- Identify OVC
- Identify Nkundabana mentors
- Train Nkundabana mentors
- Provide home visits and other services through the work of Nkundabana mentors
- Organize community events such as fun days and appreciation days
- Organize Nkundabana mentors into associations
- Provide technical and institutional support to Nkundabana associations

³ CARE Rwanda (2005). Programming for vulnerable children/youth in Rwanda – strategy review and guidelines. Unpublished paper.

To ensure the sustainability of the Nkundabana model, the following elements are crucial:

- Cultivate ownership of the project by OVC, Nkundabana mentors, local authorities and the community
- Build the capacity of Nkundabana mentors to perform their roles
- Integrate material support for Nkundabana mentors while retaining the voluntary nature of the model
- Set up Nkundabana Peer Support Groups for mutual advice and support
- Establish referral systems, both to ensure that OVC have access to needed services, as well as to refer Nkundabana mentors to micro-finance opportunities, cooperatives or other social protection measures that help to alleviate poverty
- Maintain high levels of transparency, integrity and reliability when dealing with and managing the work of individual Nkundabana mentors



Nkundabana mentor Xaverine Mukandekezi (left), 56, receives helpful active listening (HAL) training at this COSMO project meeting. Placidie Niyonsaba (right) is one of the trainers and works for a local NGO that CARE partners with. © 2008 Miguel Samper/CARE

Lessons learned: 2003-2008

A literature review as well as findings from key informant interviews and focus groups discussions have revealed four main lessons learned while implementing the Nkundabana model.

Often, lessons are learned as a result of challenges or constraints faced by the model. Potential constraints include limited community participation; the ongoing need to motivate, retain and reward volunteers; the wide variety of needs that children present; and the need to secure long-term funding to sustain the model.

■ **Broad and meaningful community participation is essential.**

As emphasized throughout this manual, broad community consultation from the early stages of implementation, either through meetings, trainings, participatory mapping exercises or other participatory rural appraisal (PRA) methods, is of major importance. Although very time-consuming, this participation can prevent many difficulties at later stages. In particular, transparency and broad participation by the community in all stages of project implementation can prevent high levels of jealousy.

■ **Volunteer mentors need to be motivated, retained and rewarded for their efforts.**

Nkundabana mentors agree to give a lot of their time to do difficult work for the benefit of OVC and the community. Experience with similar programs internationally suggests that a program based on the work of volunteers needs to be professionalized to the greatest possible extent in order to maintain motivation, quality of work, satisfaction and mutual benefit.

The work of Nkundabana mentors should be guided by a clear and transparent policy that regulates the relationship between an implementing agency and the volunteers; gives guidelines for the use of incentives such as gifts and travel allowances; and ensures that volunteers may disassociate from the implementing agency so as to become part of a larger Nkundabana structure. CARE has developed a sample volunteer policy, which is included in this manual.

■ **Interventions must be ready to meet the particular needs of various OVC.**

As CARE's experience in OVC programming has evolved, it has paid increasing attention to the different needs of boys, girls, different age groups and different categories of OVC. An important addition to CARE's OVC interventions was the inclusion of Early Childhood Development activities, so as to better meet the needs of very young OVC. These activities included the construction and staffing of day care centers and nursery schools for children ages 3-6 to support their development in a safe and nurturing environment. Another addition was placement and succession planning for children affected by HIV/AIDS. These activities included the creation of a will and a memory book, and planning for where children will live after the death of their parent or parents.

■ **Plan in advance for sustainability and long-term funding.**

Cost is always a concern when discussing program sustainability. Obviously, any care and support for OVC will incur cash costs, either by the government, the international community, private institutions or individuals. All actors have the responsibility to anticipate where funding for OVC interventions will come from in the long run. If the government is unable to fund certain activities, other sources of funding must be cultivated.

A Step-by-Step Guide:

How to Implement the Nkundabana Model

This section describes the seventeen steps of the Nkundabana model. They are presented here in chronological order, although the order could vary slightly depending on local circumstances. The Gantt chart on the next page gives a more detailed indication of the chronological order and time requirements for a 3-year project.

1. Create a district map

Mapping helps to identify populations, resources and services available in the district. Based on this information, areas in most need of project intervention (due to low coverage of services and high numbers of OVC) can be prioritized.

To achieve the best results, ensure that local authorities and development partners participate in this activity.

Key data to be collected include, but are not limited to: current institutional structures; available resources; existing quantitative and qualitative data on OVC and services delivered to them; existing performance contracts; and priorities and activities that support children, youth and OVC as described in District Development Plans.

In this step, the project must also assess if Child Protection Committees and Children's Forums exist and, if so, how functional they are. If no other partner is supporting them with capacity building, the project should ensure that Child Protection Committees and Children's Forums will benefit from the relevant training modules of the Nkundabana model.

Gantt chart for a hypotheticalal 3-year project

Assumptions: 36-month project, implemented by an NGO, to care for 2000 OVC using 400 Nkundabana mentors

Nkundabana model steps	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
Joint planning with community leaders and representatives	●	●	●																																				
Create a district map			●																																				
Identify OVC				●	●																																		
Identify Nkundabana mentors				●	●																																		
Start-up events in communities					●	●																																	
Nkundabana mentor kickoff training								●																															
Conduct household assessments									●	●																													
Train Nkundabana mentors on HAL; refresher training													●	●	●																								
Material support to Nkundabana mentors (bicycles)													●	●	●																								
Form Nkundabana Associations																	●	●																					
Provide other training for Nkundabana mentors																						●																	
Establish Child Protection Committees																																							
Form OVC Associations																																							
Fun Days																																							
Appreciation Days																																							
Create Nkundabana structure																																							
Expanded Nkundabana model: essential services and resources																																							
Service/resource 1																																							
Service/resource 2																																							
Service/resource 3																																							

2. Collaborate with local leaders and community representatives on project planning

Align the planning, implementation and monitoring and evaluation for the Nkundabana model with the district planning cycle as much as possible. This will help local authorities to better understand their role in the achievement of children's rights in their district and the importance of their active participation in all phases of the project cycle. Developing ownership among local authorities will also contribute to the sustainability of the Nkundabana model.

It is important to work within existing structures as much as possible, rather than creating new, parallel structures. For example, the organization that implements the Nkundabana model should actively participate in the Joint Action Forum and, when appropriate, advocate for the creation of a special cluster on Children and OVC within the Joint Action Forum. Such a cluster on Children and OVC would provide a forum in which development partners in the district can better coordinate service delivery and coverage, harmonize approaches, and reinforce referral systems.

3. Identify OVC

Step 3.1 Train community facilitators

Community facilitators are local authorities and community representatives who help organize and facilitate community sensitization as well as identify OVC according to national vulnerability criteria and guidelines. Two to three people from each cell will attend this one- to two-day training (See Training for Community Facilitators in the Nkundabana Training Modules).

Step 3.2 Identify and map beneficiaries

At the grassroots level, trained community facilitators organize identification sessions to list those individuals and households that fit the national vulnerability criteria as endorsed in 2008 (See MIGEPROF's National Guidelines on Identification of OVCs).

CARE has had good experiences using a mapping exercise to identify OVC. Before drawing the map, sensitize participants on the purpose and nature of the project (including a brief discussion on children's rights), how the project has been implemented thus far and what will happen in the future.

The result of the mapping is a raw list of beneficiaries that will need to be verified and confirmed with local authorities and community members.

When identifying OVC, involve the entire community, including vulnerable children and youth themselves. Work in close collaboration with local authorities, such as the Chief of Umudugudu, who coordinates the identification of OVC, and the representatives of local authorities at cell level.

Widespread, meaningful participation by OVC and other community members requires a significant investment in time. For instance, the NIPS project needed around 10 months to identify and verify 2600 child-headed households in the former province of Gitarama.⁴ This may seem like a long time, but it was necessary to build a solid foundation for a sustainable intervention.



Francine Byukusenge, 18, was 6 when both of her parents died. Through the COSMO (Community Support and Mentoring for Orphans and Vulnerable Youth) project, Francine works with an Nkundabana mentor who helps her develop skills and access resources necessary to care for the family. © 2008 Audra Melton/CARE

⁴ Note that the process could have been completed faster with additional means of transport for the team.

Pursuing the right approach during this initial phase will help to prevent difficulties later, such as conflicts among beneficiaries, attacks against beneficiaries, jealousy, resistance against project implementation and other conflicts. The fact that vulnerability criteria are now nationally defined will help to facilitate this process.

4. Identify Nkundabana mentors

CARE recommends that the children themselves select Nkundabana mentors. This signals to OVC that the project values their views and participation. It also demonstrates to Nkundabana mentors that the children already trust them.

Step 4.1 Decide how many children or households each Nkundabana mentor can support.

In the NIPS project, one Nkundabana mentor per five child-headed households was too demanding. The COSMO project reduced the ratio to three households per Nkundabana mentor.

Step 4.2 Meet with OVC (see Annex 1)

Invite the OVC who were identified by the community to a meeting. Present the project to the OVC, and explain the criteria for eligibility (based on the national vulnerability criteria). It is important that the children and youth understand that only those who meet the criteria may benefit from the project.

Next, discuss the role of the Nkundabana mentors, as well as the criteria for who can be nominated. Typically, Nkundabana mentors should be adults of at least 25 years, be of Rwandan nationality, be upright and have irreproachable morality (*inyangamugayo*), know how to read, write and count, live in a radius not exceeding a distance of five (5) km from the household he or she is supporting, have time to visit children's households and take part in the activities of Nkundabana Associations. Other criteria may also be introduced.

Then, groups of children use the agreed-upon criteria to discuss potential Nkundabana mentors. Divide children from the same neighborhood or cell into small groups that are equal to the Nkundabana mentor : OVC ratio (as determined in Step 4.1 above). Each small group will nominate two persons: one preferred candidate and one alternate candidate in case the preferred candidate cannot commit to the responsibility of becoming a Nkundabana mentor.

Nkundabana Mentor Identification Sheet

No.	Name	Date of Birth	Sex	Marital Status	District	Sector	Cell	Village	Names of heads of households who nominated him or her
1									
2									
3									
4									
5									

Step 4.3 Contact Nkundabana mentor candidates

Invite the Nkundabana mentor candidates to a meeting, and explain the process by which they were nominated. Provide detailed information about the project as well as the responsibilities and benefits of being an Nkundabana mentor (See annex 2: Roles and Responsibilities for Nkundabana). If appropriate, give the candidates some time to reflect before asking them to accept.

In the experience of the NIPS and COSMO projects, nearly everyone who was nominated accepted the responsibility, often motivated by the fact that the children themselves had chosen them. For those nominees who do not accept, contact and seek acceptance from the alternate candidate.

A **code of conduct** is an essential tool to formalize the relationship, behavior and attitudes of Nkundabana mentors with the children they interact with. A code of conduct also helps to protect children from being abused by Nkundabana mentors. It is very important to discuss the code of conduct in depth with Nkundabana mentors, so that they fully understand what is expected of them before agreeing to adhere to the code of conduct (See Annex 3: Code of Conduct for Nkundabana Mentors).

5. Organize start-up events in the community

A start-up event is a public gathering, usually at the cell level, that is supported by local authorities. The event should not exceed one and a half hours and comprises the following activities:

- Present the Nkundabana mentors and OVC beneficiaries to the community,
- Explain the selection process of OVCs and Nkundabana, and explain the project's objectives and planned activities, including the role of volunteer mentors.
- Speeches by different stakeholders, such as the representative of local authorities at cell level, the representative of the NGO/partner implementing the Nkundabana model or the representative of sector administration
- Music and dancing to show the importance of the event

Organize start-up events to take place right before the kickoff training, and before Nkundabana mentors begin visiting beneficiaries. Advertise the start-up event to encourage widespread participation by the community. Involve local authorities and underline their support of the project to the community.

6. Hold an Nkundabana mentor kickoff workshop

Organize a kickoff workshop to orient all newly selected Nkundabana mentors shortly after they have been confirmed by the community (See CARE's Kickoff Workshop in the Nkundabana Training Manual). Involve local authorities, especially Child Protection Committee members, in the kickoff workshop as much as possible.

The 3- to 5-day workshop covers topics such as Nkundabana mentors' roles and responsibilities; Nkundabana mentors' code of conduct; the situation of OVC and how the project plans to address the situation; the policy framework for working with OVC; the nature of collaboration between Nkundabana mentors, local authorities, and communities; expectations of Nkundabana mentors; and potential challenges. During the kickoff workshop, prepare Nkundabana mentors to begin the process of assessment, usually during their first or second visit to the OVC or household.

7. Conduct household assessments

In this step, Nkundabana mentors gather information on the status of children and the households they live in, in order to better understand what services the children receive and what services are needed.



18-year-old Alexis became the head of household after his mother died. Alexis takes care of his five brothers and sisters, and receives assistance from an Nkundabana mentor. © 2008 Audra Melton/CARE

A tool called the Child Status Index, adapted under the leadership of MIGEPROF and validated in 2008 (see Annex 4), will be used to assess children's status at the beginning of interventions as well as at the end to evaluate the intervention's impact.

Nkundabana mentors will visit and assess all of the OVC identified in Step 3, and will fill in a Child Status Record form for each child (see Annex 5) as well as a Demographic Household Form (See CARE's Kickoff Workshop in the Nkundabana Training Manual).

In order to ensure that Nkundabana mentors have objectively assessed the households and the OVC, project staff should select and visit a random sample in order to verify eligibility.

The process of defining OVC selection criteria, identifying OVC, and assessing OVC eligibility should be done in close collaboration with local authorities and according to national guidelines and tools.

Nkundabana mentors should visit each household of OVC at least once a week. The purpose of the visits is to listen to OVC in an attempt to understand the main challenges they are facing, to provide OVC with advice and correct information, and to discuss together what actions the Nkundabana mentor or the child or children will take next. After the visit, the Nkundabana mentor enters the household information in a register (see CARE's Kickoff Workshop Module, page 26; contact CARE to get the module).

8. Hold basic training for Nkundabana mentors

The primary role of Nkundabana mentors is to visit OVC and look after them, similar to the way parents look after their children. It is important to understand that this is highly demanding psychosocial casework.

The role of Nkundabana mentors is even more challenging due to the context of the 1994 genocide, pervasive poverty, abuse and HIV/AIDS. It is extremely important that basic training equip Nkundabana mentors with the skills they need to help OVC and prevent undue levels of stress and burnout among themselves.

Step 8.1 Helpful Active Listening (HAL)

HAL training, as conceived by ARCT-RUHUKA in collaboration with CARE, equips Nkundabana mentors with basic knowledge on issues such as trauma, child rights, HIV/AIDS, SGBV (Sexual and Gender-Based Violence) and other forms of abuse, as well as self-help techniques and how to prevent burnout. At the same time, participants learn and practice the important skill of helpful active listening, a form of counseling that facilitates interaction with OVC (see ARCT-RUHUKA's HAL Training for Psychosocial Workers, Facilitator's Guide and HAL Syllabus for Participants in the Nkundabana Training Manual).

In the NIPS and COSMO projects, professional stress and trauma counselors from ARCT-RUHUKA conducted the HAL training for psychosocial workers. It is strongly recommended that only highly experienced professionals conduct this training because of its technical and sensitive nature.

HAL training generally lasts ten days, and serves as the foundation for Nkundabana mentors' work. After the HAL training, the following types of systematic follow-up are necessary:

Step 8.1.1 Case supervision: Case supervision consists of regular meetings between the Nkundabana mentors and the HAL trainers (see Annex 6). During the meetings, the Nkundabana mentors have the opportunity to talk about their work and the challenges and successes they are experiencing. In particular, Nkundabana mentors can discuss difficult cases and seek help in defining courses of action and intervention for those cases. This exchange of experiences and discussion of difficult cases helps to prevent stress and burnout, and also increases the Nkundabana mentors' knowledge, skill and quality of intervention. Organize case supervision meetings at least four times a year in reasonably small groups.

Step 8.1.2 Personal development: In this session, expert counselors help Nkundabana mentors to express and learn how to cope with their emotions. All Nkundabana mentors have an opportunity to be listened to and counseled on how to develop empathy for the OVC they care for, and how to avoid frustration and burnout.

Step 8.1.3 Refresher training: Organize refresher trainings every 1 to 2 years in order to review Nkundabana mentors' skills in the application of HAL and to update their knowledge of important issues and framework conditions such as laws and regulations.

Step 8.1.4 Training of peer HAL trainers: In order to strengthen the sustainability of the model, provide some Nkundabana mentors with advanced training in HAL. These peer HAL trainers can then support their peers and OVC to cope with their emotions. They can also organize case supervision meetings for other Nkundabana mentors.

Step 8.2. Child rights and protection

This 3- to 5-day training helps Nkundabana mentors and their direct collaborators understand child rights and the legal framework through which child rights are protected (see HAGURUKA,s Child Rights and Protection Training module in the Nkundabana Training Manual). All Nkundabana mentors, as well as local leaders, community representatives and all members of Child Protection Committees, should participate. During the training, participants have an opportunity to assess successes in child rights and protection, as well as to identify the gaps in child rights and protection in their community, and to determine strategies and mechanisms for protection.



In 2002, Narcisse Gasigwa was left to take care of himself when his two older brothers left home after their mother died. Now 19 years old, Narcisse works with an Nkundabana mentor who not only helped him stay in his family home, but also advises him on income-generating activities and planning for his future. © 2008 Audra Melton/CARE

9. Fun Days

Fun Days are essentially a psychosocial intervention for OVC. They are also very important for linking OVC with other members of the community, particularly children. This activity asserts the right and need of children and youth to play, even in the most adverse of situations.

With support from the project team, Nkundabana mentors and local authorities invite all children in a community to enjoy games, music, dance and other fun activities. Some funds will be necessary for refreshments and basic materials. Organize the activity in such a way that all children in the community are treated the same, and that existing friendly relationships can be reinforced. This event should not exceed two hours.

In the NIPS and COSMO projects, Fun Days were also used to sensitize communities regarding topics such as child rights, child abuse and HIV/AIDS. OVC were asked to prepare plays and songs about these topics in order to share their perspectives of what they have experienced and learned.

Depending on the capacity of the project and the Nkundabana mentors, Fun Days can be organized two to six times a year.

Fun Days can also be organized at the household level in order to enhance the relationship between Nkundabana mentors and the children they look after. In this case, participants include the children or households supported by one Nkundabana mentor, the family of the Nkundabana mentor and neighbors. These kind of Fun Days are cheaper and more sustainable because they are organized within the means of the households. For example, participants can each bring food and prepare it together.

Sample Fun Day Activities

- Introductions (e.g. names, likes, dislikes, what one would like to be in the future): all
- Present the program of the Fun Day, including the agenda and objective: Nkundabana mentor
- Share personal experiences (e.g. problems encountered, how they were overcome, successes, visions for the future and major constraints): heads of household, with support from siblings/dependents
- Share food and/or drink: all
- Games, songs, dances, etc.: all
- Plan an eventual assistance to at least one family in need of assistance, by peers if possible: all.
- Discuss expectations of Nkundabana mentor for the period between this event and the following one: children
- Pieces of advice, expectations of children: Nkundabana mentor
- Closing

10. Provide material support to Nkundabana mentors

Provide each Nkundabana mentor with materials that can facilitate his or her work: a bicycle to facilitate home visits, rain equipment (such as boots, raincoat and umbrella), notebooks and pens, and monitoring and evaluation tools (such as forms and checklists).

When Nkundabana mentors attend trainings, costs such as food, accommodation and transport will be covered by the project budget. Other support to the Nkundabana mentors can include small gifts presented during Appreciation Days (see Step 16).



Nkundabana mentor Pasteur Mbarubukeye poses with Madeline, 17, and Innocent, 15. © 2008 Audra Melton/CARE

11. Form Nkundabana Associations

The Nkundabana model places significant emphasis on the formation of Nkundabana Associations. The purpose of the associations is to (a) ensure exchange and mutual support among Nkundabana mentors, which also includes responsibilities for monitoring Nkundabana mentor activities; (b) create structures through which a wide variety of services to OVC can be channeled (this may later include managerial responsibilities); and (c) provide the basis for institutional and organizational strengthening which is very important for the continuity and sustainability of the model. Nkundabana Associations are set up at the sector level, with branches at the cell level.

In the long term, local Nkundabana Associations will work toward forming a district and national level Nkundabana structure.

Step 11.1 Train Nkundabana mentors on associations

Before Nkundabana mentors can form associations, they must be trained on how associations work, the functions that need to be established (such as president, vice president, secretary, and – at a later stage – treasurer), and how Nkundabana associations can benefit OVC as well as build the capacity of Nkundabana mentors. This training should also cover the difference between non-profit organizations, cooperatives and income-generating activities.

Participants should be referred to existing micro-finance opportunities, cooperatives or social protection measures.

Reinforce to the Nkundabana mentors that their work is voluntary, and that economic strengthening is not a reason to become an Nkundabana mentor. This is important in order to avoid jealousy or prevent manipulation of OVC by candidates who want to be elected because of perceived financial opportunities for Nkundabana mentors.

It is also important to explain that their volunteer work will not prevent them from benefiting from cooperatives, micro-finance opportunities or social protection measures, but that such programs will follow established governmental policies and guidelines (such as the Social Protection Strategy, which is currently under development) for all vulnerable people.

Step 11.2 Establish associations

Once Nkundabana mentors understand the benefit of forming associations and agree to do so, project staff should support their regular meetings and follow up as appropriate. The project should also provide institutional support (material and financial), as well as guidance on how to properly and legally register the association.

A word on economic strengthening

Different organizations that implement the Nkundabana model have conflicting ideas around the issue of strengthening the personal economic situation of Nkundabana mentors. Some believe that an economic component is necessary to ensure that volunteers remain motivated and committed, in light of rampant poverty.

Others believe that the main role of Nkundabana mentors is to provide psychosocial support on a voluntary basis. They contend that economic strengthening should not be built into the model, but that the project should build the capacity of Nkundabana mentors to design and implement microfinance activities, and to seek assistance from other partners.

CARE advocates the second approach, based on a consensus among the main stakeholders consulted during the development of this toolkit.

This means that Nkundabana mentors should not expect any systematic economic strengthening as a result of their involvement as mentors. However, the project, together with local authorities, will ensure that Nkundabana mentors who qualify for social protection measures will benefit from it.

12. Train Nkundabana Associations

Step 12.1 Institutional Development and Organizational Strengthening (IDOS)

Once formed, train Nkundabana Association representatives on IDOS, which will cover association management, quality control, strategic planning, monitoring and evaluation, leadership, governance, financial management and fundraising.

Step 12.2 Village Savings and Loan

In order to strengthen their economic capacity, train associations on savings and loan schemes.

13. Hold additional training for Nkundabana mentors

When planning the project, plan to organize specific trainings for Nkundabana mentors based on their identified needs, such as information on new laws, for example.

The project may also plan for gradual specialization for highly motivated Nkundabana mentors, and provide training in areas such as working with specific categories of children, ECD, leadership training, or other relevant topics.

14. Link Nkundabana mentors to Anti-GBV and Child Protection Committees

Child Protection Committees are set up at the national level in order to prevent, report and follow up on all forms of abuse and violence against children. Nkundabana mentors should work in close collaboration with Child Protection Committee members in cases of abuse, and should be aware of the abuse-reporting chart. (See MIGEPROF's guidelines on setting up of committees to fight gender-based violence and protect child rights.)



Narcisse Gasigwa (right), 19-year-old head of household, talks with his Nkundabana mentor Robene Niyonsenga at Narcisse's home. © 2008 Audra Melton/CARE

15. Form OVC support groups

Similar to Nkundabana mentors, participating OVC will also form associations using the process described in Step 11. These associations, also known as OVC support groups, will

- provide a forum for social interaction with other children;
- elect representatives to speak on behalf of OVC; and
- provide the basis for income-generating activities for OVC.

It is important that these groups – particularly their elected representatives – participate in Children's Forum activities when possible. Using official channels (Children's Forums being a national policy) will enable them to raise their concerns to local authorities and claim their rights.

16. Organize Appreciation Days

Once the project is well-established, organize Appreciation Days once or twice a year.

Appreciation Days are an opportunity to:

- review and acknowledge the valuable work that Nkundabana mentors do;
- thank Nkundabana mentors for their efforts and dedication;
- reward Nkundabana mentors with small gifts or tokens of gratitude; and
- renew Nkundabana mentors' motivation to continue their voluntary work.

Appreciation Days are big community events, attended by everyone who can afford the time and presided over by local authorities. In the NIPS and COSMO projects, tokens of gratitude were sponsored by the project budget and included t-shirts, hoes, mosquito nets and similar inexpensive but useful items. The appreciation day should not exceed one hour and a half.

The event is organized at the Sector level and the representative of Local authorities at this level should be present and make a speech. Children (a boy and a girl) and a Nkundabana should give their testimonies about the impact of the model on the wellbeing of OVCs. If possible, participants should share a drink and socialize. Music and dance are necessary to celebrate the event.

In addition to Appreciation Days, also develop other simple and appropriate strategies to motivate Nkundabana mentors.

17. Link the Nkundabana model with Minimum Package of Services for OVC

The Minimum Package of Services for OVC has been defined and is currently implemented by many partners (See MIGEPROF's National Guide on a Minimum Package of Services for Orphans and other Vulnerable Children (OVC)).

The purpose of the Minimum Package is to ensure that all OVC receive comprehensive, gender- and age-sensitive and tailored assistance in order to achieve lasting impact on their well-being and development. A single organization cannot possibly provide all of the needed services. Therefore, a referral system, coordinated by local authorities, is key.

As psychosocial support for OVC is the main focus of the Nkundabana model, Nkundabana mentors must assess the needs of the children they support, advocate on behalf of the children, and make referrals to needed services.

In some cases, the project will provide direct support for certain services; when this is not possible, it will make referrals to other partners in close collaboration with local authorities.

Institutional Implementing Framework

At the national level,⁵ the **National Strategic Plan of Action for OVC** gives strategic guidance for all interventions that aim to improve the lives of orphans and vulnerable children in Rwanda.

Referring to this existing national framework will help ensure that the Nkundabana model operates in coordination with all other stakeholders.

The diagram on the next page illustrates the coordination and monitoring and evaluation framework in Rwanda, and how these concerted efforts can make a lasting impact on the lives of orphans and vulnerable children.

At the national level, the role of the **ministries** is to ensure that OVC issues are fully integrated in all policies, planning processes, resource allocations and expenditures.

MIGEPROF manages the strategic coordination of the children and OVC sectors. However, since these are cross-cutting issues, MIGEPROF's role is to ensure that all other governmental and non-governmental actors understand their role in the realization of child rights, and work together towards achieving equity of access in quality services for all orphans and vulnerable children.

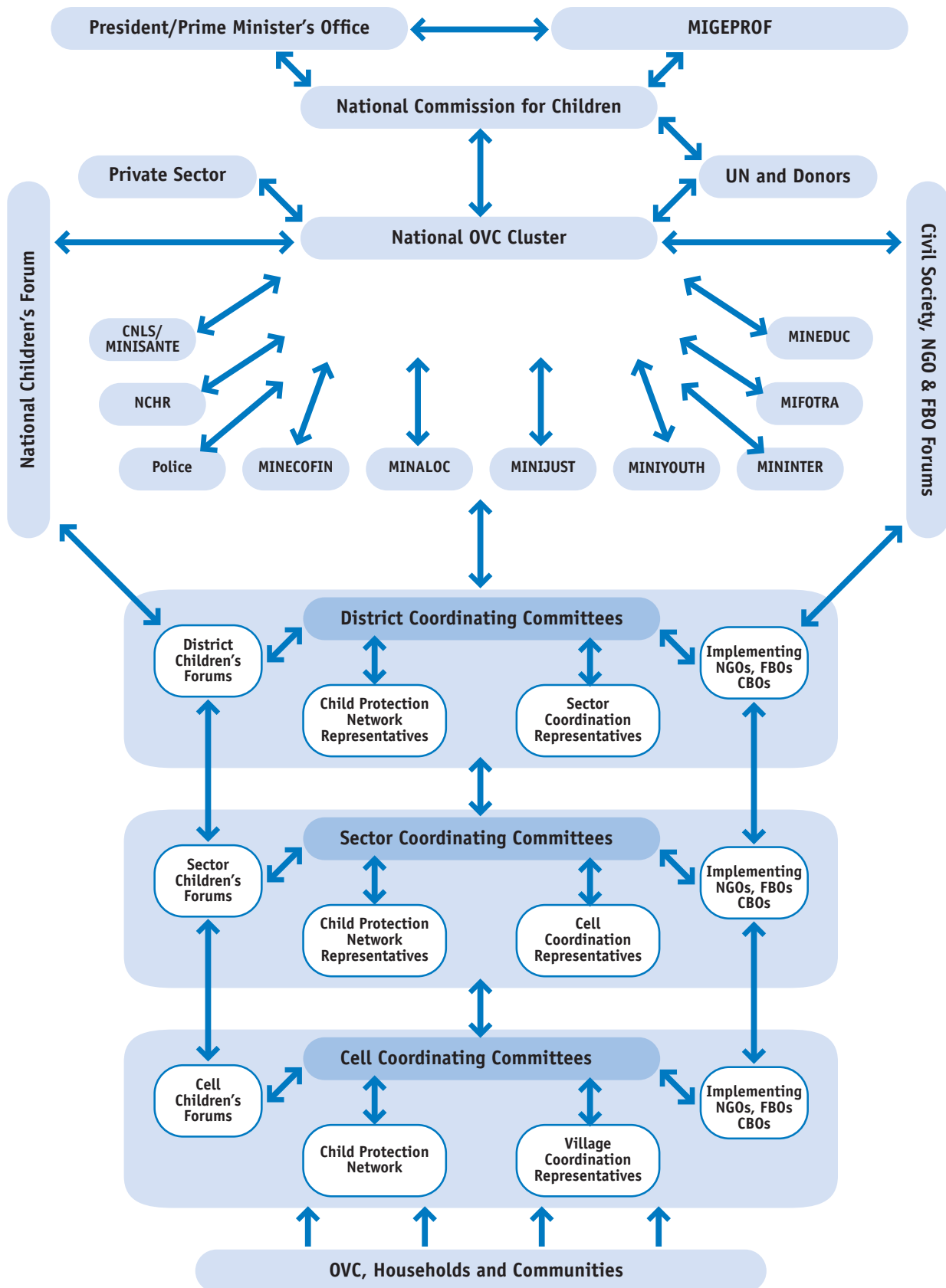
Districts oversee the strategic coordination and the implementation of policies, programs and service delivery for children and OVC. District authorities consult with their constituents to identify their priorities, which are then integrated into District Development Plans. Children are consulted through Children's Forums.

According to the National Strategic Plan of Action for OVC (Specific objective 1.4.2: Mobilize and support OVC, families and communities to develop community-based responses to the situation of OVC), Child Protection Committees and Children's Forums shall be established in the 9,165 **cells** throughout the country. Child Protection Committees shall be established to the village (*umudugudu*) level.

The Nkundabana model offers a unique opportunity to ensure that the priorities of the most vulnerable children are reflected in the District Development Plans, either through the participation of Nkundabana Association representatives in the planning process or through the participation of OVC in the Children's Forums.

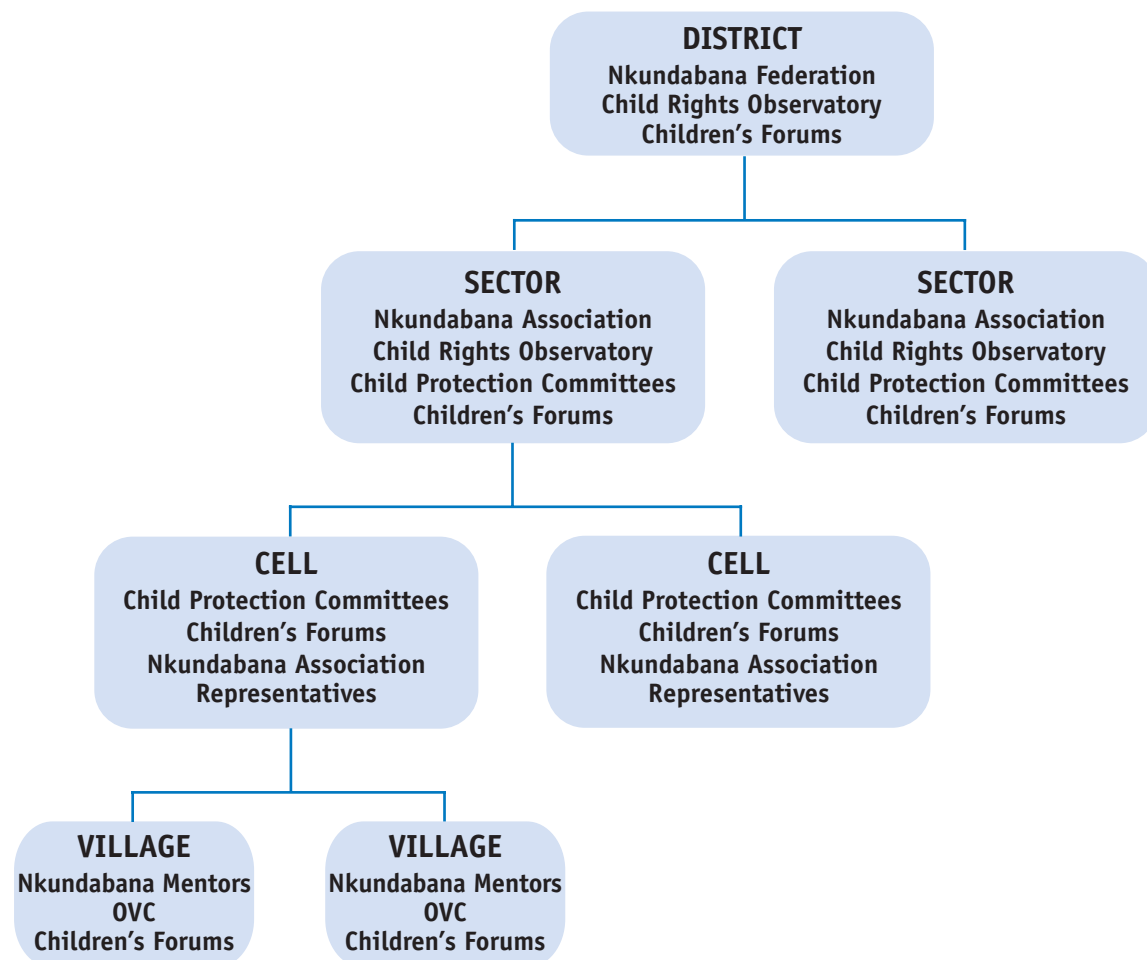
⁵ In National Strategic Plan of Action for OVC, 2007-2011, MIGEPROF, May 2007.

Coordination, management and implementation mechanisms



Source: National Strategic Plan of Action for OVC, Mai 2007

Framework for collaboration between Nkundabana model and local structures



The **village** (*umudugudu*) is the lowest administrative level, where Nkundabana mentors and OVC live together and interact on a daily basis. A Chief of Umudugudu coordinates this level; this position is elected by the population and non-remunerated.

At the cell level, Nkundabana mentors from all villages composing the cell organize themselves into non-profit associations and elect their representatives.

These representatives then attend all Child Protection Committee meetings to ensure that the OVC that they care for are linked with existing Children's Forums in their corresponding cells.

Nkundabana Associations from all cells composing a sector will then elect representatives to participate in sector-level activities that support children.

Currently there is no formal Nkundabana structure at the district level. One option could be to join all the Nkundabana Associations in the district into an Nkundabana Federation that will liaise with district and national authorities when needed.

Monitoring & Evaluation

MIGEPROF developed a comprehensive monitoring and evaluation system for the implementation of the National Strategic Plan of Action for OVC.

This system includes tools, guidelines and clearly-defined indicators in order to monitor and evaluate service coverage, quality of services and program effectiveness.

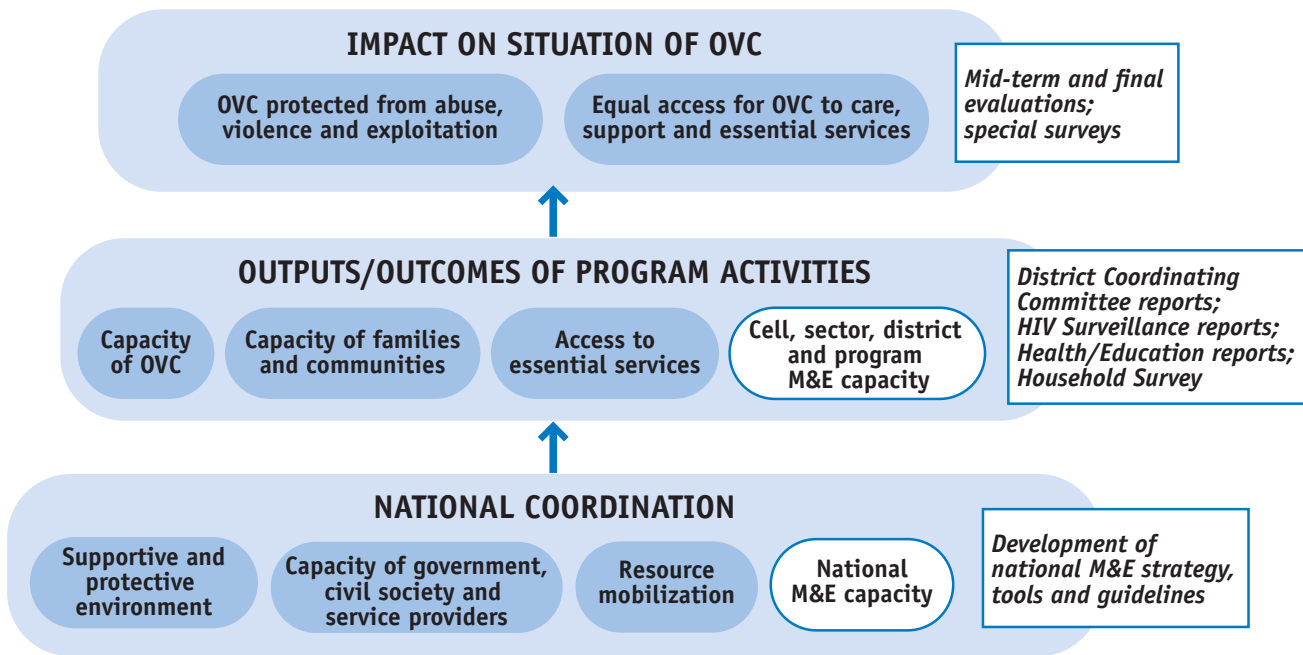
Those tools have to be integrated into the Nkundabana model. Those who are involved in implementing the model must be trained on how to use them.

In 2009, national vulnerability criteria adapted to OVC were defined through a participatory community-based process (See MIGEPROF's National Guide on a Minimum Package of Services for Orphans and other Vulnerable Children (OVC)).

Guidelines on how to identify Nkundabana model beneficiaries will facilitate a clear and transparent process in which the community, including OVC, play an active role.

The vulnerability criteria and identification guidelines, combined with the Child Status Index, will ensure that all children in need of services will be identified and will benefit from a tailored response that is age- and gender-sensitive.

The diagram on the next page illustrates the conceptual framework for monitoring and evaluating the progress and impact of the National Strategic Plan of Action for OVC. It also shows different levels of monitoring and evaluation and methods of measurement.



Source: National Strategic Plan of Action for OVC, Mai 2007

At the national level, the protective and supportive environment and the technical and financial inputs from the international community will be measured.

At the programmatic level, outputs and outcomes will be measured at the cell, sector and district levels. The impact of programmatic interventions will be measured at the mid- and end-points of the implementation period.

Ensuring that the Nkundabana model is fully integrated into this framework is key for its sustainability for two reasons. First, Nkundabana Associations and OVC Associations will make their voices heard during district planning processes and resource allocations, as well as during implementation, monitoring and evaluation of the programs that support OVC. Second, community-based psychosocial support is an essential service as defined by the Minimum Package of Services for OVC.

Conclusion

This manual details how the Nkundabana model is implemented and refers to important tools and guidelines to be used with the model in order to make it more successful. The Nkundabana was proven to be a good model and was identified at the National level as one of the best practices for OVCs' care and support. The model should be replicated at the national level.

Replicating the Nkundabana model requires that all stakeholders reflect and agree on a joint vision of sustainability (defined as financial, cultural, and organizational sustainability) of the intervention. In order to harmonize approaches and make the replication of the Nkundabana model really synergetic, a shared vision of how the Nkundabana structure will work in the long term needs to be discussed openly and critically.

Annex 1:

OVC Meeting to Nominate Nkundabana Mentors

Explain that the project is looking for adults similar to the one in the play who can help to take care of vulnerable children. Ask the children: In your opinion, what would be their main responsibilities? What qualities it important that these people have?

In addition to what the children have identified, emphasize that the role of Nkundabana mentors will include:

- Active listening and counseling to OVC (as well as to adults living with OVC) during home visits;
- Advocate for socio-economic and legal support for OVC;
- Facilitate testament elaboration and the orphan placement process;
- Bring awareness to families on child rights and protection;
- Interact with adults in households where OVC live to provide psychosocial care and protection for children; and
- Provide education to OVC as well as to members of their families on topics such as socio-economic development, working in associations, income-generating activities, HIV/AIDS prevention and reproductive health.

In addition to what the children have identified, mention that criteria for nominating Nkundabana mentors include:

- Reading and writing skills
- Availability
- At least 25 years old and have responsibilities for family management
- Live near the children who have chosen him or her as an Nkundabana mentor
- Dedication to community activities (meetings, community work [*umuganda*]) and charity activities

Ask children to form groups of three families from approximately the same neighborhood. Each group should contain children who are heads of households and other OVC. Based on the criteria mentioned by the children and listed above, each group should nominate two Nkundabana mentor candidates. Groups should specify who is the preferred candidate and who is the alternate. Keep a written record of the children who participate and the adults that they nominate.

Explain that the next step is for the project to meet with the adults who have been nominated as Nkundabana mentors. After the candidates are confirmed, the project will organize a start-up event.

Annex 2:

Roles and Responsibilities of Nkundabana Mentors

Based on CARE's experiences, the job description for Nkundabana mentors can be summarized as follows:

- Visit children in their homes at least once a week or more often if necessary (according to each household's situation);
- Continually monitor basic indicators of the children's well-being: Are they in good health? Do they have enough to eat? Do they attend school? Are they accepted by the community? Do they take part in socio-cultural activities in the community? Are there any problems with security or housing? Are there conflicts within the household?;
- Monitor children's attendance and performance at school and in various training programs (vocational, literacy, crafts training, etc.) and in different support opportunities (income-generating activities, savings and loan groups, etc.);
- Provide counseling adapted to the situation of each household, and age and sex-appropriate counseling to each child member of the household;
- Prevent and, if necessary, solve possible conflicts arising within the household and between the household and the community;
- Participate in OVC Association meetings and help them with their associative movement;
- Identify other cases of vulnerable children (outside the household(s) supported) and/or cases of abuse of child rights within the community and report these cases to the Child Protection Committee, or to local authorities if such a committee does not exist;
- Advocate on behalf of children to relevant structures (starting with local authorities, Social Affairs officers, organizations providing services to children, etc.);
- Urge community members and neighbors to contribute to the support and mentoring of children;
- Sensitize the community about child rights and the community's role and responsibility towards orphans and vulnerable children;
- Attend training sessions that aim to improve mentors' capacity to assist children;
- Take part in the meetings of Nkundabana Associations as provided for in the statutes of the association;
- Encourage children to take part in community activities;
- Prepare progress reports on child-oriented activities and submit them to local authorities and partners; and
- Keep and regularly update files on each child.

Annex 3:

Code of Conduct for Nkundabana Mentors

- The Nkundabana volunteer mentor is an adult member of the community chosen by children on the basis of the following criteria: typically, Nkundabana mentors should be adults of at least 25 years, be of Rwandan nationality; be upright and have irreproachable morality (*inyangamugayo*), know how to read, write and count, live in a radius not exceeding a distance of five (5) km from the household he or she is in charge of, to have time to visit children's households and take part in the activities of Nkundabana Associations. The Nkundabana mentor is confirmed in his/her role by the community and local authorities.
- The Nkundabana mentor works on a voluntary basis without expecting any financial or material profit; he/she agrees to work within the Nkundabana Association in the interest of OVC, without any remuneration whatsoever.
- He/she agrees to be a member of an Nkundabana Association and to take part in all of its activities.
- He/she agrees to carry out all tasks assigned to him/her as described in the Nkundabana mentor job description.
- He/she agrees to take part in training programs organized for Nkundabana Associations and to do his/her utmost to put into practice the acquired knowledge in order to continuously ensure quality support to children.
- He/she commits to always having irreproachable behavior, and to serve as an example for the children for whom he/she is a mentor, namely: to strictly respect the law and not to be implicated in criminal acts such as theft, prostitution, consumption of alcohol or narcotics, vandalism, exploitation of others, recourse to violence, etc.
- He/she commits himself/herself to:
 - ❖ Be aware of and manage situations that may present risks to children
 - ❖ Plan and organize activities in a way that minimizes risks to children
 - ❖ Ensure a sense of accountability so that malpractice or potentially abusive behavior does not go unchallenged
 - ❖ Empower children; discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem

- He/she commits to avoid actions or behavior that could be construed as poor practice or potentially abusive. For example, an Nkundabana mentor should never:
 - ❖ Physically assault or abuse children
 - ❖ Develop physical or sexual relationships with children
 - ❖ Develop relationships with children that could in any way be deemed exploitative or abusive
 - ❖ Act in ways that may be abusive or that may place a child at risk of abuse, such as giving a child alcohol or narcotics
 - ❖ Use language or offer advice that is inappropriate, offensive or abusive
 - ❖ Behave physically in a manner which is inappropriate or sexually provocative
 - ❖ Condone or participate in behavior of children that is illegal, unsafe or abusive
 - ❖ Act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
 - ❖ Discriminate against, show differential treatment towards, or favor particular children to the exclusion of others.

- He/she agrees to listen carefully to all child members of the household he/she supports and the vulnerable children within the community so as to guide them without imposing his/her own point of view but by respecting their choices as long as they do not go against the best interest of the children.

- He/she commits to always act in the best interest of the children and always defend child rights.

- He/she commits himself/herself to reporting to authorities all cases of violations against child rights in the households he/she supports as well as within the community in general, including any act perpetrated by another Nkundabana mentor.

- In the event of allegations of bad behavior against himself/herself, the Nkundabana mentor agrees to fully cooperate in disclosing all relevant information in order to deal with allegations.

- In the event of suspension or dismissal by an Nkundabana Association, the Nkundabana mentor will cooperate to give up all property belonging to the association together with child-related documents at his/her disposal, while taking care not to create a bad environment among the children.

Failure to abide by this code of conduct will result in disciplinary action taken by the members of the relevant Nkundabana Association. Sanctions can range from suspension during the investigation period to final dismissal if the evidence against the Nkundabana mentor is proven to be true. If the action or the behavior is a crime, the case will be handled within the appropriate legal framework.

Of course each Nkundabana mentor is responsible for his/her own behavior; however, each Nkundabana Association is responsible for the behavior of its members, and has the right to call them to order, especially when it is necessary to protect children.

Annex 4: Child Status Index (CSI)

Service	Food and Nutrition			Shelter and Care		Protection	
	Food Security	Nutrition & Growth	Shelter	Care	Abuse & Exploitation	Legal Protection	
Goal	Child has sufficient food to eat at all times of the year	Child is growing well for his/her age	Child has shelter that is adequate, safe and stable, and lives in the same conditions as other household members	Child has at least one adult (age 18 or over) who provides love, consistent care, attention and support	Child is safe from any abuse, neglect or exploitation	Child has access to legal protection services as needed	
Good=4	Child regularly has enough food	Child has good height, weight and energy level for his/her age	Child has shelter that is adequate and safe, and lives in the same conditions as other household members	Child has a primary adult caregiver who consistently protects and nurtures him/her	Child doesn't seem to be abused, neglected, do inappropriate work or be exploited in other ways	Child has access to legal protection services as needed	
Fair=3	Child has enough to eat some of the time, depending on season or food supply	Child is underweight and less active compared to others of the same age	Child lives in a place that is fairly adequate, and lives in the same conditions as other household members	Child has an adult who should provide care but who is limited (by illness, work or other commitments) or seems indifferent to the child	Sometimes, child is neglected, overworked or otherwise maltreated	Child was registered at birth, but has no access to legal protection	
Bad=2	Child frequently has less food to eat than needed; often complains of hunger	Child has lower weight or looks shorter compared to others of the same age	Child lives in an inadequate place that needs major repairs (doesn't protect him/her from weather) and is overcrowded, and child is more disadvantaged than other household members	Child has no consistent adult in his/her life that provides love, attention and support	Child is frequently abused, neglected, given inappropriate work for his/her age or exposed to other forms of violation	Child was not registered at birth, and has no access to any legal protection when abused	
Very bad=1	Child rarely has food to eat and goes to bed hungry most nights	Child shows signs of malnutrition: has very low weight and is too short compared to others of the same age	Child has no stable place to live	Child is completely without the care of an adult and must fend for him or herself	Child is abused sexually or physically, is being subjected to child labor or is otherwise exploited	Child is abused or mistreated and needs urgent legal protection	

Education and Skills

Psychosocial Support

Health

Service	Wellness	Health Care Services	Emotional Health	Social Behavior	Learning Performance	Skills Performance
Goal	Child is healthy	Child's health is protected: child receives health care services when ill, is under preventive care, is provided with health education and is immunized	Child is happy and content, with a generally positive mood and hopeful outlook	Child is cooperative and enjoys participating in activities with other children and adults	Child is enrolled in and attends primary school, secondary school or skills training, or has an age-appropriate productive activity; infant enjoys play activity or job	Child is progressing well in acquiring knowledge and life skills at home, school, skills training or in any age-appropriate activity or job
Good=4	In the past month, child has been healthy (no fever, diarrhea or other illnesses) and has participated in routine activities (school, play, etc.)	Child receives all necessary health care treatment and preventive services (health insurance, membership fees, transport fees)	Child seems happy, hopeful, and content	Child likes to play with peers and participates in group or in family activities; an infant or preschooler likes to play with other children and adults	Child is learning well; infant plays with caregiver; teenager is engaged in an age-appropriate productive activity or job	Child attends school/training regularly, is acquiring knowledge and skills, and is progressing as expected by caregivers, teachers, or other leaders
Fair=3	In the past month, child was ill (1 to 3 days), but participated in some activities	Child receives medical treatment when ill, but some health care services (such as immunizations) are not received	Child is sometimes happy; infant is crying, anxious or not sleeping well some of the time	Child has problems getting along with others and argues or gets into fights	Child is enrolled in school or training but attends irregularly or shows up inconsistently for productive activity or job; younger child plays sometimes	Child is learning well and developing life knowledge and skills moderately well, but caregivers, teachers or other leaders have some concerns about progress
Bad=2	In the past month, child was often too ill (more than 3 days) to participate in daily activities	Child inconsistently receives needed health care services	Child is often withdrawn, and sad; infant may cry frequently or often be inactive	Child is disobedient to adults and frequently doesn't interact well with peers, guardians or others at home or at school	Child is enrolled in school, vocational training or has a job but rarely attends; infant or preschooler rarely plays	Child is learning and gaining skills poorly, or is falling behind; infant is gaining skills more slowly than peers
Very bad=1	In the past month, child has been ill most of the time	Child rarely or never receives necessary health care services	Child seems hopeless, unhappy, withdrawn and wants to be left alone; infant may refuse to eat, sleep poorly or cry a lot	Child has behavioral problems (stealing, early sexual activity) and behavior that is risky for him or herself or others	Child is not enrolled, not attending or not involved in age-appropriate productive activity or job; infant does not play	Child has serious problems with performing life or developmental skills

Annex 5: Child Status Record

Child's name: _____

Age: _____ Gender: M/F Child ID: _____

Sector: _____ Cell: _____ Village/Neighborhood: _____

Date: _____ Evaluator's Name and ID: _____

Service: _____ Scores: _____ Action taken today: _____

FOOD and NUTRITION

1.a. Food Security 4 3 2 1

1.b. Nutrition & Growth 4 3 2 1

SHELTER

2.a. Shelter 4 3 2 1

2.b. Care 4 3 2 1

PROTECTION

3.a. Abuse & Exploitation 4 3 2 1

3.b. Legal Protection 4 3 2 1

HEALTH

4.a. Wellness 4 3 2 1

4.b. Health Care Services 4 3 2 1

PSYCHOSOCIAL SUPPORT

5.a. Emotional Health 4 3 2 1

5.b. Social Behavior 4 3 2 1

EDUCATION and SKILLS

6.a. Learning Performance 4 3 2 1

6.b. Skills Performance 4 3 2 1

Source(s) of information: child, parent/caregiver, relative, neighbor, family friend, community worker, other (specify)

Other important events: Child left the program Family member died Comment(s)
 Child pregnant Change in caregiver/adoption
 Child died Change in living location
 Parent ill Experienced trauma
 Parent/guardian died Other (specify)

Important services provided (at present):

Types of services/support provided (mark with √ if provided)	Who provided services?	What was provided?
a. Food & nutrition support (such as food rations, supplemental food)		
b. Shelter & other material support (such as house repair, clothes)		
c. Protection (training or assistance provided to child and caregiver, child placed with family)		
d. Protection from abuse (education on abuse provided to child and caregiver)		
e. Legal support (birth certificate, succession plan)		
f. Health care services (vaccination, medicine, ARV, fees waived, HIV/AIDS education)		
g. Psychosocial support (clubs, group support, individual counseling)		
h. Educational support (school fees, uniforms, school supplies)		
i. Livelihood support (vocational training, agriculture, livestock, small business)		
j. Other		
Suggestions for other resources or services needed		

Annex 6:

ARCT-RUHUKA

Case Supervision Sheet

Report on Nkundabana Mentor Active Listening Activities

Name of Nkundabana mentor _____

Sector _____ District _____

Month _____ Year _____

1. Children listened to

Problems they had	Number
Sadness	_____
Rape	_____
HIV/AIDS infection	_____
Family conflicts	_____
Trauma	_____
Mental disabilities	_____
Socio-economic problems	_____
Other	_____

2a. Those sent to a counselor: _____

Reason _____

2b. Those sent elsewhere (explain): _____

Reason _____

3. Difficulties encountered by Nkundabana mentor

4. Views and wishes of Nkundabana mentor

Annex 7:

Key Informants

Key informants interviewed during the data collection process for the Nkundabana toolkit:

Institution	Name	Function
UNICEF	Gisèle Rutayisire	Head of Good Governance and Social Protection Section
HAGURUKA	Christine Tuyisenge	Executive Secretary
ARCT-RUHUKA	Jane Abatoni	Executive Secretary
Champ	Eléazar Muganira	OVC Officer
World Vision	Edward Kalisa	Technical Services Director
Uyisenga n'y Manzi	Ancilla Mukarubuka	Project Officer
Save the Children/UK	Tamsin Ayliffe	Country Director

Annex 8:

List of Documents To Be Used with the Toolkit

1. Sample Volunteer Policy, CARE International in RWANDA Kigali 2007, unpublished document
2. Nkundabana Training manual, CARE International in RWANDA, ARCT-RUHUKA and HAGURUKA, Kigali 2008, unpublished document
3. Guidelines for Setting Up Committees to Fight Gender-Based Violence and Protect Child's Rights, Ministry of Gender and Family Promotion, Kigali, July 2009
4. National Guide on Minimum Package of Services for Orphans and Other Vulnerable Children (OVC), MIGEPROF, Kigali, June 2009
5. Kickoff Workshop module, CARE International in Rwanda, Kigali 2008, unpublished document