



1. Background

From 2007 to 2010, CARE's OVC Program provided services to OVC in MUSANZE District focusing on education, health, economic strengthening, shelter, protection and psychosocial support. However, it didn't meet all OVC needs, and sought to get information about other service providers that support OVC that could complement its package. Data were unavailable on which other partners could supplement its package and where to refer.

Therefore, CARE conducted a service inventory in March 2010 to learn about other providers working in Musanze and to determine how a referral mechanism could be initiated.

CARE International is a leading humanitarian organization fighting global poverty. It has been working in Rwanda for 26 years. CARE's mission is to serve individuals and families in the poorest communities in the world. In Rwanda, CARE intervenes in three sectors: education, health and economic strengthening and it has two impact groups, such as orphans and vulnerable children (OVC) and women.

2. Methodology

A service inventory survey was conducted in five sectors to assess the following information:

- Types of services provided;
- Geographic coverage;
- Location of services;
- Eligibility criteria of access;
- Enrollment frequency;
- Existence of the waiting list;
- Access (walk-ins, appointment and referrals);
- Contact information; and
- Location

Individual Interviews were completed in two ways: primarily in two face-to face contacts with representatives of organizations and Institutions providing services to OVC, but some were conducted by phone.

In total, 49 services providers working in Musanze District were interviewed

Data were compiled into a spreadsheet and translated in sector brochures.

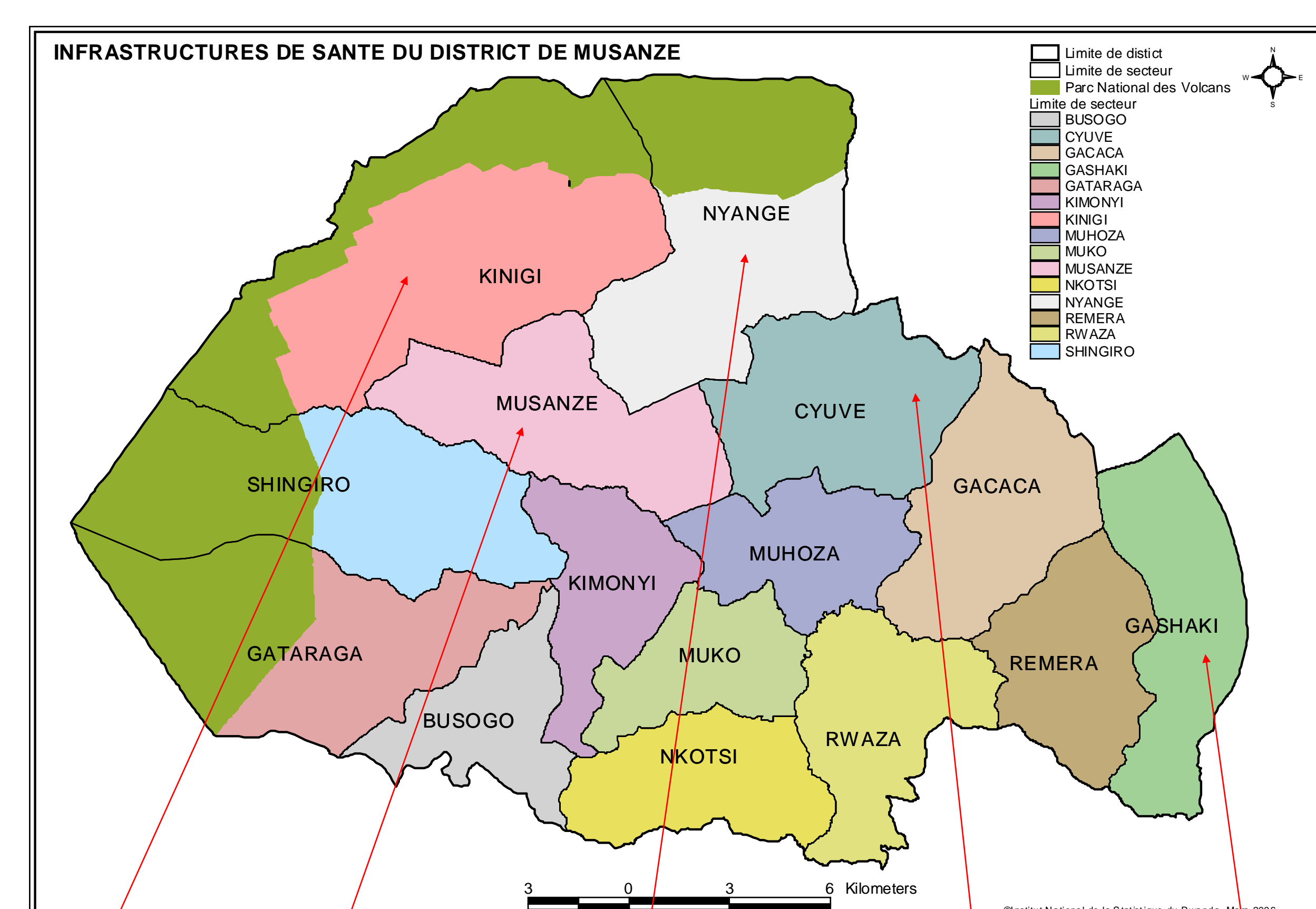
A dissemination meeting with all service providers was conducted and developed tools were handed over to Musanze District Authorities.

3. Results

- Thirty providers, i.e., 61% of the targeted population for the survey, reported to intervene in education: mostly in primary and secondary education and in vocational training, but no one reported to intervene in ECD;
- Forty ((82%) intervene in Health with health insurance and education on hygiene mainly;
- Thirty (61%) providers intervene in Nutrition a bigger number provides nutritional education and support for kitchen gardens;
- Twenty eight (57%) provide protection, 24 economic strengthening,
- Twenty nine(59%) provide psychosocial support and ;
- Ten (20%) provide shelter and care.
- Of the 49 providers, 10% reported having a waiting list for services,
- 20% accept referrals or walk-ins; and;
- 70% recruit new OVC when they access new funding opportunities.

As outputs of the survey, the following tools were produced and handed-over for the utilization:

- A spreadsheet compiling information on all interviewed services providers, which should be managed and updated on the regular basis by District Authorities;
- A complete directory of service providers produced; and
- User-friendly sector brochures availed to child mentors/Nkundabana and to sector authorities for referrals and advocacy.



Five sectors of Musanze District that were targeted for the service inventory:

- Cyuve, (with 14 service providers);
- Gashaki (with 19 service providers);
- Kinigi; (with 19 service providers);
- Musanze (with 24 service providers) ; and
- Nyange (with 21 service providers).

4. Conclusion

Given the high number of providers covering a variety of services, we might expect that most vulnerable children should be getting the services they need.

Perhaps providers lack capacity to target more OVC, services are not located in areas of highest need, and/or coordination of OVC services need improvement.

The operationalization of the referral system in order to help OVC access to the minimum package of services may be limited by the low flexibility of providers to accept the referrals (20%) and to the existence of the waiting list (10%).

Such mapping data can help make the referral process more efficient and the geographical distribution of service providers more coordinated to allow a full package of services and to avoid duplication.

5. Acknowledgments

We convey our sincere gratitude to the Authorities of Musanze District for their collaboration during the research and for their commitment to keep the database for services and to share information.

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