

Arguing for a Scale Up of Psychosocial Support Programming in Rwanda: Using Hard Evidence to Close the Gap Between What We Know and What We Do

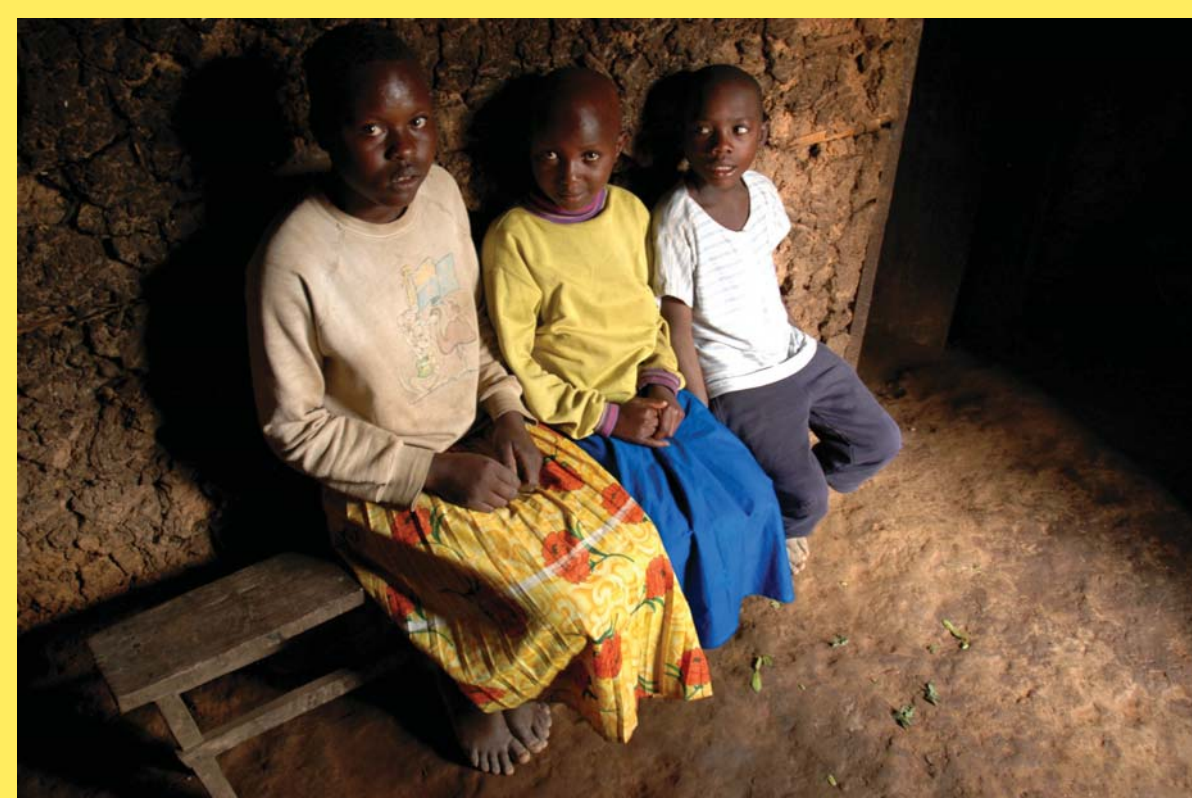
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Conclusions

The encouraging results from an adult mentorship program set the stage for a national policy to scale-up psychosocial support in all Rwandan districts. Other countries with high orphans and vulnerable children (OVC) burden should pilot psychosocial research programs to validate effectiveness in their own context.

Background

Even though UNICEF recommends psychosocial care in the minimum package for OVC, little is known about what models are effective in delivering this. It has been supposed that the lack of evidence on effectiveness of model options is why there has not been any scale-up of psychosocial programming in Rwanda. The WVR mentorship program is a home visitation program utilizing trained adults to provide psychosocial support to child-headed household (CHH) and OVC. Our study of the effectiveness of this program was undertaken to provide the evidence needed.



Methods

- All youth-headed households served by the WVR basic needs project in four districts (Karaba, Nyamagabe, Mudusomwa, and Nyraguru) in the former Gikongoro Province were approached to participate in the study.
- Baseline research on psychosocial well-being of CHH was done in the targeted population of Nyaruguru and Nyamagabe districts.
- The intervention had two arms:
 - Intervention group received psychosocial support and basic material supply (Karaba, Nyamagabe).
 - Control group received only the material supply (Mudusomwa, and Nyraguru).
- We collected two rounds of cross-sectional survey data from youth who served as heads of their households as well as qualitative data through focus groups with youth, adult mentors, and community members.
- Analysis:
 - Examined relationship between frequency of visits and quality and impact of the mentor relationship from the perspective of youth.
 - Assessed change over time within each group on five key outcomes: perceptions of adult support, marginalization, maltreatment, grief, and depression.
 - Assessed for an intervention effect after controlling for background variables: Gender, age, education, live alone, parent died in genocide, number of meals per day, health status, assets.
- Only those aged 24 and under at baseline (n = 692) and aged 26 and under at follow up (n = 593) were included in the analysis.

Results

Marginalization among youths participating in the intervention decreased.

Advocacy by mentors on behalf of youth may have served to encourage their social integration and acceptance among the larger community. Youth participating in the mentorship program reported lower levels of marginalization at follow up compared to baseline (mean scores 3.35 vs. 3.16; $p = .004$), whereas there was no change among the comparison group (mean scores 3.13 vs. 3.17; $p = .57$). In addition to demonstrating an intervention effect, analyses revealed that living alone, having a parent killed in the genocide, poor health status, not having assets, and having only one meal per day were all factors associated with high levels of marginalization.

I took the time to go to the neighbors to ask them to stop chasing them. Now they give them a place in their parties or other events to the point where the youth can now lend or borrow money from them. The neighbors gave them their trust and the children also don't resent them anymore.

Mentor

Comparison group had a greater increase in the feelings of grief compared to the intervention group.

Youth in the comparison group reported experiencing significantly higher levels of grief at follow up than baseline, even after controlling for background variables (mean scores 3.14 vs. 3.42). Although levels of grief were higher at baseline in the intervention group, there was no significant change at follow up (mean scores 3.31 vs. 3.37). These results suggest that the mentoring program may have mitigated a worsening of grief symptoms. The provision of a "parent figure" may have accounted for the stabilization of grief symptoms.

Mentors are there for us. We don't feel lonely anymore and we feel like normal children.

Male, 20 years old

Youth who participated in the intervention reported a decrease in maltreatment.

Even after controlling for background variables, the comparison group reported experiencing significantly more maltreatment than the intervention group at follow up (mean scores 1.96 vs. 1.79). The presence of an adult visiting the home as well as the initiative of mentors to protect youth may have helped to prevent abuse. In addition to being exposed to the mentorship program, factors associated with reporting maltreatment at follow up included being female, being older, having a parent killed in the genocide, poor health status, and having only one meal per day.

Members of our family used to take our estate from us, but the mentors spoke for us and they gave it back.

Female, 21 years old

People used to look at us and disrespect us. But since the mentors come, people see that we are watched for and when someone violates our rights he is pursued.

Female, 24 years old

There was a decrease in the depressive symptoms among intervention youth compared to no change among the comparison group.

Youth participating in the intervention reported significantly lower levels of depression at follow up compared to baseline (mean scores 23.46 vs. 25.40; $p = .009$), whereas there was no change in the comparison group (mean scores 23.28 vs. 23.27). Even after controlling for background variables, there was evidence of an intervention effect. However, it is notable that the effect, though significant, was relatively small. Depressive symptoms, especially high levels of symptoms, are typically persistent. It is particularly impressive that the mentoring program was associated with any measurable decrease in depressive symptoms among affected youth. The results point to the power of a caring relationship in improving severe psychological problems in the absence of other clinical interventions.

There was no demonstrable effect of the program on the health of youth either in intervention or comparison.

- Health of children commonly rated as fair or poor
- For children 6 and over, there was a significant worsening in health status over time within both groups.
- Over 40% reported eating only one meal per day

Acknowledgments

We extend our respect and appreciation to the youth in Gikongoro, who gave freely of their time and shared sensitive and intimate information to open our eyes to the challenges and strengths of youth in difficult circumstances.

For more information about this study visit the **Population Council booth (#449)**; the Population Council website (www.popouncil.org), or contact **Olufemi Owoeye (Olufemi_Owoeye@wvi.org)**.