



HIV and AIDS in Rwanda

Documenting Progress in HIV Response 2003 - 2007



MINIMUM PACKAGE OF SERVICES FOR OVC RWANDA EXPERIENCE

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1: CNLS – Rwanda, 2 : MIGEPROF, 3 CARE International, 4: Save the Children UK, 5: UNICEF, 6 : CHAMP

Context

The 2005 RDHS mentions that 29% of the total population of Rwanda is composed of orphans and other vulnerable children (1,350,820).

Although there is a strong national political will and commitment to provide for a protective and supportive environment for OVC, it is becoming increasingly difficult to mobilize resources for care, protection and support programming and to coordinate the delivery of those resources.

Until recently the implementation of the many and varied responses to OVC has been fragmented and uncoordinated with different packages of support being delivered by different stakeholders. There were no operational guidelines for professionals and organizations to translate the policy into action. As a result the quality of services provided has varied greatly and referral and linkages across services remained a challenge.

However, the Government of Rwanda – under the leadership of MIGEPROF¹ and NACC² - has recognized the urgent need to develop collaborative and comprehensive operational guidelines for professionals and organisations to provide minimum standards for the care, protection and support of orphans and other vulnerable children and enhance quality of services provided and referral and linkages across those services.

Description of the package

The Minimum Package for Care, Protection and Support for OVC recently developed by the Government of Rwanda, with the technical support of the OVC Technical Working Group, and endorsed by all Government and civil society OVC practitioners during the National Conference on Pediatric Treatment, Care and Support of Children infected and affected by HIV and AIDS³ organized by CNLS, addresses the needs of OVC through short and long term strategies responding to both the immediate and longer term needs of vulnerable children, building the capacity of households and communities to provide support and prevent future vulnerability.

These strategies are embedded in the Strategic Plan for OVC (which has been approved by Cabinet in May 2007) and aim at strengthening coordination, coherence and comprehensiveness of the OVC response at decentralised and community level, so to ensure that children supported by Government institutions and civil society organisations receive an age-specific and gender-sensitive response appropriate to their real needs.

More specifically, the package aims at operationalizing a comprehensive response to provide protection, care and support for OVC.

¹ Ministère du Genre, de la Protection de l'Enfant et de la Promotion de la Famille / Ministry in charge of Gender, Child Protection and Family Promotion.

² National Aids Control Commission

³ 19th to 21st November 2006

1. Health:

- Access to basic health care services through health insurance;
- Access to PMTCT and ARV for infected children and / or their parents;
- Access to preventive care, IMCI package and hygiene education;
- Access to Reproductive Health services and HIV&AIDS prevention services (including VCT).

2. Nutrition:

- Food assistance;
- Nutritional counselling and education;
- Therapeutic nutrition for malnourished children and / or children under ARV treatment.

3. Formal and non formal education:

- Support with school fees and supplies;
- Vocational training and starting kit;
- Literacy and catch-up training.

4. Protection:

- Prevention against all forms of abuse and violence;
- Code of conduct for volunteers;
- Legal assistance;
- Shelter.

5. Psychosocial support :

- Counselling
- Psychosocial support through ongoing accompaniment ;
- Consultation fees and access to specialized care ;

6. Socio-economic support:

- Economic security interventions to strengthen the livelihood security of families, association members and communities.

The Minimum Package currently uses traditional vulnerability criteria from the *HIMO*⁴, in order to identify children in need of care, protection and support at community level.

Traditional vulnerability criteria have been chosen, as the concept of vulnerability in Rwanda is very complex and includes children who are vulnerable from many different causes. In addition to the determinants of orphan-hood and vulnerability experienced elsewhere in the region, OVC in Rwanda uniquely include children whose parents died in the genocide, those who were orphaned in the more recent insecurity of 1997/8 and those whose relatives are in prison accused of genocide and other crimes.

The use of HIMO criteria has been agreed upon by communities and OVC practitioners alike. This will improve the capacity of communities to exercise ownership of OVC programmes, facilitate the gradual assumption of community responsibilities for vulnerable children and promote a sense of belonging of the children to the community⁵.

The Package is not expected to be met by one organisation only. Rather, it is designed to foster coordinated, inter-disciplinary approaches and, as such, it will be implemented jointly by Government organisations, NGOs and CBOs through the coordination provided by already-existing District⁶ structures. The implementation of the Minimum Package will be part of the responsibilities of the *Joint Action Forum*⁷, so to ensure that District plans integrate the OVC dimension and facilitate access to basic social services to the most marginalized and disadvantaged children in their own communities.

⁴ Multisectoral Labor Intensive Public works Program (PDL-HIMO)

⁵ However, it is to be further noted that the Government of Rwanda – with the support of the OVC TWG and the School of Public Health – is currently developing criteria that are localised and evidence-informed. The criteria should be based not on categories but on domains holistically critical for child survival and wellbeing: 1) food sufficiency; 2) shelter and care; 3) protection; 4) health and wellness; 5) psychosocial; and 6) education and skills

⁶ Rwanda is divided in 30 administrative districts. Districts are the largest decentralized entity in Rwanda, tasked to coordinate all development issues in their catchment area.

⁷ Forum where district authorities meet with stakeholders and community to discuss issues related to district development challenges.

An example, an NGO is targeting out-of-school youth with a behavior change communication intervention in one district and is referring project participants to another NGO for accessing condoms and to health facilities for VCT.

The delivery of the package is subject to the specific vulnerability of each child, after having assessed his/her situation based on the different elements of the package.

Example, an NGO is active in three districts and after finalizing the needs assessment of OVC, it appears that the majority of children are also in need of legal support and shelter assistance, while this was not originally planned in the NGO's plan of action. The NGO will contact local authorities to identify stakeholders in these districts with the technical and financial capacity to meet these needs.

Challenges

The 2005 RDHS has collected information on the percentage of OVC under 18 years, whose household received certain free basic external support to care for the children. The support was divided into four main categories:

- Medical support (medical care, supplies and medicines);
- Emotional support (companionship, counselling from a trained counsellor, or spiritual support for which there was no payment);
- Social/material support (help with households work, training for a caregiver, legal services, clothing, food or financial support for which there was no payment (i.e. cash transfer); and,
- School-related assistance (allowance, free admissions, books or other supplies for which there was no payment).

Overall, all the types of support were received by only 0.3% of children between 10 and 14 years old and only 0.2% of children between 15 and 17 years old.

There is a manifest need to ensure that the Minimum Package of care, protection and support for OVC (who

currently represent about 30% of all children of Rwanda) is rolled-out, to ensure that OVC realise their rights to grow up in a loving, protective and nurturing environment, free from stigma and discrimination, with access to basic social services, on an equal basis with other children. However, needs often exceed the offer of services. This is true for most components of the minimum package. Moreover, as clinical HIV&AIDS services are being scaled-up at a large scale in Rwanda through PEPFAR, Global Fund, MAP, etc, non medical services often lag behind. In the event that services are available, delivery is often hampered by the lack of effective linkages and referral mechanisms between the different service providers.

Short term project cycles pose another major threat to continued access to the minimum package. Often, projects end before beneficiaries' capacity has been built to a high enough level to meet their own needs or before other stakeholders could be identified to take over support, resulting in a sudden rupture of access to services. In the case of treatment, such as ARVs, or food assistance, this can have unacceptable fatal consequences. To address this challenge, strong referral mechanisms need to be established at decentralized level.

Other challenges for the implementation of the OVC Minimum Package are linked to the targeting of beneficiaries to ensure the process does not reinforce stigma.

Resource mobilisation for, and coordination of, the delivery of the package also represents a major challenge.

Engendering and making the OVC package age specific is also not an easy task.

Lessons learnt

OVC interventions must place more efforts in assessing vulnerability of children in order to ensure the most vulnerable are targeted. Communities and children themselves must be involved in the process of defining vulnerability of their children to avoid perverse effects such as the "lucky orphan syndrome" or simply targeting the wrong children⁸.

In order to better orient services where they are necessary and to ensure they reach the neediest children, more efforts must be put into the development of an ongoing monitoring and evaluation system that allows:

⁸ This is hoped to be addressed through the development of localized and evidence-informed vulnerability criteria

- Tracking the numbers and location of OVC;
- Following the evolution of their needs over time;
- Evaluating the impact that the Minimum Package has on those reached.

Coordination and cost-effectiveness of service can only be achieved if this information is available and updated on a regular basis. The decentralization framework of Rwanda offers considerable opportunities to establish localized OVC monitoring and tracking systems.

Rwanda is the only country that has documented the piloting of a linkage model that has proven critical in achieving implementation of the minimum package through case managers (nurses or social workers) based in health facilities who coordinate a network of service providers and community volunteers. Effective Linkages and referral systems must be scaled-up inside Rwanda and further documented for wider replication outside Rwanda.

OVC interventions should be long enough to build local capacity of service providers to ensure continuity of service delivery as well as to strengthen the livelihood security of beneficiaries to take care of their own needs after the project ends. Assessing best practices in economic security interventions and identifying stakeholders with expertise in this sector of intervention is becoming increasingly critical to achieve sustained access to the minimum package of services.

Conclusion

Despite some obvious challenges with the implementation of the minimum package, its definition and dissemination has already tremendously improved care and support services to OVCs in Rwanda by ensuring all stakeholders have a common understanding of the children's needs and, as a consequence, of the services children need to access. Future efforts will concentrate around the establishment of effective coordination and monitoring and evaluation mechanisms of the minimum package level of implementation at decentralized level (districts and communities