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CHAPTER 5

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

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Social protection is increasingly considered to be a powerful intervention for responding to concerns around children's care. This chapter considers the impact of social protection on child well-being, quality of care, family reunification, and the incentivization of foster or kinship care in Rwanda. The research focuses on the Vision 2020 Umurenge Programme (VUP) and two of its main components: 1) a regular cash transfer for those who are unable to work; and 2) a public works scheme for those who are able to work. Qualitative fieldwork was undertaken with children and their caregivers, as well as programme staff, to gain insight into the potential for social protection to support different elements of children's care.

Keywords: social protection, poverty reduction, care quality, child well-being, foster care

Introduction

Living in poverty can have wide-ranging and long-term adverse consequences for children (Brooks-Gunn and Duncan, 1997), thereby perpetuating the intergenerational transmission of poverty. As Corak points out (2006), poor children are more likely to become poor adults. Inadequate care can also impair children's education, health, and emotional and physical development, and can lead to a vicious cycle of harm when poorly cared-for children pass those patterns on to their own children (Csáky, 2014). There is a strong interplay between poverty and care for children: poverty can greatly undermine the quality of care, can compromise children's abilities to stay with their parents, and may also affect the ability of extended or other families to offer homes for children. Efforts towards poverty reduction and improved quality of care for children should, therefore, go hand in hand. Both of these factors are imperative in improving children's lives now and in the future.

The increased acknowledgement of childhood as a crucial time for breaking intergenerational transmissions of poverty can be seen reflected in the rapid expansion of social protection in the last decade, and particularly in social

protection programmes that aim to improve children's outcomes. Recent years have seen a push towards more 'child-sensitive social protection' (Roelen and Sabates-Wheeler, 2012), aiming to make programmes recognizant of children's particular needs and vulnerabilities, and to maximize the potential benefits for children. Evidence regarding the positive impacts of social protection, and cash transfers in particular, is expanding rapidly, pointing towards significant reductions in poverty and large beneficial effects on nutritional, educational, and health outcomes (DFID, 2011; Hanlon et al., 2010). Many of these efforts, and subsequent evidence, come from sub-Saharan Africa (SSA), with many social protection programmes being piloted, rolled out, and scaled up across the region.

Nevertheless, understandings of the links between social protection and children's care are limited (Barrientos et al., 2013; Sanfilippo et al., 2012), and little guidance is offered on how to ensure that social protection promotes better care for children. The majority of programmes (and, therefore, their evaluations) focus on the role that programmes can play in improving observable and measurable outcomes, and pay little attention to wider impacts related to non-material, psychosocial, or societal well-being (Roelen, 2014). This presents us with an important knowledge gap, as social protection programmes may have unforeseen positive and negative effects beyond programmes' theories of change and lists of observable outcomes (Devereux et al., 2013). In reference to the impact on child well-being and care, this lack of knowledge is a missed opportunity at best, and a cause for harmful practices at worst; see, for example, Roelen (2014) for a discussion of unintended adverse side-effects of conditional cash transfer programmes. This chapter aims to begin filling this knowledge gap by presenting research that considers adults' and children's perceptions of the linkages between social protection and quality of care, family separation, and incentives for foster/ kinship care in Rwanda.1

This chapter is framed around three research questions: 1) what are the linkages between social protection and the quality of children's care? 2) what is the link between social protection and the loss of parental care or family separation? and 3) how can social protection influence decisions about foster or kinship care? These questions are considered with respect to the Vision 2020 Umurenge Programme (VUP) in Rwanda, providing insights into programme-specific lessons learned and challenges ahead, but also allowing for more general reflections about the role of social protection in promoting children's care in sub-Saharan Africa.

The remainder of this chapter is structured as follows. We first of all describe the VUP programme and research methodology in more detail. Second, we present findings with respect to the three different research questions. Third, we summarize the main research findings, and conclude with lessons learned and recommendations for programming in Rwanda and social protection more broadly.

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VUP and research methodology

VUP

The VUP is integral to Rwanda's Economic Development and Poverty Reduction Strategy III (EDPRS), and is targeted at the extreme poor based on community-based targeting using the local Ubudehe household wealth categories (MINALOC, 2011). 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 is 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 of training and sensitization is currently being rolled out, and focuses on creating awareness within the community on the VUP and how it can support households to improve their lives.

This study focuses primarily on the DS and PW components of the programme, and its linkages to children's well-being and care. It also considers the current, and potential, role of training and sensitization in future efforts to strengthen linkages between the VUP and child well-being, children's care, and family reunification. Although the research did ask research participants about challenges with respect to programme implementation, the discussion of findings is restricted to issues that are of direct relevance to the research questions.

Research methodology

The findings in this chapter are based on analysis of primary qualitative data. Qualitative fieldwork for this research took place in two different localities – Kibilizi and Rwabicuma – in Nyanza district in Southern Province in Rwanda. Rwabicuma is an accessible sector with a relatively good level of services, whereas Kibilizi is a more remote sector with weaker access to services. In 2008-9 Kibilizi was part of the first cohort of sectors in which the VUP was rolled out, and Rwabicuma was included in the fourth cohort of sectors for VUP rollout in 2011-12. The sample for this study includes 120 adults and 90 children, including 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. Qualitative techniques employed in the research sought to tap into the perceptions, opinions, and experiences of different individuals, and as such included key informant interviews, focus group discussions, case studies, and participatory techniques. Codes of conduct and ethical protocols were developed and observed throughout the research.

VUP and quality of care

We analyse the links between VUP and the quality of children's care from two different perspectives: effects on material and non-material aspects of well-being and care. This distinction follows from discussions with research participants about what constitutes child well-being, and what it means for a child to be 'happy, healthy, and well cared for'. Whilst material aspects focus primarily on basic needs such as food, education, shelter, clothing, and health care, non-material aspects encompass psychosocial elements including feelings of respect, confidence, love, and affection. The qualitative nature of this research allows for considering observable and verifiable outcomes, as well as wider and more subjective impacts of the VUP from the perspectives of those directly and indirectly affected by this programme.

Positive effects: material aspects of well-being and care

As indicated in the introduction, a wide and growing body of evidence is available regarding the positive effects of cash transfers and other social protection programmes. Regular and reliable assistance helps to reduce economic vulnerability in the household, to strengthen livelihoods, and to avoid the need for adverse coping strategies, such as sending children to work (Jones and Marquez, 2014). Programmes have been found to reduce poverty, improve nutritional outcomes, allow more children to go to and stay in school, and strengthen access to health services (Hanlon et al., 2010; Sanfilippo et al., 2012). We find similar positive effects on the fulfilment of children's basic needs, and subsequent outcomes with respect to the VUP in Rwanda.

Findings point towards a considerable income effect with cash transfers received through the VUP, improving 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 go to school, allows for buying health insurance, and supports general development of household livelihoods. A girl from Kibilize living in a household receiving DS said: 'We were living in poverty, we were not having a place to stay in, but VUP gave us money; now we have bought iron sheets to build a beautiful home, we get sufficient food, school materials, and health insurance.' A girl from Rwabicuma, living in a household participating in PW, said: 'It has a big importance because when our parents get paid we get what we need – school materials, uniforms – and we cannot miss the food when we come back from school. They also buy for us health insurance, and we can get medical care when we are sick.'

Findings suggest that sensitization meetings around activities within the VUP can compound this positive effect. 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. In addition to the positive effects of the VUP for households

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in Rwabicuma provide advice aspects of their for households directly participating in the programme, transfers are found to have positive spillover effects for children who are part of non-participating households. As mentioned by an adult respondent not participating in the VUP: 'When the participants get the money they can give jobs to neighbours who are not participants. This helps them to get the money or any compensation, and they can feed their families.' Spillover effects from the VUP were mentioned by both participants in the VUP and those who did not participate in the programme. 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 fertilizer. Positive spillover effects also included improvements to local infrastructure, such as roads, and schools.

Positive effects: non-material aspects of well-being and care

Evidence of the impact of social protection and cash transfers on other aspects of child well-being, including family relations, domestic abuse, or neglect, is less widely available (Barrientos et al., 2013). Where such evidence is available, effects are limited or absent (Fiszbein and Schady, 2009). For example, in their study of Peru's Juntos programme, Jones and Marquez (2014) conclude that the programme's performance in terms of realizing children's rights to care and protection has been relatively weak.

Findings in this research clearly point towards the positive role that the VUP plays in strengthening family relations through supporting carers' abilities to provide for children's basic needs. The inflow of cash makes parents feel more confident, and the improved economic resilience reduces stress levels within the family. Many carers indicate that they 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, as it reduces conflicts between carers and children, and helps to avoid children engaging in risk-taking behaviour. A male participant in DS mentioned: 'The VUP helps to get free from conflict, and parents can help each other in caring for their children', whilst a male PW participant also said:

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 continue studying without other bad thoughts.

Parents and carers also indicated 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. A male DS participant mentioned: '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.' Respondents suggest that the VUP programme not only helps to instil confidence in carers and parents, but also has positive effects on children's psychosocial well-being, as they are better fed, have better clothes, and experience less stress in the household. As indicated by a female DS participant:

[T]he 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 the 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 [...]. This time you can now converse with your children, share views, and give her advices on how she has to behave.

The relevance of this finding should not be underestimated; Harper et al. (2003) found that social relations and connectedness are enabling factors in breaking poverty cycles through their positive effects on self-confidence and stress at the family level.

Unforeseen adverse consequences

Despite these diverse positive effects, adults and children also identified a number of unforeseen negative effects following participation in the VUP programme. These include: the balance between informal work, and care duties and work responsibilities as part of PW; perpetuation of differences in quality of care for biological and non-biological children; and the misuse of money, particularly in relation to alcohol. Although evidence of such adverse effects of social protection is generally less widely available, a number of studies have pointed towards the need for greater scrutiny (Roelen, 2014) and have warned against the risk of basing decisions about 'child-sensitive' social protection on assumptions rather than in-depth and context analyses (Roelen and Sabates-Wheeler, 2012).

Participation in PW programmes creates challenges in balancing informal work and care duties with formal work requirements. Evidence from around the world on the impact of PW programmes on children's outcomes, particularly child labour, is mixed. Whilst evidence of some programmes shows that they reduce the occurrence of child labour, other studies point towards an increase or a substitution effect, whereby children take on tasks from adult household members, such as care responsibilities or housework (Barrientos et al., 2013; Roelen, 2014).

Findings for the VUP confirm the challenges posed by PW programmes in terms of balancing care and PW responsibilities, particularly with respect to women's absence from the household following participation in PW activities. Respondents indicated that they take young children with them to work sites, leave young children in the care of older children, or, in some cases,

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lock them in the house. PW activities were also mentioned as interfering with the preparation of food in the household, resulting in women getting up early to prepare food before going to work, or sometimes leading to children going without food. As indicated by an adult woman participating in PW: '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.' Likewise, a young boy living in a household receiving DS observed: 'There are parents who choose to sacrifice some children for being able to go to work in VUP. [...] these children stay home, and are refused to go to school for taking care of his/her siblings.'

Furthermore, these challenges are not specific to women. While many female respondents pointed 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, as one participant stated: 'The Direct Support benefit more than others, because they get the time to care for their children, whereas the Public Works participants spend much time in works.'

A second, unforeseen, adverse consequence concerns the programme's interplay with pre-existing differential levels of care and well-being for biological and non-biological children across and within households. Both adults and children indicated that biological children often receive better care than non-biological children, both in material and non-material terms. Non-biological children were also instructed to serve as domestic servants or houseworkers in their respective host families, as illustrated by a quote from a child household head from Rwabicuma: '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.' Although it should be noted that 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 or pre-existing inequalities not addressed. 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.

Finally, concerns exist over the use of transfers, and the items on which cash is spent. In particular, children and women respondents were concerned with the way money, largely VUP transfers, was being misused by men as a means to purchase alcohol. The potential negative use of transfers was also acknowledged by VUP staff. It was stated that village chiefs are involved where money is not being spent properly (such as on alcohol), and that people are removed from the programme in severe cases. Again, the use of cash to purchase alcohol is not a problem triggered by participation in

the VUP per se; the issue of alcoholism often preceded participation in the programme. However, a failure to address these spending patterns not only lessens the potential beneficial impact on child well-being and care due to less cash being available, but it can also cause considerable intra-household tensions that lead to poor-quality care.

VUP, prevention of family separation, and family reunification

Factors leading to family separation and loss of parental care vary by context, and may include poverty, violence, abuse, or neglect in the household, a lack of access to basic services including education and health care, the impacts of HIV and AIDS and conflict, and climate change (EveryChild, 2009). Poverty is the most commonly cited factor contributing to the loss of parental care and the institutionalization of children (EveryChild, 2011; UNICEF, 2010). It can result in children having to leave home to work, or to go and live with richer relatives to ease the burden on households. Poverty can also encourage adult migration, leaving children in the care of family members, foster care, or residential care. Poverty can exacerbate other factors which lead to family separation or a loss of parental care. The stress of trying to make ends meet can put a great strain on intra-household dynamics, and be a cause of tension and conflict (EveryChild, 2010). As such, social protection programmes can play a role in preventing family separation through poverty reduction. The effect can take the form of a direct income effect, such that more resources can prevent the need to engage in coping strategies that would result in family separation. The effect can also be indirect, in that the ability to provide for children's basic material needs has the potential to improve parent-child relationships and reduce family conflicts. Such positive effects could be underlined by a complementary package of social support (Csáky, 2014).

Respondents in this research listed a range of different causes for family separation, including poverty, lack of basic needs, alcoholism, family conflicts, and unequal treatment of children in the same household. A child heading a household said: 'Poverty is amongst the reason of separation because some children have left their families, and they went to seek jobs in Kigali, as they could not go to school due to poverty.' A female DS participant said: '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 in Kigali, because their families are poor. They become sex workers.' Family separation can be initiated by parents and children, although most examples refer to children leaving the household in search of work or to escape conflict at home. 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 good behaviour of children.

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Given these causes and preventive factors, the VUP has a positive role to play in preventing family separation. The inflow of cash directly reduces poverty, and improves the ability to provide for basic needs. Subsequent improvements in household dynamics address various non-material concerns, such as family conflicts and tensions. The beneficial role of the VUP was highlighted by a woman participating in DS as follows:

[T]he thing that causes the separation is poverty and VUP has come to solve this problem. It also helped the beneficiaries to have enough abilities to use the money that they are given. The VUP helped families to stay together, and think about how they can use the money that they get to develop their lives.

Findings were more explicit in terms of how participation in the VUP can support family reunification. Respondents refer to how the programme improved households' abilities to send children to school, and how this often goes hand in hand with a reduction in child labour, including sex work. One male participant in PW pointed out: 'We know families where children have left before due to the poverty and hunger, but after participation in VUP by those families the children came back, and they are studying well.' A female DS participant shared her own experience:

After getting poor, my husband has left me with my three children, and the last child was three months, but now she is three years; till now I don't know where my husband is. One time I have decided to commit a suicide with my children, but other people were informed, and they stopped me before I get to Mwogo River. After the children were separated they get into different directions, they never get into schools; they had bad behaviour. But, when I get support from VUP, the children came back home, and they can go to school.

Notwithstanding the positive effects, findings suggest that unintended adverse consequences can also have repercussions in terms of family cohesion. First, the misuse of VUP cash was thought to lead to undesirable behaviour such as drunkenness, conflicts, and domestic violence that caused children to leave the household. As indicated by a boy living in a household participating in PW: 'There comes a time when a parent works in VUP, for instance a father, and after getting paid he got the whole money wasted because of the drunkenness, and disputes come from there which leads to a separation.' Second, issues surrounding the balancing of care responsibilities for children with participation in PW activities were also mentioned as a potential cause for family separation, and for children leaving their families. A young boy stated: 'It is possible [for VUP to cause family separation] because sometimes parents spend much time in VUP, and children don't have someone adult to look after them; therefore, parents don't get time to take care of them.'

Incentives for foster care

With respect to those cases where children are in need of alternative care options, there is widespread consensus that kinship support, foster care, or $formal\, adoption\, are\, more\, appropriate\, and\, preferable\, to\, (temporary)\, residential$ care (Shibuya and Taylor, 2013; Thompson, 2014). The 'overextension' of already poor host households is considered one of the major constraints in terms of the provision of informal care for children (Roby, 2011). As such, the provision of support to kinship or foster carers, in the form of cash transfers or sponsorships, can form much needed support to families in enabling them to care for non-biological children. As observed by Duflo (2003), the social pension scheme in South Africa is crucial in supporting grandmothers taking care of single or double orphans following the HIV pandemic. A cash transfer programme in Goma, DRC directed at supporting foster families in caring for separated and unaccompanied children, many of whom were previously members of armed groups, was found to be successful in providing children with family-based care (CaLP, 2012). Findings from other contexts, however, indicate that motives behind the provision of kinship or foster care may not always be benevolent. Roelen et al. (2011) refer to the 'commodification of children', where findings from Botswana suggested that carers are largely motivated by monetary incentives, rather than an intrinsic interest in caring for a child. Experiences in Goma also revealed that an important element to success was the training of carers, and families' agreement to a code of conduct. In settings where such additional measures were not taken, children were more likely to become the victims of abuse and exploitation (CaLP, 2012).

Although the VUP is not a scheme that specifically seeks to support foster/kinship care or aims to be an incentive for households to care for non-biological children, this research provides valuable insight into how the VUP supports those caring for non-biological children and more general perceptions regarding the use of transfers as an incentive for foster care. Adult respondents – including carers for non-biological and biological children – suggest that there are two main reasons that motivate care for a non-biological child: one is based on feelings of love, affection, and compassion; the other is based on more instrumental reasons, with the child being considered a labour resource. A female DS participant stated: 'There are some people who feel love and compassion towards children who don't have families, or those who are not well cared in the families, then you decide to take the child at your household. There [are] others who took those children so they have part of the properties which belonged to the parents of those children.' Furthermore, a male participant in PW said:

There are a lot of reasons behind raising a non-biological child: everyone with good heart and kindness is touched by the situation of homeless children; there is the family relation which can push the members of same family to take care of children when one of parents

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The presence of materially motivated reasons to take care of a non-biological child underlines the differential levels of care that biological and non-biological children receive, as discussed earlier.

Given this duality of reasons, the potential role of cash transfers or a sponsorship for supporting and incentivizing foster/kinship care can be both positive and negative. When asked about the potential impact of a transfer to support kinship or foster care, both carers of non-biological children and other respondents indicated that it provides much needed support in providing foster/kinship care for children. As indicated by a male participant in DS: 'For those who receive support it gets easier, as they can find means to take care of those children.' Respondents in our sample, who are caring for non-biological children, indicated that they started to care for those children prior to becoming a VUP participant, and so the receipt of VUP was not part of the decision-making process, as demonstrated by a female DS participant: 'The decision to take kids at home came before VUP. Indeed this programme was implemented here while we had taken children within our households.' However, participation in the VUP greatly facilitated their practice.

Other respondents refer, quite explicitly, to how transfers can encourage both positive and negative intentions in people with regard to whether or not they care for non-biological children, including, for example, this male respondent from Kibilize: '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 would 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.' 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 could be like a trading business as they want to gain money, and once the sponsorship is stopped they can fire the children.'

Conclusion and lessons learned

This research's findings provide certain key insights into the role of the VUP in Rwanda, and social protection in the region more broadly, with respect to issues affecting child well-being, children's care, and family reunification. Below, we summarize the key findings, before reflecting on the lessons learned as they relate to positive effects, missed opportunities, and unintended adverse consequences. This chapter then concludes by providing suggestions for the way forward.

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Key findings

- The VUP plays a positive role in improving child well-being and quality of care.
- The VUP can support family reunification.
- Benefits from the VUP do not benefit all children equally.
- The VUP PW component may compromise carers' abilities to provide high-quality care.
- The potential spending of cash on alcohol may negatively affect household relations and children's care.
- Cash transfers, as an incentive for foster care, can have positive and negative effects.

Findings point towards overwhelmingly positive effects of the VUP on 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 more able to fulfil their care responsibilities. The subsequent 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 caregivers and peers, and are more likely to confide in their caregivers. Findings also suggest that participation in the VUP, and subsequent improvements in living conditions, can support family reunification. 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. The VUP may also prevent family separation or loss of parental care through its poverty-reducing effect.

Furthermore, these positive findings support the recognition, expressed in Rwanda's 2011 National Social Protection Strategy, 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: 23). More generally, this research corroborates other widespread findings showing the positive effects of social protection programmes on material well-being in sub-Saharan Africa. In addition, this research strongly indicates that social protection programmes can reduce stress and tensions, promote psychosocial well-being of children and carers, and improve family relationships.

We can also identify a number of missed opportunities whereby the VUP appears unable to address pre-existing inequalities and non-conducive behaviour. First, the programme is not well equipped to address the disadvantaged position of non-biological children. Although the VUP is not the cause of this disadvantage, acknowledging differential needs within the household, offering social support services to raise awareness, or referring specific cases of abuse, neglect, or exploitation, present opportunities for reducing, rather than perpetuating, such circumstances. Second, the potential spending of cash transfers on alcohol negatively affects household relations and can

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non-conducive is the disadvanis not the cause the household, specific cases of educing, rather al spending of attions and can undermine children's care, while, in the most extreme cases, it can lead to family separation. Again, the problem of alcoholism is not caused by the VUP, but the programme currently has limited mechanisms to sensitize participants about the use of cash transfers for non-productive purposes, or for responding to individual cases.

Adverse consequences of the VUP were observed, particularly in terms of the PW component, as it was found to compromise the ability of carers to provide high-quality care. The requirement to work, in order to receive transfers, can add to the already existing and pronounced strain on the ability of households to provide care for children. It can also result in children being left unsupervised or assuming the role of a substitute adult, vis-à-vis work and care responsibilities, at the expense of their own schooling and leisure time. Although the tension between care and work duties holds more generally, and is not specific to participation in a PW programme, the additional burden that participation in PW activities poses, over and above existing formal and informal work and care responsibilities, can compromise the quality of care for children, may reinforce inequalities of care between children, and, in extreme cases, can cause family separation.

Cash transfers, as an incentive for foster care, were found to have both positive and negative implications. 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', in that the financial incentive may be the sole reason for households to care for non-biological children. This can result in children receiving low-quality care, or being exploited as labourers. Although the extent of perverse incentives cannot be established on the basis of this research, the potential of cash transfers to generate atypical incentives is important to keep in mind in the current context of child care reform in Rwanda, and elsewhere in the region. In moving from residential care to family-based care, foster care grants or scholarships are increasingly considered as options for incentivizing families to care for children that are not their own.

These insights begin to address the knowledge gap relating to the wider linkages between social protection and children's care, and generate recommendations for improving the VUP. Recommendations for the VUP following this research also echo those from other sources, including VUP reviews (Devereux, 2012; VUP, 2011) and the VUP gender audit (FATE Consulting, 2013). They also tie into current developments in Rwanda that aim to make the programme more gender- and child-sensitive, including the rollout of the training and sensitization manual as part of the fourth pillar of the VUP, and the assessment of options for linking early childhood development (ECD) to the VUP. These recommendations are also more widely relevant, as they feed into discussions and commitments coming from many other sub-Saharan African countries that are making social protection more child- and gender-sensitive (AU, 2014).

Policy recommendations

- Strengthen the link between the VUP and social work or child protection services.
- Firmly integrate solutions for child care and care responsibilities into the VUP, and particularly into its PW component.
- Use training and sensitization within the VUP more strategically to address issues around children's care and well-being.

One key implication is the requirement for a stronger link between social protection and social work or child protection services. This would allow for the maximization of the programme's positive impacts, while minimizing 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 to 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.' Although a certain degree of advice and support already appears to be in place around VUP PW activities, this focuses on a more general use of funds, rather than being particularly child-focused. Stronger advice and support services, and closer monitoring by trained (professional or voluntary) social workers, can create awareness about improving quality of care for children, address intra-household conflict and tensions, respond to misuse of money, and support kinship or foster caregivers.

A second key implication is that solutions for child care and care duties need to be more firmly integrated into social protection programmes, particularly those providing transfers conditional on work or other activities. In Rwanda, 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 PW sites, or making child care and ECD services an element of PW 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 PW programmes more accessible for them, by offering both a solution to their care burden and 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.

A third key implication refers to optimizing the opportunities offered by social protection programmes to provide sensitization and training to programme participants, staff, and the wider community. With respect to the VUP in Rwanda, sensitization and training services are already being undertaken, but could be used more strategically to address issues around children's of these sensibut also as of standard and streng developmed promising, the training and conting particularly children's particularly care between of care, marketors.

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tunities offered and training to With respect to e already being is issues around children's care and well-being. Strengthening and widening the coverage of these sensitization efforts could help further improve the quality of care, but also avoid family separation. Improvements should be made in terms of standardizing sensitization efforts across all sectors included in the VUP, and strengthening the capacity of the staff and volunteers involved. Current developments in terms of the rollout of the fourth pillar of the VUP are promising, with sector leaders around the country being trained in using the training and sensitization 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 socio-cultural factors.

Note

1. The research in Rwanda is part of a multi-country research project that is a joint initiative of Family for Every Child, and the Centre for Social Protection at the Institute of Development Studies (IDS).

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