



Researching the linkages between social protection and children's care in Rwanda

The VUP and its effects on child
well-being, care and family reunification

April 2014

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List of acronyms

CRC	Convention on the Rights of the Child
CS	Case study
CSP	Centre for Social Protection
DS	Direct Support
ECD	Early childhood development
EDPRS	Economic Development and Poverty Reduction Strategy
EICV3	Third Integrated Household Living Conditions Survey/Enquête Intégrale sur les Conditions de Vie des Ménages
FARG	Government Assistance Fund for Needy Survivors of the Genocide
FGD	Focus group discussion
FS	Financial Services
GI	Group interview
GoR	Government of Rwanda
IDS	Institute of Development Studies
KII	Key informant interview
MINALOC	Ministry of Local Government
PW	Public Works
RLDSF	Rwanda Local Development Support Fund
SSA	Sub-Saharan Africa
UNM	Uyisenga ni Imanzi
VUP	Vision 2020 Umurenge Programme



Executive summary

This research investigates the links between the Vision 2020 Umurenge Programme (VUP), child well-being, children's care and family reunification. It is part of a wider study on the linkages between social protection and children's care in Rwanda, Ghana and South Africa. The research is a joint initiative by Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS) in the UK. Uyisenga Ni Imanzi (UNM), a Rwandan NGO and member of Family for Every Child, led the research in Rwanda.

This qualitative study addresses three overarching questions.

- 1. What are the linkages between social protection and the quality of children's care?** This question examines whether and how social protection influences child well-being and relationships between children and their parents/carers.
- 2. What is the link between social protection and the loss of parental care or family separation?** This question considers the impacts of social protection on key factors leading to loss of parental care and family separation, including poverty and access to basic services.
- 3. How does social protection influence decisions about foster or kinship care?** This question explores whether the provision of social protection can offer incentives or disincentives for placing children in alternative care, such as kinship care or foster care.

The VUP is targeted at the abject and very poor based on community-based targeting using the local *Ubudehe* household wealth categories. The programme consists of four pillars, of which the largest two are Direct Support (DS) and Public Works (PW). DS consists of unconditional cash transfers targeted at extremely poor households without an adult who is able to work. PW offers paid employment on community asset building projects and are targeted at extremely poor households with at least one adult who is able to work. Financial Services (FS) is the third pillar and includes providing access to savings, credit and

financial institutions. The fourth pillar is training and sensitisation, which focuses on creating awareness within the community on the VUP and how it can support households to improve their lives. This pillar is currently being rolled out. This study focuses primarily on the DS and PW components of the programme and considers the role of training and sensitisation in future efforts to strengthen linkages between the VUP and child well-being, children's care and family reunification.

The sample for this study includes more than 120 adults and 90 children from Rwabicuma and Kibilizi sectors in Nyanza district, Southern Province. Participants included programme staff, programme participants and community members. The findings reflect the opinions and perceptions of those directly and indirectly benefiting from the VUP. They also provide benchmark information regarding issues of child well-being and children's care.

Main findings

- **The VUP plays a positive role in improving child well-being and quality of care.** Findings point towards overwhelmingly positive effects regarding both material and non-material aspects of care for children. The cash transfers improve carers' abilities to provide for children's basic needs, instilling confidence and making carers feel better able to fulfil their care responsibilities.
- **The VUP can support family reunification.** Findings suggest that children have returned home following improved living conditions as a result of their families' participation in the VUP.
- **Benefits from the VUP do not benefit all children equally.** Findings indicate that older children, girls and especially non-biological children experience lower levels of well-being and are at risk of receiving lower quality care. These existing inequalities limit the extent to which these groups of children benefit from the VUP.
- **The VUP Public Works component may compromise carers' abilities to provide high quality care.** Findings suggest that the work requirement of PW can add to the existing strain on households' abilities to provide high quality care. As a result, children may go unsupervised or take over their parents' work and care responsibilities at the expense of their schooling and leisure time.

- **The potential misuse of transfers on alcohol negatively affects household relations and children's care.** Findings reflect concerns amongst adults and children about spending of transfers on alcohol and subsequent household conflicts and family separation. The VUP is not considered a cause of alcoholism but the use of transfers for purchasing alcohol has been identified as an unintended negative side effect with repercussions for children and their care.
- **Cash transfers as an incentive for foster care can have positive and negative effects.** Findings indicate that respondents (when asked about financial incentives as a means to support foster care) considered that transfers could provide necessary material support but could also lead to perverse incentives and 'commodification' of children. Policy initiatives using transfers to incentivise foster care should be undertaken with great care.

Recommendations

- **Strengthen the link between the VUP and social work or child protection services.**

A stronger link between the VUP and social work or child protection services could help the programme maximise its positive impacts and minimise its negative side effects and perverse incentives in terms of child well-being, quality of care and family separation and reunification. The ongoing child care reform in Rwanda and the concurrent expansion of social services offer momentum and opportunities for establishing such linkages. Options for further exploration include the local deployment of social workers or home-based carers, serving as focal points that can refer vulnerable children and household members to appropriate services including the VUP.

- **Firmly integrate solutions for child care and care responsibilities into the VUP and particularly into its PW component.** The PW component of the VUP does not currently offer solutions for carers who are trying to balance care responsibilities with work requirements. Options for facilitating such a balance include providing child care facilities at Public Works sites or making child care and early childhood development (ECD) services an element of Public Works activities. Pregnant and lactating women could be

temporarily moved into DS or be relieved of their work requirement. Improved child care options and provision for pregnant and lactating women would improve the quality of care for children and could help avoid family separation.

- **Use training and sensitisation within the VUP more strategically to address issues around children's care and well-being.**

Strengthening and widening the coverage of sensitisation efforts could help to further improve the quality of care for children. The current roll-out of training and sensitisation within the VUP is promising, with sector leaders around the country being trained in using the programme's training and sensitisation manual. Improvements should be made in terms of standardising sensitisation efforts across all sectors included in the VUP and strengthening the capacity of staff and volunteers involved. Strong monitoring of those efforts and continued support for ongoing capacity building, particularly in terms of more complex issues around child well-being and children's care, will be imperative for making these efforts effective. This holds particularly true as a number of problems identified in this report (unequal care between biological and non-biological children, gendered patterns of care, misuse of money on alcohol) are largely caused by sociocultural factors.



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1 Introduction

The large majority of national governments around the globe have recognised their responsibilities towards safeguarding and promoting children's rights. The 1989 United Nations Convention on the Rights of the Child (CRC) has been ratified by more than 190 countries and calls for freedom from child protection violations, equal treatment of all children and access to basic services such as nutrition, health and education. It also stipulates that governments have a duty to support caregivers in providing quality care to their children:

"... States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children." (CRC, Article 18 UN 1989)

In 2009, in celebrating the 20th anniversary of the CRC, the UN General Assembly welcomed the Guidelines for the Alternative Care of Children (UN 2009). These guidelines aim to ensure that children are cared for within their own families or, if this is not in their best interests, to find permanent alternative solutions that protect and promote the child's well-being. The role of national governments is explicitly stipulated:

"...efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the care giving role." (Guidelines for the Alternative Care of Children, Article 3 UN 2009)

In addition to these international frameworks, recent years have also seen a push towards more 'child-sensitive social protection'. This term denotes social protection policies and programmes that are recognisant of and responsive to children's particular needs and vulnerabilities (Roelen and Sabates-Wheeler 2012). Despite this trend, understandings of the links between social protection and children's care are limited and little guidance is offered on ensuring that social protection promotes better care for children, through reducing family separation and enhancing the quality of caring relationships. This research aims

to start to fill this gap in understanding through multi-country research in Sub-Saharan Africa (SSA).

Evidence from SSA suggests that country estimates of the percentage of children who are living without their parents range between 12 and 34 per cent depending on the country under consideration, and numbers of children outside of parental care are growing (UNICEF 2008). Whilst many such children are well cared for by grandparents and other relatives, the effects of the loss of parental care on children can be devastating, particularly if children live outside of families or with more distant relatives where they are more likely to be inadequately cared for. Children without adequate care find themselves at greater risk of discrimination, abuse and exploitation. Inadequate care can also impair children's education, emotional and physical development and health. Poverty and deprivation have a major impact on children's ability to stay with their parents, and may also affect the ability of extended or other families to offer homes for children. In addition, poverty interacts with other determinants of children's care choices, such as HIV, migration and abuse or neglect in the home, and can affect the quality of care that children receive. The existence of support structures and access to basic services is imperative in addressing these other determinants of children's care (Family for Every Child 2013, 2014).

Social protection may play an important role in various aspects of children's care through its primary objective of reducing and mitigating poverty and its potential linkages to other services such as social work and child protection. The aim of this research is to gain an understanding of the interactions between social protection programmes and the quality of care, loss of parental care, family separation and reunification and care choices (primarily foster and kinship care).

The need for research and more robust evidence regarding linkages between social protection and child protection outcomes is increasingly recognised. The body of evidence on the impact of social protection on objective and measurable outcomes for children – such as nutrition, health and education – is rapidly expanding and largely points towards positive effects. At the same time, little is known about the effect of programmes on outcomes that are less observable and generally not included in programmes' theory of change (see Barrientos et al. 2013; Sanfilippo et al. 2012).



Following these considerations, this research is guided by three research questions.

1. What are the linkages between social protection and the quality of children's care?

This question examines the links between social protection and the relationships between children and carers, with consequent implications for the psycho-social well-being of children. It is linked to questions 2 and 3, as the quality of caring relationships is likely to have an impact on choices between different care options.

2. What is the link between social protection and the loss of parental care?

This question examines the impacts of social protection on key factors which lead to a loss of parental care, including poverty and access to basic services.

3. What is the link between social protection and decisions between care options (e.g. between residential care, foster care, kinship care etc.)?

This question explores the impacts of social protection on decisions about children's alternative care. It examines whether the provision of social protection can offer incentives or disincentives for placing children in alternative care options such as kinship care or foster care. This question is related to question one in that children can be pulled out of parental care if alternative forms of care appear to be particularly attractive options.

The research in this project is a joint initiative by Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS) in the UK. It is being undertaken in three different countries in Sub-Saharan Africa: Rwanda, Ghana and South Africa. The choice of this region was based on a number of considerations. Firstly, it has seen a particular rise in the number of children living outside of parental care in recent years due to factors such as the spread of HIV, migration and the growing use of residential care. In addition, social protection programmes are expanding rapidly, in terms of both scale and coverage. Finally, and partly as a result of the preceding two factors, social transfers are increasingly considered as a policy response to the need for foster and kinship care. Within the three countries included in the study, the research focuses on national social protection programmes that are implemented by national governments. This allows for

the possibility of tying into national policy-making and maximising the impact of the study.

In Rwanda, the research focuses on the Vision 2020 Umurenge Programme (VUP). This national social protection programme aims to reduce extreme poverty in the country and is centred on providing cash transfers to the most vulnerable and those unable to work and public works to extremely poor households with members who are able to work. Rwanda does not currently operate a child grant or benefit that is specifically targeted towards children. However, the 2011 National Social Protection Strategy clearly stipulates that other social protection programmes have the potential to benefit children through supporting their carers and other household members (MINALOC 2011). The commitment to children and their protection is emphasised further by the Strategy's mention of Article 28 of the Constitution as one of the driving forces for the long-term vision of social protection:

"Every child is entitled to special measures of protection by his or her family, society and the State that are necessary, depending on the status of the child, under national and international law." (Article 28, Constitution MINALOC, 2011)

The commitment to child protection and quality care is also emphasised in the Economic Development and Poverty Reduction Strategy 2 (EDPRS 2). The strategy stipulates that the Government of Rwanda (GoR) aims to close residential care facilities and to reintegrate children with families (EDPRS 2, 2013, p. 85). In doing so, it aims to provide a better response to child protection violations such as violence, abuse and neglect.

It is against these strategies and acknowledgements that we investigate the interplay between social protection and issues of children's care and well-being in Rwanda.

2 Data and methods

This chapter discusses the sampling framework, methods, research process and ethics procedure used in the research in Rwanda.

2.1.Sampling

Fieldwork for this research took place in two different localities in Southern Province in Rwanda. Within this province, two sectors were selected in Nyanza district (see Figure 1): Kibilizi and Rwabicuma. The selection of the province and district was largely based on practical considerations: Uyisenga ni Imanzi (the Rwandan NGO leading the qualitative data collection) operate an office in Nyanza district and have good relations with local authorities. The choice of sectors within Nyanza district was based on including sectors with (1) different levels of accessibility, and (2) different levels of maturity in terms of the VUP programme. Rwabicuma is an accessible sector with a relatively good level of services, whilst Kibilizi is a more remote sector with weaker access to services. Kibilizi was part of the first cohort of sectors in which the VUP was rolled out (in 2008-09) and Rwabicuma was included in the fourth cohort of sectors of VUP roll-out (in 2011-12).

Within each sector, the sample was stratified by programme participation (VUP Direct Support (DS) participants; VUP Public Works (PW) participants;

those who did not participate in the VUP (no VUP)), age (adults and children), gender and carer-child relationships (parental care/biological children and kinship or foster care/non-biological children). Table 1 summarises the stratification framework per sector across the various qualitative data collection methods.

Figure 1 Map of Rwanda – Nyanza district



Table 1 Rwanda stratification framework

	Adults				Children					
	Women		Men		Girls			Boys		
	With biological children	With non-biological children	With biological children	With non-biological children	With parental care	With kinship/ foster care	Child-headed households	With parental care	With kinship/ foster care	
VUP - Direct	Group discussion		Group discussion		Group discussion		Group discussion	Group discussion		
	Case study	Case study	Case study	Case study	Case study	Case study		Case study	Case study	
VUP - Public Works	Group discussion		Group discussion		Group discussion			Group discussion	Group discussion	
	Case study	Case study	Case study	Case study	Case study	Case study			Case study	Case study
No VUP	Group discussion				Group discussion		Group discussion	Group discussion		
	Case study	Case study	Case study	Case study	Case study	Case study		Case study	Case study	



Table 2 Rwanda sampling frame

#		Sectors in Nyanza, Southern Province		Method	Total
	Respondent category	Kibilizi	Rwabicuma		
1	VUP programme manager	1	1	KII	2
	Social worker	1	1	KII	2
2	Adults in households with biological and non-biological children				
	2a With VUP – Direct Support	2 (1 male, 1 female)	2 (1 male, 1 female)	GI	4
	2a With VUP – Public Works	2 (1 male, 1 female)	2 (1 male, 1 female)	GI	4
	2b Without VUP	1 (mixed)	1 (mixed)	GI	2
3	Heads of child-headed households				
	3a With VUP – Direct Support and Public Works	1 (mixed)	1 (mixed)	GI	2
	3b Without VUP	1 (mixed)	1 (mixed)	GI	2
4	Children in households with parental/kinship care				
	4a With VUP – Direct Support	2 (1 male, 1 female)	2 (1 male, 1 female)	FGD	4
	4a With VUP – Public Works	2 (1 male, 1 female)	2 (1 male, 1 female)	FGD	4
	4b Without VUP	2 (1 male, 1 female)	2 (1 male, 1 female)	FGD	4
5	Household case study with biological child and parent				
	5a With VUP – Direct Support	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
	5a With VUP – Public Works	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
	5b Without VUP	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
5	Household case study with non-biological child and main carer				
	5a With VUP – Direct Support	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
	5a With VUP – Public Works	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
	5b Without VUP	2 (1 male, 1 female)	2 (1 male, 1 female)	CS	4
	Total	27	27		54

Key: KII: Key informant interviews GI: Group interviews GD: Focus group discussions CS: Case studies

In each sector, 27 activities were undertaken. Approximately 60 adults and 45 children participated in these activities in each sector. The research findings presented in this report are therefore a reflection of the experiences and opinions of more than 120 adults and 90 children. The full sampling frame is presented in Table 2. It should be noted that although fieldwork took place in a district where Uvisenga Ni Imanzi is operational, the research did not include respondents who received direct support from the organisation, in order to avoid response bias. Please see page 9 for explanations of the abbreviations used to describe the research tools used.

2.2 Research tools

This research is qualitative in nature and employs a set of different tools and instruments. These include group interviews, focus group discussions, participatory exercises and individual interviews. This combination of methods aims to obtain information about people's

living arrangements and participation in social protection programmes as well as to elicit experiences and perceptions about child well-being and care in relation to social protection programmes. This type of data collection was deemed most appropriate for gaining insight into the complex and sensitive situations around children's care and well-being and for developing an understanding of how these can or may be affected by a social protection programme such as the VUP.

Three main qualitative techniques have been used in the fieldwork: (1) in-depth interviews, including case studies and key informant interviews; (2) focus group interviews and discussions; (3) participatory techniques. These methods provide complementary and appropriate tools to gain access to different perspectives (perceptions, opinions, experiences) of different individuals and social groups with respect to care choices and the potential role of social protection

in making those choices. Importantly, they can also be used to validate actual and perceived changes that are attributable to social cash transfer programmes.

In-depth interviews are semi-structured discussions with individuals who are purposively selected for their specialist knowledge or expertise on specific research questions. Two types of in-depth interviews have been conducted: (1) *case studies* (CS) of VUP beneficiary and non-beneficiary households that comprise interviews with parents/carers and older biological or non-biological children living in the household; (2) *key informant interviews* (KII) with programme staff, community leaders, and others.

Focus group discussions (FGD) and group interviews (GI) typically bring together six to eight people who engage in a facilitated discussion on the basis of pre-defined discussion guides. Focus group participants were purposively selected and stratified along characteristics that create either homogeneous or mixed groups. Relevant characteristics for stratification, beyond those outlined in the matrix above, included: male- and female-headed households; older and younger carers; wealthier and poorer households. The purpose of conducting these discussions with stratified groups was not to gather 'collective' opinions or shared experiences but rather to stimulate debate and explore differences in attitudes and perceptions within and between these groups.

Participatory techniques include specific methods to elicit adults' and children's voices and opinions. Techniques used included drawing of life history diagrams and child activity clocks, and mapping and ranking indicators of child well-being and care. These techniques were not undertaken as separate exercises but integrated into the individual in-depth interviews and focus group discussions.

2.3 Process

Fieldwork was undertaken by Uyisenga Ni Imanzi (UNM), a Rwandan NGO and member of Family for Every Child. The research team consisted of two senior researchers and three junior researchers, all members of UNM programme staff. Translation of the fieldwork instruments from English into Kinyarwanda and of the transcripts from Kinyarwanda into English was done by a professional translator. In preparation for the data collection, local researchers were trained by colleagues from Family for Every Child and the Centre for Social Protection (CSP) at the Institute for Development Studies (IDS), and fieldwork instruments were pilot tested. This process was undertaken over four and a half days – two and half office-based days and two days of pilot testing in August 2013.

2.4 Ethics

All the researchers involved signed a code of conduct before the start of the research, thereby agreeing to Family for Every Child's ethical research procedures. These include offering research participants refreshments and appropriate compensation, respecting privacy and confidentiality, seeking explicit consent, respecting participants' time and commitment and offering adequate explanations about the objective of the research without raising unrealistic expectations. UNM's own child protection policies inform protocols of how to deal with sensitive situations. UNM committed itself to trying to incorporate research participants into UNM programming in cases where the research revealed that they were particularly vulnerable or gave rise to grave concerns around their well-being and care. All names of respondents in this research have been changed to protect their identities.



3 Setting the scene

This chapter discusses the context in which the linkages between the VUP and children's care have been studied. It discusses people's general livelihoods in terms of demographics, family composition, children's outcomes and the situation with respect to poverty. It also explains the VUP programme and respondents' experiences of the programme. The discussion in this chapter is based on secondary information as well as findings from this research.

3.1 General livelihoods

This section provides an overview of general livelihoods of families and children in Rwanda, including issues around demographics, the family unit, livelihoods and poverty and children's outcomes. We use a combination of secondary and primary data for this description.

Demographics and the family unit

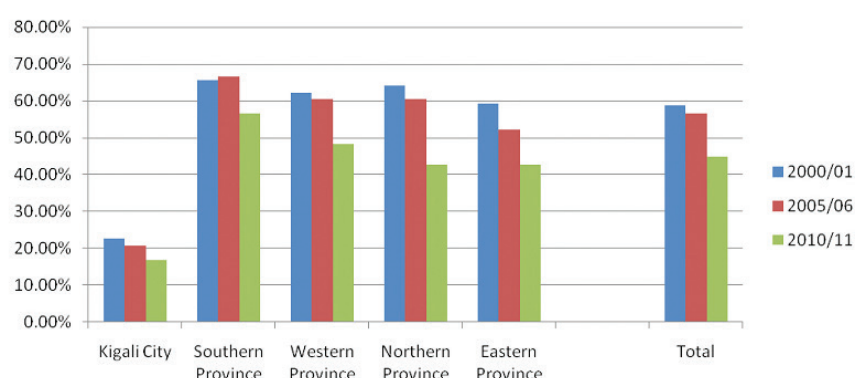
The majority of respondents included in this research are from families that do not constitute the two-parent nuclear family unit. Adult respondents were commonly widowed, separated or living without a partner. Some families were also made up of single parents due to polygamy and spouses serving time in prison. Family dynamics in both sectors have been impacted upon by the 1994 genocide, illness, alcoholism, high fertility rates¹, low income generation and unemployment.

These factors have led to a large number of children being placed in kinship care where grandparents head up the household or nieces and nephews are taken into the family unit. Other children have been placed in foster care with friends, neighbours or community members caring for children who have become separated from their families. National estimates suggest that 20 per cent of those younger than 21 are single or double orphans (NISR 2012) and 30 per cent of households include non-biological and/or orphan children (NISR/MOH/ICF International 2012). The average dependency ratio² is high: 85.7 in 2011. This means that almost every household member of working age (15-64) is supporting another household member that is deemed too young or too old to work and 'dependent' (NISR 2012). The proportion of under-fives is falling due to declining birth rates, which is contributing to a fall in dependency rates over time (NISR 2012).

Livelihoods and poverty

Estimates of poverty rates based on survey data indicate that Southern Province is the worst hit by poverty (NISR 2012). Although poverty rates have been falling steadily over time, they are still significant. Figure 2 shows that in 2010/11 the national poverty rate was 44 per cent, and the poverty rate in Southern Province was 56 per cent. National rates of extreme poverty fell from 40 per cent in 2000/01 to 24 per cent in 2010/11. Southern Province experiences the highest degree of extreme poverty with a rate of 31 per cent.

Figure 2 Poverty rates 2000/01, 2005/06, 2010/11



Source: NISR (2012)

¹ Based on respondents' answers, family sizes range from one to nine children with the average being around five children per family. Findings from the Demographic and Health Survey (DHS)2010 indicate that the average household size in rural Rwanda is 4.5 and estimates following the Third Integrated Household Living Conditions Survey (EICV3) (2012) point towards an average family size of 4.8, suggesting that families in the sectors included in this research are larger than the national average.

² The dependency ratio is calculated by dividing the total number of household members of aged 15-64 by the total number of younger and older household members and multiplying that by 100.



Kibilizi and Rwabicuma are rural sectors in Nyanza district in Southern Province. When asked about the general livelihoods in the communities and challenges they face, social workers and VUP managers in Kibilizi and Rwabicuma point towards the importance of poverty and the barriers it forms for community members in sustaining their livelihoods.

The main livelihoods – as indicated by the respondents in this research - are (agricultural) labouring, subsistence agriculture and tending livestock. A minority of respondents said they were involved in petty trade. This is in line with survey findings for this area of Rwanda, which indicate that 96 per cent of all households in Southern Province cultivate land for crop production and 73 per cent own livestock.

“Rwabicuma is a rural sector. In general, the job that generates incomes for households is agriculture but [this] is on a low level and the crops are not enough to be used at home and sold on the markets.”
(Rwabicuma, social worker)

Most VUP participants divide their time between subsistence farming, tending livestock and petty trade and carrying out VUP Public Works activities such as terracing.

“Before the VUP, I used my bicycle to transport people and they [used to] pay me, but now I work in the VUP. When I don’t have a job, I go to work in the garden before noon.” (Kibilizi, child head of household, PW)

“I don’t own land but I rent it so that I can also garden. In the morning we wake up and go in the garden when there is no Public Works or other craft making activities, as I am a craftsman by profession.”
(Rwabicuma, adult male, PW)

Those who do not own land often work as labourers for others in return for cash or food.

“My daily job is hoeing and I work for other people and they pay me.” (Kibilizi, adult female, PW)

“As I don’t have gardens, I work in someone else’s gardens, then she pays me after the work.”
(Rwabicuma, adult female, DS)

Gender and age disaggregation shows that women and children do most of the unpaid household work.

For the women this is sometimes alongside paid work.

“Normally I am always busy with the housework, the education of my children and the agriculture. When I finish those activities I cook for my children who have been at school. After school they help me to do the housework: fetching water, cleaning the house and cooking.” (Rwabicuma, adult female, no VUP)

Although the children attend school and are generally not expected to work outside of the home, they do non-income generating activities such as fetching water or firewood, tending and feeding livestock, cleaning and cooking, which also contribute to the household economy.

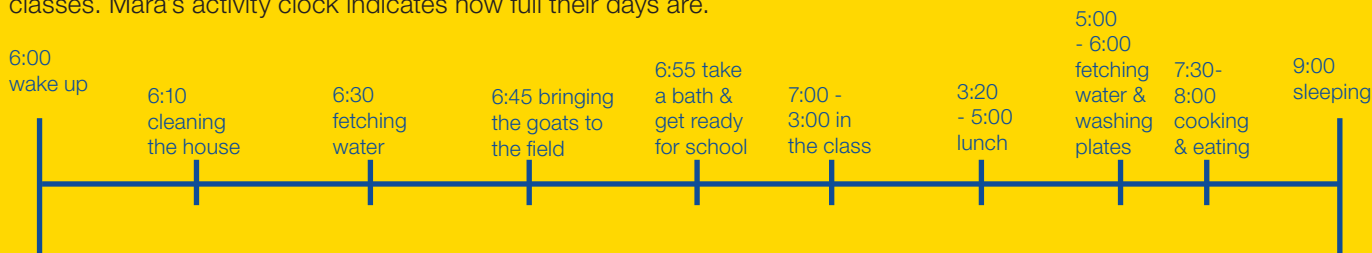
“I am a gardener. The boy is in charge of the cattle and fetching water and helps my wife in housework.”
(Rwabicuma, adult male, no VUP)

Box 1 illustrates children’s time use in greater detail through the use of daily activity clocks.

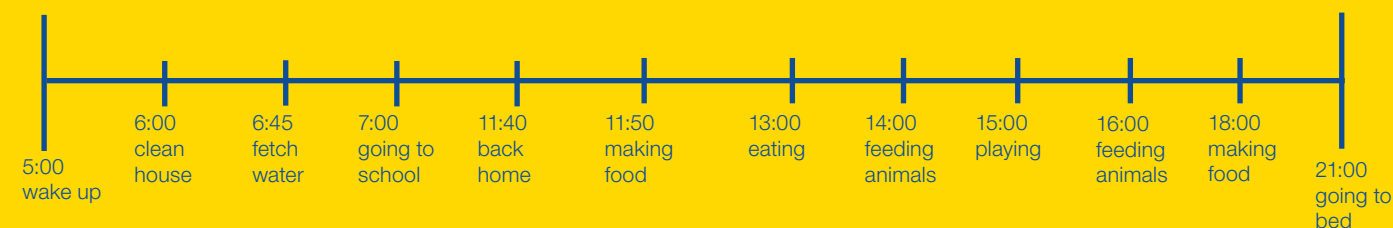


Box 1 Children's activity clocks

Mara is a 14-year-old girl from Rwabicuma living with her mother and three younger siblings. They do not participate in the VUP. Her father is in prison. All the children attend school and help their mother with housework before and after attending classes. Mara's activity clock indicates how full their days are.



Fabia is a 12-year-old girl from Rwabicuma living with her mother and younger brother. Her father is in prison and her mother is a participant in VUP Direct Support. Fabia goes to school and helps with housework and taking care of animals when she is not attending classes. Fabia said that she does most of the work together with her brother, except for sweeping as this is a girls' job.

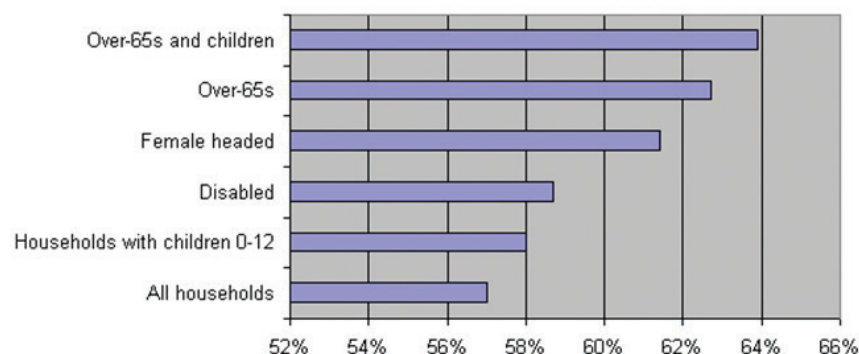


Children's outcomes

Living conditions for children in Rwanda have generally improved in recent years but remain vulnerable. Disaggregation of poverty figures by different

demographic groups indicates that poverty incidence is higher among households with children, and highest amongst households with children and headed by older people (see Figure 3).

Figure 3 Poverty incidence rates in Rwanda 2009 (EICV2 data)



Source: MINALOC (2011)

NISR (2012) indicates that more than nine out of ten children are attending primary school at the right age. Completion rates, however, fall behind, with only half of all children completing primary school in 2009 (MINALOC 2011). Not surprisingly, net attendance rates fall considerably for secondary education: only 21 per cent of all children attend secondary school at the right age. Gross enrolment rates for secondary education are twice as high at a national average of 41 per cent. Child work is widespread: nine out of ten children aged 5-14 perform work inside or outside the household, either full-time or part-time (NISR/MOH/ICF International 2012).

In 2010, almost half of all children under five years old were stunted (too short for their age) (NISR/MOH/ICF International 2012). Malnutrition rates have increased over time (MINALOC 2011) and can therefore be considered a particular concern for children. Vaccination coverage is high in Rwanda; in 2010, nine out of ten children aged 12-23 months received all recommended vaccinations (NISR/MOH/ICF International 2012). Out of all children who had experienced diarrhoea, half received extra fluids or ORS treatment and one in three were taken to a health provider. Almost 25 per cent received no treatment at all.

Challenges also include access to improved sanitation facilities, electricity and hygiene. Figures from DHS suggest that in 2010, 57 per cent of households in rural areas were using an improved/non-shared pit latrine with slab and 13 per cent were sharing an improved pit latrine with slab. Almost three-quarters of all households had access to an improved drinking water facility that is considered to provide healthy drinking water. Only 4 per cent of households in rural areas had access to electricity (NISR/MOH/ICF International 2012).

In 2011, 3,323 children were counted to be living in 33 residential institutions. One-third of those children spent more than 10 years living in these institutions. The most common reasons for being placed in an institution include the death of one or both parents, abandonment and poverty. The National Strategy for

Child Care Reform was approved by the Cabinet of the Republic of Rwanda in March 2012 to transform the country's current alternative care mechanism. It aims to move away from a system of institutional care to the provision of family-based care, supporting families to stay together or be reunited (MIGEPROF 2012).

3.2 The VUP

The VUP is a flagship programme in the Economic Development and Poverty Reduction Strategy (EDPRS) and EDPRS 2 and a major component of the National Social Protection Strategy. It was established in 2008 in response to concerns about trends with respect to extreme poverty in the country, and aims to accelerate the reduction of extreme poverty (VUP 2011).

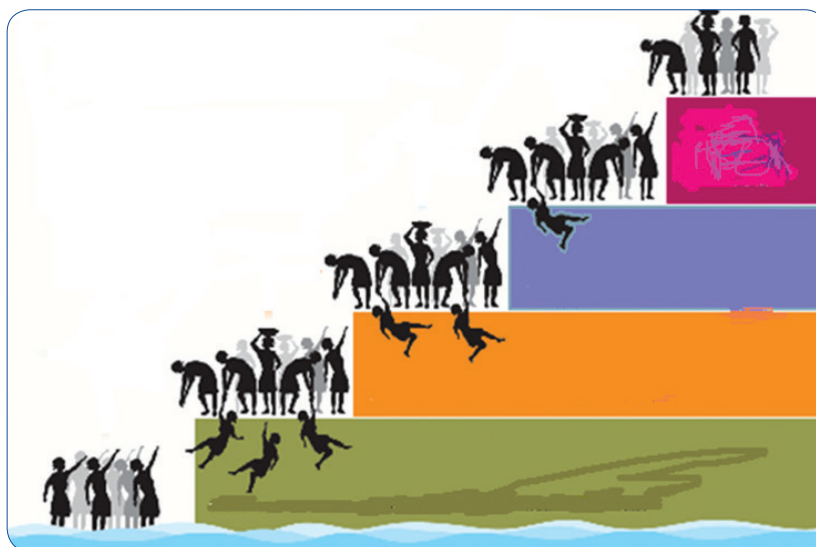
The programme operates on the basis of four pillars:

1. Direct Support
2. Public Works
3. Financial Services
4. Training and sensitisation.

Direct Support (DS) consists of unconditional cash transfers targeted at extremely poor households without an adult who is able to work. Public Works (PW) pertains to paid employment on community asset building projects (such as terracing or building of roads) and is targeted at extremely poor households with at least one adult who is able to work. Financial Services (FS) provide access to savings, credit and financial institutions and are targeted to extremely poor and less vulnerable groups. Training and sensitisation refers to creating awareness and building knowledge within the community on the VUP and how it can support households to improve their lives. In combination, these four pillars aim to 'graduate' households out of poverty. The logic of the programme is visualised in Figure 4.



Figure 4 VUP graduation pathway



Source: VUP (2014)

The VUP is targeted on the basis of community-based targeting using the local community-based *Ubudehe* household wealth categories. There are six *Ubudehe* categories, with households in the first two categories being considered abject and very poor. These are households that live in harsh conditions, have no land or livestock and are very vulnerable to shocks such as illness. Households without labour capacity are considered the abject poor (*Umutindi nyakujya*) and households with labour capacity are categorised as very poor (*Umutindi*).

Interviews with VUP staff and social workers and discussions with adult VUP participants in Kibilizi and Rwabicuma confirm this targeting process.

“The selection of VUP [participants] is undertaken following the Ubudehe categories. The leaders look at the people put in the first and second categories then they select them for those VUP components as follows: (i) Public Works: each person who has force, who is able to work and is in the first or second category, he or she is given the chance to participate in public works. (ii) Direct Support: this is designed for very poor people including those who are old, those children who live alone, those who live with disability. All those people have to be in first or second category to qualify for this support. (iii) Financial Services: anyone who is in the first, second or third category and has a good project which can impact on his/her family’s life, he or she can get the loan. In addition, people who are in [Ubudehe categories] four and five,

they can join those who are in the first categories and make groups then get a loan.” (Kibilizi, social worker)

“The selection was based on Ubudehe categories. Some of us are old and others live with disabilities and we are not able to work. In addition we live with biological children and/or non-biological children that we are unable to nourish. This made us eligible for Direct Support. The selection was made during a meeting of local authorities and the whole community at the village level. They all had to put people in the categories.” (Rwabicuma, adult female, DS)

The VUP is managed by the Social Protection division within the Rwanda Local Development Support Fund (RLDSF) in the Ministry of Local Government (MINALOC). The VUP is implemented in all 30 districts in the country. Within districts, sectors are ranked based on poverty levels and sectors are included in the programme according to this ranking (Devereux 2012). Programme implementation started in 2008 in the poorest sectors in each of the 30 districts of the country. Since then, it has been expanded to additional cohorts of 30 sectors every year. In 2012, 150 (out of 416) sectors were included in the programme.

With respect to the sectors included in this research, the VUP programme started in 2008 in Kibilizi (first cohort) and Rwabicuma in 2011 (fourth cohort). Three forms of support – Direct Support, Public Works and Financial Services – are provided in both communities. As indicated by VUP staff in these sectors, the Public

Works component holds the largest number of participants. The fourth pillar of VUP – training and sensitisation – was in the process of being rolled out at the time of the research.

The Public Works component provides employment for one adult member in targeted households. Activities focus on building community assets and include terracing and road improvement. This component is not entitlement-based, meaning that the type and amount of employment offered to targeted households is dependent on the budget and work available (VUP 2011). The target is to offer six months of employment to targeted households per year. PW activities generally require participants to work from early morning to mid-afternoon. The amount and type of employment available within PW and the time spent on PW activities were confirmed by participants in this research.

“A participant has to work six months per year for according to the length of the project.” (Kibilizi, VUP staff)

“The Public Works are activities that we do and they impact on the whole community. We used to work from 7:00 am up to 2:00 pm. We made roads, bridges, dams and terraces and carried out land use consolidation. We also prepared the plots where they will build houses for poor people.” (Kibilizi, adult female, PW)

Lack of sufficient work activities for all eligible households is a challenge within the VUP Public Works. Particularly in Kibilizi, it was pointed out that there is not enough work for all eligible participants. As this is the case, the households that are considered the poorest are prioritised for the work that is available.

“Sometimes there can be applicants who are selected but don’t get jobs because there are few works when you compare it to the number [of participants] that are designated to participate. There are few planned activities and they don’t take a long time, that is why in giving the jobs to selected participants we begin with those who are very poor, then all participants are replacing each other according to available jobs.” (Kibilizi, VUP staff)

Some respondents indicated that they had moved from Public Works into Direct Support. Such shifts appear to be the result of changes in participating households, including sickness or increased burdens of care.

“When the Public Works ended they put me in Direct Support, because I went back to school and I didn’t have the means to care for other children.” (Kibilizi, child head of household, PW)

“When it started I was in Public Works but it became difficult for me because I had backache. As I was in the category of poor persons, they decided to change the programme and put me in Direct Support participants.” (Rwabicuma, adult female, DS, household biological children)

The challenges posed by physical, demanding work in Public Works and the informal care burden for women in particular have been identified in a recent gender audit of VUP (FATE Consulting 2013). Women indicated that they are often disadvantaged and sometimes excluded from Public Works (particularly in situations of under-supply) given their physical constraints and reproductive responsibilities. These issues are compounded for pregnant and lactating women. Although the PW component refers to the need for special provisions for pregnant or lactating women in its implementation manual, these have not been implemented in practice (FATE Consulting 2013). For example, there is no possibility for women to do less physically demanding work or to be moved into Direct Support temporarily (as is the case in Ethiopia’s Productive Safety Net Programme, for example).

“We don’t have a special programme for pregnant or lactating women, that’s why in all those Public Works there are a big number of men, and women who don’t have small children.” (Rwabicuma, social worker)

That said, when there are more able-bodied adult members in the household, Public Works activities are often disproportionately taken up by women exactly because their care burden prevents them from seeking more productive and lucrative income-generating opportunities elsewhere. Whilst men seek employment elsewhere, women are required to juggle work on PW and household care duties (FATE Consulting 2013).

Interviews with VUP staff in Kibilizi and Rwabicuma confirm that no special provisions are in place that allow for responding to women’s child care responsibilities. They noted that (female) participants are encouraged to seek child care for their children when working on PW activities and to go home after work has finished in order to take care of their children



and carry out other home-based activities.

“There is no special programme for those children [of women working on PW]. What we do is just to tell those parents that they should not leave their children alone. They have to leave them with someone else who can take care of them while the parents have gone to VUP activities.” (Rwabicuma, VUP staff)

Participants in Public Works are allowed to substitute their labour in case they are not able to participate themselves. This only holds for other adult household members; children under 18 years old are not allowed to participate in PW activities. Interviews with VUP managers and social workers indicate that these rules are strictly followed.

“Normally children cannot replace adults in the household but when a child is over 18 years old he or she is allowed to work when he or she is in school holidays. If we find that the child is younger than 18, we stop him or her, because it is against the law to employ a child under 18 years old. When a parent has sent that child, the task of the day cannot be registered and they have to wait until the parent or any adult person, who is registered for Public Works, will come to complete his/her task.” (Kibilizi, VUP staff)

The fourth pillar of the VUP – training and sensitisation – was being rolled out at the time of the fieldwork with the development of a manual and training of district and sector level VUP staff. The manual has different modules and focuses on sensitising the community about the VUP and what it tries to achieve. It also aims to engage communities in supporting broader development objectives, including the promotion of children's and women's rights, family planning, education, health and hygiene.

Despite the training and sensitisation not having been rolled out yet, Public Works activities in many places already included sensitisation meetings, mostly aimed at supporting respondents to invest their earnings wisely. Participation in such meetings was confirmed by respondents in Rwabicuma.

“The works are from Monday to Friday, from 7:00am up to 1:00pm. After the activities [...] there are public conversations on the issue of saving money gained from the work. At that time participants also have to register their daily completed work.” (Rwabicuma, VUP staff)

There was no indication that such sensitisation meetings were available to Direct Support participants.

Many respondents who are Public Works and Direct Support participants have also taken loans as part of the programme's Financial Services, which has enabled them to build small businesses or to buy livestock. Most respondents indicated that they have already been able to pay back their loans.

“I got a loan and we were given 210,000 RWF (around \$308) in the group and I bought pigs and renewed my house and am selling sorghum beer. I have repaid the loan already.” (Kibilizi, adult female, PW)

“I received a loan of 60,000 RWF (around \$88) and I started a business selling fish. Later, I changed the business and now I sell bread.” (Kibilizi, adult male, DS, household non-biological children)

Group discussions with those not participating in the VUP suggest that all non-participants have good knowledge of the VUP programme. Most respondents acknowledged the good work the VUP does to help lift people out of poverty.

“What I know about the VUP is that most of the people who worked there have been able to shift from traditional houses to modern buildings; they bought houses and their children are happy, they go to school and they get everything they need.” (Kibilizi, female child, no VUP)

“The VUP is a programme which aims at developing the lives of people who are in [Ubudehe] category 1 and 2. Those who have strength go to construct roads and bridges and those who are sick and old are given the money.” (Rwabicuma, adult, no VUP)

The receipt of other support from Government or NGOs appears to differ between Kibilizi and Rwabicuma. Many respondents in Kibilizi indicated that they had received support from the Government Assistance Fund for Needy Survivors of the Genocide (FARG) or from the Government's 'one-cow-per-family' programme, or from NGOs including CARE and Croix Rouge. This holds for participants in Public Works and Direct Support as well as those who are not participating in the VUP. The majority of respondents in Rwabicuma indicated that they do not receive any other support from the Government or NGOs. A few

respondents did mention receiving support from Imbaraga Farmer Association (a farmers' organisation founded in 1992) in the form of housing and livestock.

4 The VUP and quality of care

This chapter discusses the linkages between the VUP and quality of care. In doing so, it firstly provides an overview of what respondents considered to constitute child well-being and care.

4.1 Child well-being and care

An important component of the qualitative research focused on eliciting opinions about what constitutes child well-being and care. An understanding of such opinions is imperative when analysing and interpreting findings about the effect of social protection on child well-being and care.

Material and non-material needs

Responses to questions around what it means for a child to be 'happy, healthy and well cared for' and what a child needs to be 'happy, healthy and well cared for' can be divided into two main categories: (1) material basic needs, and (2) non-material basic needs.

Material basic needs cover food, clothing, education materials, clean water, health insurance and good housing. The importance of material needs for child well-being and good care for children were mentioned by all respondents.

"The most important things are: housing, medical care, a healthy diet and good clothes. Those are the basic needs and when we afford them, the livelihood of the child is also improved." (Rwabicuma, adult female, PW)

Non-material basic needs include love, affection, time spent with parents and carers, and time for relaxation and playing. Respondents also referred to the importance of good communication between children and parents/carers and of having a good atmosphere in the family. A few respondents also pointed towards the importance of not having children beyond the ability to care for those children.

"Things that parents need [to ensure that children are happy, healthy and well cared for] are: fight against poverty – when they don't have means to care for their children and solve problems that they face; to help the child to be free with their parents and share their thoughts because it helps them to know what their children need; to get into family planning or birth control programmes because when a family has many children they also need a lot of means to take care of them, whereas most of the time it is hard to get the means for a family; the family needs unity between the husband and the wife because when they don't put their forces together, they can't achieve anything." (Rwabicuma, adult, no VUP)

The majority of respondents referred to such non-material needs, although adults were more likely to focus on material needs. Children emphasised the importance of time spent with parents and parental affection. A few children particularly mentioned the importance of being presented to other family members rather than being hidden away.

"They [carers] have to sufficiently well feed children, clothe them, love them, pay school fees and [provide] enough materials for them, provide them with health insurance, make them look clean and stay in beautiful places, get time to discuss with them, present them to family members, protect them from inappropriate work, and give them enough time to play with others." (Kibilizi, male child, DS)

Parents and carers indicate that they struggle to ensure that children are happy, healthy and well cared for. The most frequently mentioned challenge is poverty, which was said to form a barrier to providing material needs, but also caused difficulties in meeting non-material needs. Other challenges include family conflicts, illness, old age and the death of family members. Some respondents also mention the lack of appropriate skills, awareness and illiteracy.

"The biggest challenges that we face are related to poverty and ignorance. When a family is poor everything is impossible. Some parents are also illiterate. And there is knowledge based on school education but there is [also] other [knowledge] based on life skills. When a parent doesn't have life skills, he or can't give it to their children. This happens from time to time and parents still live in illiteracy." (Rwabicuma, adult female, DS)



Respondents from child-headed households indicate how having to support children whilst being young yourself without any guidance compromises the quality of care for those children.

“The challenge is to take on the responsibilities of a parent at an early age, and never getting the person who can support you and give you some advice.”

(Kibilizi, child-headed household, no VUP)

Children also specifically refer to poverty and lack of resources in the family as important challenges that parents and carers face in providing good care for their children.

“Children from poor families live in bad living conditions. They don’t get enough food, they don’t eat regularly, they don’t have clothes, they don’t get the time to revise their lessons, they study hardly and they don’t succeed in classes. Some of them leave their school without finishing their studies. They don’t have health insurance, they never get happy and when you talk to them, you can understand that they are always sad.”

(Rwabicuma, female child, PW, household with biological children)

Children refer to non-material issues more frequently than adults do and suggest that lack of love and affection, and misunderstandings, both between parents and towards children, are impediments to their well-being. Some children also specifically point towards the issue of alcoholism and how drunkenness (of fathers) causes family conflicts and domestic violence. Such alcoholism can be triggered by poverty, but it can also give rise to poverty.

“Our father doesn’t have any input at home because all the money is wasted through drunkenness, therefore our mother decided to sell some stuff we own so that we may survive.” (Kibilizi, male child, no VUP)

Given this identified link between poverty and care and the widespread opinion that there is a positive correlation between wealth, child well-being and better childcare practices, we can expect to find positive impacts of the VUP on the quality of children’s care. Such effects would be most direct and immediate in terms of material needs but are likely to expand to non-material needs as well.

Inequalities: gender, age and biological versus non-biological children

Child well-being and care appears to differ substantially between groups of children. Both adult and child respondents point towards differences between children in terms of being healthy, happy and well cared for depending on their age, sex and whether the children are biological or non-biological children of any of the other household members. When asked about inequalities within the household, children more frequently explained how they were being treated differently. Adults were more likely to state that children were treated equally. Some adults indicated that preferential treatment of boys or biological children is an outdated mindset.

“I treat all children equally. Before, we used to distinguish them because of ignorance but this mindset has changed and we treat them the same way.” (Rwabicuma, adult female, PW, household with non-biological children)

In terms of age, younger children were said to receive comparatively better care. Adults indicate that young children tend to receive more attention because they still need more care. In cases of scarcity with respect to food, for example, younger children may be prioritised over older children. Older children have to do more household activities and are expected to take on more responsibility.

“Small children are cared for more than older ones, for example, when the food is not sufficient, the small children are the ones who will be given that food first.” (Kibilizi, child head of household)

Many adult and child respondents point towards the disadvantaged position of girls. Findings suggest that girls do more household chores and receive less care than boys do. They are also sometimes considered as less ‘valuable’ than boys. That said, one female carer indicated that girls receive more care than boys do, as girls are considered more vulnerable.

“Boys are cared for more than girls. The parents think that the boys are more important than girls. Sometimes boys are given the opportunity to upgrade their education after primary studies, whereas girls are urged to stay home and do the housework.” (Rwabicuma, male child, DS, household with non-biological children)

“The girls are also cared for more than boys because sometimes girls face many difficulties, more than boys, like facing violence.” (Kibilizi, adult female, PW)

The most significant difference mentioned by respondents relates to biological versus non-biological children. Adults as well as children indicated that biological children are generally treated better than non-biological children. Many examples were mentioned of non-biological children being used as house workers, farm workers or baby sitters.

“Some parents love their children unequally. It can be a boy or a girl [who is] privileged or not. Sometimes the adoptive child becomes mistreated with inappropriate work – boys become shepherds and girls house workers – because the parents are not their biological ones.” (Kibilizi, male child, PW)

“Generally, you can find that there is inequality between biological children and non-biological children. [...] Those who are adopted, most of them are like house girls/boys in the families where they live, and they do all activities: fetching water, cultivating, feeding animals, etc. You can find that those children are the same age as biological ones but they don't do the same activities. For those who are raised by stepmothers it is worse because they are really mistreated.” (Rwabicuma, female child, PW)

“Most non-biological children raised in families are not treated on the same level as biological children. The parents give much [more] care to their biological children than their non-biological children. Those non-biological [children] don't study but they stay at home doing the housework.” (Rwabicuma, child head of household, PW)

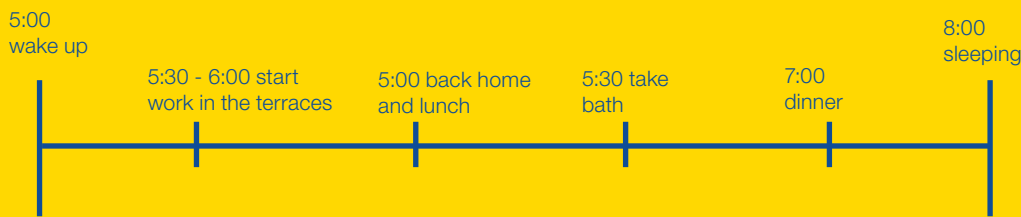
The VUP programme may compound inequities between children, particularly in terms of the PW component. Improvements in the ability to provide for material needs may not be equally distributed across all children, thereby perpetuating the disadvantaged

position of certain children within the household. Children in particular suggest that although non-biological children may experience an improvement in the fulfilment of their basic needs similar to biological children, they remain particularly deprived in terms of non-material aspects of well-being. Opportunities within the VUP programme to address these inequalities include stronger sensitisation of carers and closer support of those caring for non-biological children.



Box 2 Differences between biological and non-biological children

Jeanette is 14 years old and lives with her 41-year-old uncle Apollo, his wife and their three biological children. She is an orphan and has lived with them for six years. A lack of means in the household prevents her from going to school; she was enrolled at first but then had to drop out. The activity clock below shows how Jeanette spends a typical day.



Jeanette indicates that activity clocks for other children in the household would look different as they are going to school and do not do work in the terraces. They work together in the garden and in the house if they are not going to school: *"There is a difference because I work in the terraces whereas the others study. We only do the housework together."*

Jeanette explains how she does not mind working in the garden and cooking as they are activities undertaken by everyone in the household, but that she doesn't like working in the terraces because it is hard work and not shared with others: *"I like all activities except working in the terraces. I like them [gardening and cooking] because they are common to everyone. I don't like to work in the terraces because it is very hard, but I have to do it as I don't have a choice."*

Jeanette thinks that the differences between how she and the other children spend their day is linked to the fact that she is not a biological child: "I was in school but when we lacked means I stopped and I came to work in the terraces as I don't have any choice. When I come from the garden and meet my former classmates coming from school, I get very sad. I think that a child who lives with her own parents is well cared for and gets everything that she needs, but for an adoptive child, it is not easy to get what is needed."

Children participating in this research indicate that women serve as the primary caregivers. Many point towards a division of roles between mothers and fathers, with fathers often being identified as providing for the family's material needs. In some cases, mothers and fathers are indicated as providing equal care.

"Our mother is the one to take care of us in the first place, and our father is responsible for our food."
(Kibilizi, male child, no VUP)

"Our mother takes care of us, she is always at home looking after kids because mothers are more caring than fathers." (Kibilizi, male child, no VUP)

Children also suggest that those being cared for by grandparents or other elder carers face more challenges in being healthy, happy and well cared for.

The VUP programme, and particularly the Public Works component, may interact with this strongly gendered pattern of care and play into gender-

related barriers to women's opportunities to engage in productive and profitable work. Women's roles as primary carers may prevent them from being selected for the PW activities that are available in the community. The need to stay at home when a child is sick or to care for a child when at work, for example, make women less likely to be selected for activities when such activities are scarce. This disadvantage is compounded by the fact that many PW activities are physically demanding and that women are often considered to lack the required physical strength, thereby decreasing their chances of being selected for such activities (Fate Consulting 2013). These and other gender barriers have been analysed in detail in a recent gender audit (Fate Consulting 2013) and options for making the VUP more gender-sensitive are currently being assessed.

4.2 The VUP and its effects on child well-being and care

This section discusses the effects of participation in the VUP as identified by adults participating in the VUP, children in households participating in the VUP and adults and children who are not included in the VUP.

Findings point towards large positive effects in terms of supporting carers to provide for children's material needs and also contributing positively to improving the fulfilment of non-material needs. Adults and children also identified a number of negative effects following participation in the VUP programme. This includes the balance between work responsibilities and household work and care duties in reference to the PW component, as well as the misuse of money, particularly in relation to alcohol.

Benefits: improvements in child well-being and care and spillover effects

Findings from the qualitative data show that by and large, cash transfers received through the VUP improve carers' abilities to provide for children's basic needs. Respondents – both adults and children – indicate how participation in the VUP improves children's diets, helps children to go to school, allows for buying health insurance and supports the general development of household livelihoods.

"We were living in poverty, we didn't have a place to stay in, but the VUP gave us money. Now we have bought iron sheets to build a beautiful home, we get sufficient food, school materials and health insurance." (Kibilizi, female child, DS)

"It has a big importance because when our parents get paid we get what we need, like school materials, uniforms and we cannot miss the food when we come back from school. They also buy health insurance for us and we can get medical care when we are sick." (Rwabicuma, female child, PW)

Previous reviews of the VUP have indeed indicated that transfers are primarily spent on food, health insurance, education, saving, farming and investment (VUP 2011).

In this research, respondents also explicitly indicate how the VUP makes them feel better able to fulfil their duties. A better ability to provide for children's material

needs was also said to lead to improvements in non-material aspects of children's care. It reduces conflicts between carers and children and helps to avoid risk-taking behaviour by children.

"Being in the VUP programme was crucial since after the death of my wife, [our] children were destabilised and stopped studying, since there was no capacity to satisfy their basic needs. With the [VUP's] support, the children managed to get all they needed and went back to school. [...] This programme enabled me to fight the poverty and today my children are happier, like any other children living in the community." (Kibilizi, adult male, DS)

"[VUP DS] helped us a lot. [...] The support helped us in: getting pens, notebooks and uniforms for our children; we have cows and children can get the milk; we learn how to cook healthy food and you cannot find a child suffering from kwashiorkor; in terms of freedom to speak with each other, when there is money we get happy and a child can approach you then tell you what they need. Now, you can tell your children that they have to take care and work hard at school." (Rwabicuma, adult male, DS, household with biological children)

"The VUP helps to get free from conflict and parents can help each other in caring for their children." (Kibilizi, adult male, DS)

"It helped us a lot because when children are not getting what they need, they can decide to look for it in bad ways. For example, girls can run after sexual intercourse thinking that they can get money and the boys leave their families. This programme supported us so that we could give our children what they need and [they could] continue studying without other bad thoughts." (Rwabicuma, adult male, PW)

Parents and carers also indicate that participation in the VUP helps to improve the relationships between them and their children. Parents feel more comfortable talking to their children and giving them advice. Respondents suggest that the VUP programme does not only help to instil confidence in carers and parents but also has positive effects on children's psychosocial wellbeing as they are better fed, have better clothes and experience less stress in the household.



“When children find out that you have the means to give them what they want, they also become free and want to discuss with you about their problems, what they need. They also feel free to relax with other children as they have been fed with healthy meals.” (Kibilizi, adult male, DS)

“[...] the programme helped us a lot because when you don't have means and you are not able to get things that your child needs, you cannot even approach her and talk about life or share views. Sometimes you are even dirty and you cannot say anything in front of her. The VUP has built in us the abilities to fulfil our responsibility towards our children [...] Now you can converse with your children, share views and give her advice on how she has to behave.” (Rwabicuma, adult female, DS)

“The children can now trust us and never fear to join other children or to go to the church as they are smart. This programme has made us free and able to get on with others.” (Rwabicuma, adult female, DS)

Respondents in Rwabicuma discussed how meetings before and after the PW activities provide advice on how to improve children's diet, health and other aspects of their well-being. Such a focus on children was not mentioned by VUP PW participants in Kibilizi, although the social worker in Kibilizi indicated that discussions around PW activities do focus on whether the transfer is used for the benefit of the household.

“Every family benefiting from Public Works agrees beforehand to work on establishing different activities that intend to improve the living conditions of the children living with them including: improving the quality and quantity of child's nutrition; buying mattresses for children; and enrolling school-aged children in school.” (Rwabicuma, VUP staff)

“We have learned how to prepare a healthy diet. Before, we considered that a healthy diet is composed of sweet potatoes and beans, but since we started getting the advice from the VUP programme, we can now buy the needed healthy food like fish and vegetables.” (Rwabicuma, adult female, PW)

“In general the impact of the VUP is to improve the livelihood of participants where they have got out of extreme poverty, and to develop their families. In addition, the counselling that the participants get after Public Works helps them to solve the problems in their

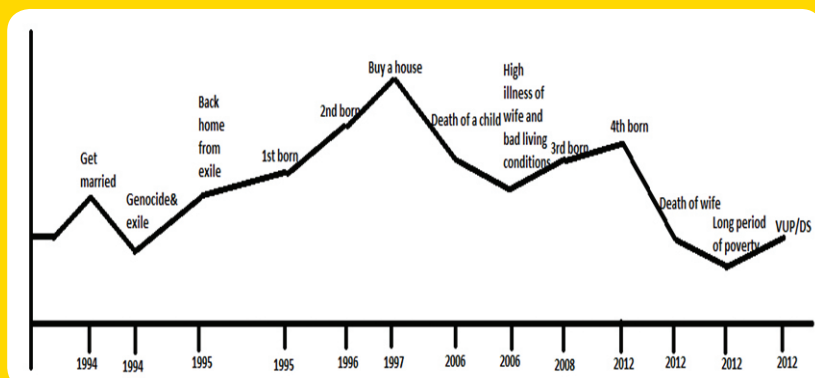
families.” (Rwabicuma, adult male, PW)

“In my family the children are treated on the same level. We are even sensitised to do so when we finish the VUP work. They tell us how the good relationships should be in our families and how we should treat our children on the same level.” (Rwabicuma, adult male, PW, household with biological children)

“There are no provisions for those children. [in households participating in the VUP PW]. However there is a follow-up on those [PW] participants and on how they spend the money that they get. The supervisors report every 15 days and when they find that the participant didn't do anything for the family after three reports, they can stop him/her from the job. It is because they are always receiving sensitisation on how they can manage the money well.” (Kibilizi, social worker)

Box 3 Positive effects of VUP Direct Support

Janvier is 49 years old and lives with his seven biological children and foster child Zachae. His wife passed away in 2012, after which life became very difficult for him and his children. There was not enough food available for everyone and the children dropped out of school. Janvier's life story is illustrated in the life history diagram below, clearly indicating the great impact of the illness and death of his wife.



Given this situation, the community argued for his participation in VUP DS. Janvier describes how DS has not only helped him to fulfil his children's basic needs – including food and school enrolment – but also how it has empowered him, makes him feel that he is better able to perform his duties as a parent and caregiver, and has improved his relationship with his children.

"Being a VUP beneficiary has deeply improved my household's living conditions. Due to that support I and my dependants were provided with nourishing food, and due to this improved food, my children have attended school regularly. Furthermore, my children got school-related materials. [...] Since the children are offered whatever they want, the relationship with you also becomes perfect: they dare to tell you everything they think of. [...] VUP empowered me and strengthened my capacity to assure the responsibility of protecting my dependants in the household."

Respondents indicate that transfers have spillover effects that lead to positive impacts for children who are part of households not participating in the VUP. Spillover effects from the VUP were mentioned by both VUP participants and those who did not participate. The most common effects that were mentioned referred to milk or food given or sold to other households, as well as giving jobs to other households (for example working on their field when working on PW) and fertiliser. Positive spillover effects also included improvements to local infrastructure such as roads, schools, etc.

"When the participants get the money they can give jobs to neighbours who are not participants. This helps them to get money or any compensation and they can feed their families." (Kibilizi, adult, no VUP)

"We also benefit from the VUP. As an example, the

participants have made terraces to prevent erosion in my garden." (Kibilizi, child head of household, no VUP)

"It has an impact because it brought the development activities. The roads which help people to get together and reach whatever they need easily. For example, the ambulance can reach this place easily and when you have a child who is sick, you have a hope that she will get care as before it was too hard to reach the hospitals and many died on the road before getting there." (Rwabicuma, adult, no VUP)

A few respondents also indicate how transfers can reduce child labour.

"When you participate in the VUP and gain the money, it prevents your children from going to look for hard work where they can gain money." (Rwabicuma, adult female, PW)



“Most of the girls went to go to seek jobs in bars and they became sex workers because their families were very poor, but when the VUP came they stopped and came back to their families.” (Kibilizi, female child-headed household member, PW)

Challenges: the balance of work duties and care duties

Research findings suggest that the VUP – and particularly participation in Public Works activities – plays into and may add to the challenges of juggling formal work, informal work and care responsibilities. PW may substitute other work undertaken by adult household members, but often adds to the set of many (productive and care) activities already undertaken. This additional burden of work for adult household members (and women in particular) and the conflicts it causes with providing care for their children may undermine the quality of care for children in the households of PW participants.

Respondents indicated that they take young children with them to the work sites, leave them in the care of older children or, in some cases, lock them in the house. PW activities were also mentioned as interfering with the preparation of food in the household, requiring women to get up early to prepare food before going to work but also sometimes leading to children going without food.

“As I worked very far from home I had to leave the children alone and close the door so that they cannot go outside, and I left food for them.” (Kibilizi, adult female, PW)

“Sometimes you have to cook beforehand as you know that at lunch time you will not be there, so you make sure that the children will have the food.” (Rwabicuma, adult female, PW)

“We don’t have small children but when you look at other households where they have small children, sometimes parents take them where they work, or if they have older children, they can stay with small ones. There are also some households where the husband works in the VUP and the wife stays with children.” (Rwabicuma, child head of household, PW)

“There are parents who choose to sacrifice some children for being able to go to work in the VUP. [...]”

These children stay home and are refused to go to school because they’re taking care of their siblings.” (Kibilizi, male child, DS)

As discussed earlier, most primary carers are female household members. Indeed, many female respondents point towards juggling work activities with care duties as the biggest difficulty in relation to PW. Male PW participants also suggested that the PW activities interfere with their ability to care for their children. Some respondents mentioned how DS is therefore preferable to PW.

“[The difficulty is] to spend much time at work and not caring for children and know what they learned at school.” (Kibilizi, adult female, PW)

“We don’t get the time to care for children because we get tired after work.” (Kibilizi, adult male, PW)

“Direct Support benefits more than other [kinds of support] because participants get the time to care for their children, whereas the Public Works participants spend much time in work.” (Kibilizi, adult female, DS)

Conflicts between work and care duties were most pronounced in Kibilizi where PW work activities were far away from the community, adding substantial travel time to the time spent working. Distance and the additional burden of travel time was not an issue in Rwabicuma.

“The work is taken between 7:00-13:00. There is no difference to other works like gardening as that starts at 6:00 and ends at 12:00pm.” (Rwabicuma, adult male, PW, household with non-biological children)

The challenges faced by PW participants in terms of providing care for their children can also compound inequalities between children within the household, as several children pointed out.

“Most of the time parents only take care of young kids whom they bear with them to VUP [work], and we stay at home till the time they come back; that’s when we get something to eat.” (Kibilizi, female child, DS)

The tension between work and care duties within the household means that carers are constantly asked to strike a difficult and sometimes impossible balance: providing high-quality care for their children on the one hand and maximising economic benefits from

productive work on the other hand. Public Works activities reinforce this tension if they add to the existing set of work activities rather than substituting for other work or 'idle' time. This holds particularly true when PW activities take place far away from the community. In trying to meet the full set of work responsibilities, carers may choose to sacrifice time spent with their children. It may also lead to children taking on informal and household work in lieu of their carer(s) working, and supervising other children in the household. Although the VUP programme allows for labour replacement (which could prevent carers from having to leave their children unsupervised), such labour replacement might not be available in the household given the large burden of other work activities. This holds particularly true in the case of single-headed households or when many under-aged children are present. The Public Works component should be more recognisant of the challenges posed to carers in terms of balancing work and care responsibilities and facilitate rather than obstruct that balancing act.

Challenges: the misuse of money

The misuse of money, and particularly VUP transfers being spent on alcohol (mostly by men), was mentioned by respondents as a concern, particularly by women and children.

"It could be so as long as parents after receiving money from VUP waste it through drunkenness instead of taking care of their children." (Rwabicuma, adult female, DS)

"When they get money, people enjoy themselves by drinking and eating in bars." (Rwabicuma, male child, no VUP)

Concerns around the spending of transfers on alcohol and its consequences have also been identified in the VUP gender audit (FATE Consulting 2013), particularly in reference to Financial Services. It was suggested that the pervasiveness of alcoholism amongst men undermines their reliability when it comes to awarding loans as part of FS.

The potential negative use of transfers is acknowledged by VUP staff. It was stated that village

chiefs are involved where money is not being spent properly (on alcohol etc.) and people are taken off the project in severe cases.

"The money that participants receive from Direct Support is not enough to have a negative impact on caring for children; even if there should be one case, the chief of the village has the responsibility of following up the beneficiary and giving him/her some advice as he/she has to pass by his house before going to take the money. In addition, after getting the money, the participants are investigated by the local cell authorities who have to know how the money will be spent and will continue to follow up so as to make sure that it is spent properly." (Rwabicuma, VUP staff)

5 The VUP and the prevention of loss of parental care and family separation

VUP managers and social workers provided insight into the general situation with respect to family arrangements and parental care in Kibilizi and Rwabicuma. The majority of children appear to live with their parents, whilst a minority live in foster or kinship care or in households headed by those who lost their parents in the genocide. There are no boarding schools or orphanages in either one of the sectors.

Before considering the linkages between the VUP and the loss of parental care, we discuss the causes of a loss of parental care and family separation. These pertain particularly to children who are living in foster care. Respondents listed many causes of separation, including poverty, lack of basic needs, alcoholism, having too many children, family conflicts, unequal treatment of children in the same household and economic factors. Family separation can be initiated by parents and by children. Most examples provided by respondents refer to children leaving the household.

³ Although households headed by those who lost their parents during the genocide are no longer 'child-headed households' in the strict definition, as the genocide is 20 years ago in April 2014, they are still commonly referred to as 'child-headed households'.



"Poverty is amongst the reasons for separation because some children have left their families and gone to seek jobs in Kigali as they could not go to school due to poverty." (Kibilizi, child head of household, PW)

"There are many reasons but the key reasons are poverty and conflicts between parents. For example, in this village there are some girls who went to Kigali because their families are poor. They become sex workers." (Kibilizi, adult female, household with non-biological children)

"Some families are always in conflict; they fight each other and the child is never getting happy so he decides to leave the family." (Rwabicuma, adult female, DS)

"The key reasons are: not caring for children and not giving them what they need; the conflicts between parents; mistreating children; drunkenness." (Rwabicuma, adult male, DS, household with biological children)

The VUP can impact on these reasons for family separation in various ways, both positively and negatively. The provision of cash transfers directly reduces poverty and improves households' livelihoods and living conditions. As discussed above, this improved ability to provide for children's basic material needs can also lead to improved relationships between parents and carers and reduce family conflicts, all of which could support the prevention of family separation and loss of parental care.

Indeed, when asked about what could prevent families from breaking up, respondents pointed towards the importance of alleviating poverty, reducing family conflict and improving communication within the family. Other important factors included the avoidance of drunkenness, family planning, love and affection for children, freedom of expression for children and children's good behaviour. Although children focused relatively more on non-material issues than adults did, all respondents pointed towards this wide set of issues as important for preventing family separation.

"The things that can prevent separation are: work hard and find the means to help the family; work together and prevent the bad management of property and think about how the family can be developed; get

into a family planning programme so that [people] can have children according to their means; to follow up the education of children and make them equal." (Rwabicuma, adult male, PW)

"[Family separation] can be prevented if parents get the time to care for their children and listen to them to solve the problems they have." (Rwabicuma, male child, PW)

"Parents have to prove their love to their children." (Kibilizi, child head of household, PW)

When asked directly whether the VUP could play a role in preventing or contributing to family separation, respondents provided insight into how the programme could be beneficial.

"The thing that causes the separation is poverty and the VUP has come to solve this problem. It has also helped the beneficiaries to have enough abilities to use the money that they are given. The VUP has helped families to stay together and think about how they can use the money that they get to develop their lives." (Rwabicuma, adult female, DS)

"When you look at the VUP goals you can find that they have thought about family development in general. First of all the VUP planners thought about how the participants can work near their families and follow up what is happening in their households. That is why they decided that the works will be carried out in sector. Secondly, they thought about the sensitisation after the works and this mostly aims at helping participants to improve relationships in their families rather than working for money only, as happens in other jobs." (Rwabicuma, child head of household, PW)

Respondents also gave examples of how the VUP has supported family reunification for households that they know. These mostly refer to households' ability to send children to school and often go hand-in-hand with a reduction in child labour such as sex work.

"We know families where children have left before due to the poverty and hunger, but after participation in the VUP by those families, the children came back and they are studying well." (Rwabicuma, adult male, PW)

"Some children went back to school because they have left due to poverty before the VUP. Others came back

home after being street children and sex workers. I know a child who left because her family was poor, but when they got into the VUP the child came back home and she is studying as the family now has means.” (Kibilizi, adult male, DS, household with non-biological children)

“After getting poor, my husband left me with my three children. The last child was three months old then but now she is three years. I still don’t know where my husband is. One time I decided to commit suicide with my children but other people were informed and they stopped me before I got to Mwogo River. After the children were separated they went in different directions, they never went to school, they had bad behaviour. But when I got support from the VUP, the children came back home and they could go to school.” (Rwabicuma, adult female, DS)

Despite these overwhelming positive effects, participation in the VUP can also have negative effects in terms of family separation and loss of parental care. One issue that was mentioned by both adults and children was the misuse of VUP money to support undesirable behaviour such as drunkenness, conflicts and domestic violence, causing children to leave the household.

“There comes a time when a parent works in the VUP, for instance a father, and after getting paid he wastes all the money because of drunkenness, and disputes come from there, which leads to a separation.” (Kibilizi, male child, PW)

“The drunkenness can be the reason for separation. There is a man who worked in the VUP and when they got the money he spent it on beers, then after drinking he used to beat his children. The VUP coordinators have stopped him from working, then his family got poor and his children have left.” (Kibilizi, child head of household, PW)

Issues around participation in PW activities were also mentioned as potential causes for family separation and for children leaving their families.

“There are some parents who go to the VUP and leave their children at home. Those children are going to face different difficulties including hunger, therefore they become tempted to leave and go to seek for a better life elsewhere.” (Kibilizi, adult male, DS)

“There is a time when the VUP should be a cause, when [parents] leave early for VUP [work] because their work place is far and therefore children could become tempted to [start thinking about leaving] change their mind because they have stayed alone.” (Kibilizi, adult female, PW)

“It is possible [for the VUP to cause family separation] because sometimes parents spend much time in the VUP and children don’t have someone adult to look after them, as parents don’t get time to take care of them.” (Kibilizi, male child, no VUP)

Participation in the VUP may also compound or cause conflicts within the household, as described by this respondent.

“It could happen that a parent from the VUP didn’t bring money from there, and that could cause disputes that will lead to a sudden separation, and children become victims and stay with one of the parents.” (Kibilizi, adult male, DS)

6 Incentives for foster or kinship care

The VUP does not aim to be an incentive for households to care for non-biological children. In fact, VUP benefits are currently capped and only increase with every additional member up to five household members. Despite the fact that the programme does not explicitly aim to strengthen foster or kinship care, this research gives valuable insight into how the VUP supports those caring for non-biological children and into more general opinions of the use of transfers as an incentive for foster or kinship care.

Respondents in our sample who are caring for non-biological children indicated that reasons for the loss of parental care included death of a family member, divorce, separation of parents and abuse. Most respondents started to care for these children prior to becoming a VUP participant and so the receipt of VUP was not part of the decision-making process.

“The decision to take kids at home came before the VUP. Indeed this programme was implemented here when we had already taken children within our households.” (Rwabicuma, adult female, DS)



Answers by adult respondents following questions about reasons for caring for non-biological children suggest that there are two main motives: one motive is based on feelings of love, affection and compassion, whilst the other is based on using the non-biological child as a source of labour or for material gains.

"They take them as they want to treat them like house workers." (Kibilizi, adult male, DS)

"People take care of non-biological children because of love or relationship." (Kibilizi, child head of household, no VUP)

"There are some people who feel love and compassion towards children who don't have families or those who are not well cared for in their families, so then they decide to take the child in their household. There are others who took these children so they have part of the properties which belonged to the parents of those children." (Rwabicuma, adult female, DS)

"There are a lot of reasons behind raising a non-biological child: everyone with a good heart and kindness is touched by the situation of homeless children; there is the family relationship which can push members of the same family to take care of children when one of [their] parents dies; another reason is when the children own properties and other people fight to raise those children so that they will share those properties with them." (Rwabicuma, adult male, PW)

"Our neighbours recently received a child who is not their own but the child has become a house worker, and doesn't even get the time to play with other kids." (Kibilizi, female child, PW)

When asked about whether the receipt of transfers or sponsorship (i.e. a cash transfer specifically designed for supporting care of non-biological children) has a positive impact, both carers of non-biological children and other respondents indicated that it offers much needed support in providing foster/kinship care for children.

"[DS] can have an impact because when you raise adoptive children you have to care for them but when you don't have means it is difficult. For those who receive support it get easier as they can find means to take care of those children." (Rwabicuma, adult male, DS)

"The VUP is not the reason that pushes people to care for those children, it is the kindness, but VUP support helps you to get means and you can feel that you are able to care for the child who doesn't have any other family." (Kibilizi, child head of household, PW)

Other respondents point quite explicitly to how transfers or sponsorship can support both positive and negative motives for people to care for non-biological children.

"On one hand the support is a good thing because it will improve the care of children and the family. On the other hand it could be a bad thing because it can be like a trading business where a parent will take the child so that he can get the money to solve his problems." (Kibilizi, adult male, no VUP)

"I think there are two reasons that can motivate the family to care for the child. The sense of humanity that a human being may have once he sees someone in difficult conditions; or, other carers take the children for the advantages that they may gain in taking care of that child, including exploiting the child's land and other patrimony under the pretext that this child is under her/his protection." (Kibilizi, adult male, DS)

"It could be a good idea but providers have to think twice. If they set up the sponsorship and find that many people start to receive children it means that they are targeting the sponsorship rather than to raise those children. Once the support is missing it can have a bad impact on the child because he or she can be 'fired' from the family. It could be better to pay attention and assess the reason which pushed the family to take the child." (Rwabicuma, child head of household, PW)

Some adults warn specifically against the negative effects of attaching financial incentives to the provision of foster care.

"[A cash transfer] would not be a good idea as there are some people who take those children as they want to get the sponsorship and it could be like a business as they want to gain money. When the sponsorship comes to an end, they can 'fire' the children." (Kibilizi, adult female, DS)

"There some parents who take children so that they will get support from NGOs." (Rwabicuma, adult male, DS)

One respondent suggested that providing non-monetary support aimed at children could assist with the care of non-biological children whilst avoiding the negative perverse incentives.

“It could be good if the sponsorship is not money but health insurance or school fees because if they give the money to parents, children will not benefit from it.”
(Kibilizi, adult, no VUP)

7 Lessons learned and recommendations

This chapter summarises the main lessons learned based on the research findings discussed in this report. We formulate recommendations for the way forward against the backdrop of ongoing policy initiatives and developments in Rwanda.

Lessons learned

The VUP plays a positive role in improving child well-being and quality of care. Research findings point towards overwhelmingly positive effects regarding both material and non-material aspects of care for children. Carers are better able to provide for children’s basic needs, instilling confidence and making them feel better able to fulfil their care responsibilities. The concurrent reduction in household tension and conflict improves intra-household relationships between adult household members and between carers and children. Children feel more appreciated and respected by their carers and peers and are more likely to confide in their carers.

This positive finding underpins the acknowledgement in the 2011 National Social Protection Strategy stating that the VUP can *“reach children effectively by providing financial assistance to their carers and other household members who have their best interests at heart”* (MINALOC 2011, p. 23) and the specific claim that the programme will improve the well-being of vulnerable children: *“Many vulnerable children will benefit as members of households receiving cash transfers (including Direct Support and Public Works Programmes), which will enable households to feed, clothe and educate their children, even in times of crisis.”* (MINALOC 2011, p. 33). This research suggests that the VUP does indeed benefit vulnerable

children by positively supporting their carers and other household members.

The VUP can support family reunification.

Findings suggest that improvements in household living conditions following participation in the VUP have led to the reunification of families. Children who were living elsewhere or with other family members to attend school or to work have returned home after households started participating in the VUP.

Poverty is noted as a primary cause for family separation and may cause children and adults to leave the household. As such, the VUP may also help to prevent the loss of parental care or family separation through its poverty-reducing effect. As noted above, the VUP improves households’ abilities to meet basic needs and make ends meet.

Benefits from the VUP do not benefit all children equally.

Findings regarding the existing levels of child well-being and care point towards differences between children depending on age, gender and family situation. Older children, girls and especially non-biological children find themselves in disadvantaged positions. Both adults and children indicate that biological children often receive better care and that non-biological children may be used as domestic servants or house workers. Although the VUP is not the cause of these inequalities, the programme can perpetuate and compound inequalities if households are considered a single entity and the situation and needs of their individual children are not taken into account. A similar observation was made in the VUP gender audit (FATE Consulting 2013), which suggested that in some households women and older people may not benefit from the VUP as the household head does not look after their needs. Measures should be put in place to ensure that the programme does not play into these inequalities but helps to address their causes. Greater recognition of household members’ individual needs within the VUP and sensitisation of VUP participants to those differential needs could be a starting point in responding to differences between age, gender and living in a biological family or not.

The VUP Public Works component may compromise carers’ abilities to provide high quality care.

The requirement to work in order to receive transfers



can add to the existing great strain on households' abilities to provide high quality care for children and can cause children to be unsupervised or to take over their parents' work and care responsibilities at the expense of their schooling and leisure time. The difficult balance between work and care duties, particularly for women, and the way in which work requirements can add to this tension has also been noted in the VUP gender audit (FATE Consulting 2013). The tension between such duties is most pronounced in areas where Public Works activities are far away from the community and require substantial travel time. The additional burden of participation in PW activities over and above existing formal and informal work and care responsibilities may compromise the quality of care for children, may reinforce inequalities in care between children and, in extreme cases, may induce family separation. Options for redressing this imbalance should be included to make the VUP PW component more child-sensitive.

The potential misuse of transfers on alcohol negatively affects household relations and children's care.

Research findings reflect concerns amongst adults and children around the spending of transfers on alcohol and how this leads to household conflicts and children leaving home. The problem of alcoholism is not caused by the VUP but the use of transfers for purchasing alcohol has been identified as an unintended negative side effect of the programme with repercussions for children and their care. Adults and especially children indicate how it creates conflict within the household, and sometimes leads to domestic violence and neglect, thereby compromising the quality of care for children and leading to family separation in extreme cases. Sensitisation of programme participants and implementing staff could offer an entry point into addressing this misuse of transfers.

Cash transfers as an incentive for foster care can have positive and negative effects.

Research findings indicate that transfers can provide much needed support for households caring for non-biological children when such care is principally motivated by feelings of affection, compassion and humanity. Findings also give rise to concern in terms of the 'commodification' of children; the financial incentive may be the sole reason for households to care for non-biological children, leading to children receiving low quality care or being exploited as labourers.

Although the pervasiveness of perverse incentives cannot be established on the basis of this research, the potential of perverse incentives created by cash transfers is important to keep in mind in the current context of child care reform in Rwanda. In moving from residential care to family-based care, foster care grants or scholarships may be options under consideration for incentivising families to care for children that are not their own. These findings indicate that such policy initiatives should be undertaken with great care and should go hand-in-hand with strong coaching and monitoring.

Recommendations

Many of the recommendations following this research echo recommendations in other documents, including VUP reviews (VUP 2011; Devereux 2012) and the VUP gender audit (FATE Consulting 2013). They also tie into current developments that aim to make the programme more gender and child-sensitive, including the roll-out of the training and sensitisation manual as part of the fourth pillar of the VUP and the assessment of options for linking ECD to the VUP. These recommendations should thus be considered an encouragement for the current course of action and as an offer of further insights into maximising the benefits of the VUP for children and children's care.

A stronger link to social work or child protection services could help the VUP maximise its positive impacts and minimise its negative side effects and perverse incentives. As suggested by a 14-year-old boy from Kibilizi, in response to the question of what should be in place to prevent family separation or motivate families to care for children who are not their own: *"Regular visits of people from the sector's office to make sure children are alright at home."*

A certain degree of advice and support already appears to be in place around PW activities, but this appears to be related to a more general use of funds rather than particularly child-focused. As suggested by a social worker from Kibilizi: *"There is a follow up on those participants and how they spend the money that they get. The [PW] supervisors make a report every 15 days and when they find that the participant didn't do anything for the family after three reports, they can stop him/her from the job. This is because they are always receiving sensitisation on how they can manage money well."*

Local leaders also appear to play an important role in monitoring the situation of children at the household level and intervening if needs be. It is not clear, however, how systematic this approach is. A girl child from Rwabicuma indicates: *“Generally, children don’t get mistreated these days because families in the VUP are visited by local leaders to make sure that children live in good conditions.”* (Rwabicuma, female child, PW), which is corroborated by the social worker from Kibilizi indicating: *“In most cases, the Direct Support had a good impact on children. Wherever we find that there are some families who misuse the support, the sector officials have to react and solve those problems so that they cannot impact negatively on children. There are also some cases showing that the Direct Support brought conflicts in families where some men used the money in bars instead of using it at home. [...] But the local leaders are trying to follow up and solve those problems so that the money will help the families to improve their livelihood.”* (Kibilizi, social worker)

The establishment of stronger linkages to child protection services could tie in with the expansion of social services that is part of the ongoing child care reform (EDPRS 2 2013, p. 85). A particular opportunity could be offered through the recruitment of locally deployed social workers, home-based carers or village-based child care volunteers. Rather than being exclusively tied to a single programme or sector, they could play an important role in identifying and assessing the needs of vulnerable children and referring them to the appropriate services, including the VUP. Whilst social workers or home-based carers could offer important specialist support and care, the option of working with village-based volunteers may be more feasible given existing financial and human capacity constraints.

Solutions for child care and care duties need to be more firmly integrated into the VUP and particularly into its PW component. A social worker from Rwabicuma illustrates how the VUP currently lacks acknowledgement of the difficult balance between work and care duties and how this may undermine children’s care: *“There is no provision for those children [of PW participants]. The participants are advised to work and finish early so that they can go back home to take care of their children and other home-based activities.”*

UNICEF is currently leading efforts to identify and

develop options for making the VUP more sensitive to the needs of early childhood development (UNICEF 2014). These options include solutions for child care such as child care facilities at Public Works sites or making child care and ECD services an element of public works activities. In terms of the specific case of pregnant and lactating women, it is suggested that women could be temporarily moved into DS or be relieved of their work requirement. Improved child care options and provisions for pregnant and lactating women would improve the quality of care for children and can help avoid family separation. As indicated by Devereux (2012) and FATE Consulting (2013), such solutions can also address gender inequities and reduce women’s exclusion by making Public Works programmes more accessible for women, both by offering a solution to their care burden and by offering activities that are more physically feasible. Such initiatives have to be undertaken with due caution, however, as they build on women’s existing roles as main caregivers and may therefore reinforce rather than lessen gender inequities.

Sensitisation and training within the VUP should be used more strategically to address issues around children’s care and well-being. A member of a child-headed household participating in PW activities indicates how current sensitisation efforts around these activities already have a positive effect in terms of family relationships: *“They [VUP staff] thought about the sensitisation after the works and this mostly aims at helping participants to improve relationships in their families.”*

Strengthening and widening the coverage of these sensitisation efforts could help further improve the quality of care but also avoid family separation. Improvements should be made in terms of standardising sensitisation efforts across all sectors included in the VUP and strengthening the capacity of the staff and volunteers involved. Current developments in terms of the roll-out of the fourth pillar of the VUP are promising, with sector leaders around the country being trained in using the training and sensitisation manual. Strong monitoring of these efforts and continued support for ongoing skills training and capacity building, particularly in terms of more complex issues around child well-being and children’s care, will be imperative to make these efforts effective. This holds particularly true as a number of problems identified in this report (unequal



care between biological and non-biological children, gendered patterns of care, misuse of money on alcohol) are largely caused by sociocultural factors. The VUP should be designed and implemented in such a way that it does not reinforce and perpetuate these problems, but more concerted efforts are required to respond to these problems at a fundamental level. As the manual is designed to be a dynamic rather than a static tool, allowing its users to add modules and information to fit their needs, it allows for the important inclusion of additional modules and content addressing such sociocultural beliefs and behaviours.

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