



Rwanda

Heiko Junge / SCANPIX



Country Snapshot

Population:	10 million
Life expectancy at birth:	51 years
Adult literacy rate:	70%
Access to improved water source:	65%
GDP per capita (PPP):	US\$1,102
Infant mortality rate:	70 per 1,000 live births
Maternal mortality rate:	750 per 100,000 live births
HIV prevalence:	2.9%

Sources: UNICEF State of the World's Children Report 2011, * UNDP Human Development Report 2010

Program Overview

CARE Rwanda began assisting local populations in 1984, and its programs have been evolving and adapting according to the changes of local contexts and needs. In the first ten years of activity, CARE Rwanda focused on environmental protection and rehabilitation of the northwest part of the country that was destroyed by people displaced from Uganda. Between 1994 and 1999, CARE met the urgent needs caused by the Rwandan genocide, and responded in the areas of emergency, reconstruction and rehabilitation. From 2000 to 2004, the focus was on orphans and vulnerable children and HIV/AIDS; and then from 2005 until today, CARE concentrates on socio-economic empowerment, women's rights and the rights of the most vulnerable. CARE Rwanda is also committed to providing sustainable relief to poor and vulnerable people through long-term livelihood projects. Currently, CARE is implementing comprehensive programs to address economic security and the empowerment of women, to provide psychosocial support to orphans and vulnerable children and to encourage good governance, advocacy & the strengthening of civil society.

Economic Security & Women's Empowerment

The aim of this sector is to economically empower poor and vulnerable people, especially women, to meet their basic needs and fulfill their rights. The economic security sector targets poor people who do not qualify for formal financial assistance from commercial banks. This program intervenes on three levels: creating an enabling environment, increasing access to capital and providing business development services. The approach entails educating people about savings, investments, credit management, and project design for starting successful income generating activities. More than 7,000 groups with over 150,000 individuals are currently active and benefiting from this approach. Besides the economic aspect

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of the program, CARE has learnt that integrating family planning and gender awareness into the program increases the well being of participants by equipping them with necessary skills in many aspects of human rights.

Psychosocial Support to Orphans and Vulnerable Children

For CARE Rwanda, education is a human right and not a privilege. To date, 48 percent of the whole population in Rwanda can neither read nor write; women and girls make up more than half of this illiterate group. Only around 10 percent who complete primary school make it to secondary school due to financial restrictions. CARE Rwanda's psychosocial support strategy focuses on putting in place a community-based mechanism (Nkundabana-I love children model) led by community members themselves, improving literacy and life skills among vulnerable children and youths, especially girls. Those who are able to read are given the opportunity to attend vocational training. The Nkundabana model has been nationally recognized as a successful model which guarantees child protection. And currently, CARE is working with four national non-governmental organizations (NGOs) and the Ministry of Gender and Family Promotion (MIGEPROF) to scale the model nationwide.

In the formal education system, the Nkundabana model contributes a lot in increasing school attendance and completion rates for orphans, vulnerable children and youths. In the last two years, CARE Rwanda has implemented two education projects that covered a third of the districts. They aim to promote child friendly school environments, environmental and life skills education in primary schools and increase collaboration between parents and teachers by creating and supporting Parent Teacher Associations (PTAs). Currently, three other projects covering ten out of 30 districts are being implemented. These projects are centered on early child development, psychosocial rehabilitation of youths and child survival to fight diseases such as pneumonia, malaria and diarrhoea.

Governance, Advocacy & Civil Society Strengthening

CARE Rwanda's Governance, Civil Society and Advocacy strategy strives to facilitate broad participation in policy development and ensure that government policies and practices are pro-poor. The main focus of this sector is to defend the rights of the poorest, most vulnerable members of the society through non-confrontational dialogue, discussions on policy and an increased awareness about human rights and responsibilities. CARE Rwanda is currently implementing two major programs to address governance, advocacy and civil society strengthening.

The goals of strengthening civic participation, public policy monitoring and advocacy promote active interest among Rwandan civil society organizations and citizens in public policy affairs. These areas help the civil society to self-organize and acquire the skills they need to engage effectively in national and local level processes of policy formulation and implementation. In addition, gender, governance and advocacy are considered as cross cutting themes in all CARE Rwanda projects aiming at empowering vulnerable women.

Major Donors

The United States Agency for International Development (USAID), European Commission (EC), Norwegian Agency for International Development (NORAD), Community Habitat & Finance (CHF) International, the Canadian International Development Agency (CIDA), and US private donors. Most of the funds are channelled through CARE International members like CARE USA, CARE Canada, CARE Norway, CARE UK, and CARE Austria.

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