

Results of a gender analysis of orphans and vulnerable children in Rwanda

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CARE Rwanda has implemented the Nkundabana Model for orphans and vulnerable children/youth (OVC) in Rwanda for eight years, an innovative community-based model for supporting OVCs. This model relied on trained community volunteer mentors, called “Nkundabana” in the local language, who provide guidance and care for children living without adult support through regular home visits. The model also supported strategies for education, economic and food security, advocacy and child protection.

In February 2011, CARE staff initiated a qualitative gender analysis in order to subsequently integrate gender –specific strategies to the Nkundabana model and in future Initiatives. The gender analysis explored differential realities and challenges experienced by male and female OVCs. The methodology included focus group among in-school and out –of- school aged boys and girls from 6 years old to 18 years of age. Additional focus groups were held with parents of both boys and girls belonging to Early Child Development Centers, with Nkundabana mentors and OVC team members.

The issues pertinent to female OVCs included harsh labor conditions, lack of access to key material resources that resulted in sexual exploitation, abuse, absenteeism from school, low self-esteem and drug and alcohol use. Girls reported barriers to schooling, health information, and personal hygiene items. Some, especially younger girls, accessed resources at home only under certain conditions, most often to have sex with their elder brothers or other relatives to get support or needed material. Girls reported that lack of access to key resources put them at risk of diseases, emotional problems, and absenteeism at school and sexual abuse. Girls also reported that, in contrast with their male peers, they were expected to take on domestic chores from as young as age six. *“I work from the morning until I go to bed in the night without having any second for playing with my peers nor having a rest,”* reported one 17 years old girl. School-going girls often don’t have time to repeat their lessons at home. Adolescent girls reported that they try to get a husband at an early age in order to escape their living conditions, and are desperate when they see that they don’t meet social “requirements” (cleanness, visibility) for getting a husband.

In contrast, adolescent OVC males feel pressure to secure means to construct a home for when they enter into marriage. This pressure results from boys entering child labor around the age of 10 and engaging in theft to avoid being impoverished and to obtain money. Therefore, they

are often victims of physical violence and end by consuming drugs and alcohol. Boys also experience a different lifestyle from girls, as they typically spend their time playing with toys in comparison to performing household chores, and exhibit authority and control over their sisters from an early age.

A key recommendation that emerged from the gender analysis is to analyze and address the specific needs of different groups of OVC by sex, region, and age. OVC staff and service providers should be trained in the age-specific and sex-specific needs of OVCs.

Following the gender analysis, some strategies to respond to gender issues were integrated in the Project like training Nkundabana, OVC and Local Authorities on gender equality and equity and on men and boys engagement in ending GBV. Other strategies need to be included in the Nkundabana Model, including promoting equal participation from both boys and girls, addressing discriminatory gender attitudes of OVCs through joint and separate meetings. Gender equitable attitudes, behaviors of the adult Nkundabana and community members will be also addressed, including involving spouses of the Nkundabana so that participants can feel comfortable in sharing about sensitive issues with an Nkundabana of the same sex. Project plans also addressing the unmet needs of girls that that could lead to school absenteeism and emotional problems, including improving knowledge of puberty and reproductive health, addressing key menstruation resources to reduce absenteeism from school during menstruation, and improving self-esteem. Other strategies will address the involvement of family members to incorporate activities focused on girls’ financial literacy and income generating activities for specific ages.