



Sexual and Reproductive Health Knowledge Sharing Fund

Application format

Name of KS initiative:	SRH/Family Planning – Learning for future programming	Contact person:	Claudine Mensah, ACD/P
CO/region/:	Rwanda - ECARMU	Email:	claudinem@care.org.rw

What knowledge do you want to share?

What knowledge do you want to generate, share, and/or use? Share the main learning objective of this Knowledge Sharing (KS) initiative.

Rwanda, with a land area of 26,337 km² and a population currently estimated at 8.5 millions people, has the highest population density in Africa (323 persons/km²). With a continuing population growth rate of about 3.4%, Rwanda will have close to 13 million inhabitants by 2020¹. The macro-economic indicators are also discouraging: the Gross Domestic Savings index as a percentage of GDP is negative (-2.0%); the per capita GNP of US\$ 210 is among the lowest in the world. More than 94% of the population live in rural areas and 91% are engaged in agriculture using 34% of the total land area. The situation suggests that the demand for and the degradation of resources will increase dramatically in the coming years. Therefore, it is of utmost importance to focus on planning of population growth; and can only be accomplished by putting in place and implementing better reproductive health policy and family planning in particular.

With regard to that, the government has identified as strategic focus for the 5 coming years, reproductive health programming. To contribute to these efforts, CARE is planning, through the current knowledge sharing initiative, to assess and analyze possibilities to develop a community based reproductive health initiative, focussing on family planning. The initiative will be implemented among and with participants of CARE's existing programme, such as women saving and loans associations and the Batwa² community.

CARE works with women and Batwa, the two groups which have been historically marginalised in society. Batwa are stereotypically considered as [...] inhuman beings who [...] inter-marry³. Above this perception, they are on one hand, among the poorest in Rwanda, with the highest fecundity rate⁴, and on the other hand the most illiterate, with a perceived resistance to change or be part of development mainstream. Focusing on them and women will contribute to:

- Increase CARE's and other stakeholders' understanding of the marginalised and minority groups, especially women, PLWAs and Batwa (Pygmies)'s knowledge, attitudes and practices towards SRH;
- Generate community knowledge, attitudes and practices around SRH/FP;
- Use community perspectives on the appropriate strategies for FP and SRH as a basis for future programming;
- Assess strategies for mainstreaming SRH in existing programs

Why is this knowledge relevant to CARE?

Why do you consider this knowledge relevant to CARE's mission/vision? How the main

¹ The National Census, August 2002

² Batwa are the original inhabitants of the equatorial forests of central Africa. They are estimated at 0.5% of the population of Rwanda and have been treated systematically as inferior people, forcibly removed from their traditional lands without adequate compensation or resettlement plans, and excluded from governance, basic services, and opportunities that would enable them to meet their needs and stand up for their rights in the wider society.

³ Lewis J. (September 2002), *The Batwa Pygmies of the Great Lakes Region*, Minority Rights Group, p.14. CARE International, *Participatory Holistic Analysis of Economic Insecurity in Gikongoro Province*, May 2003;

⁴ The national average rate is 6.3 children by woman, while Batwa's is 8.

objective of the KS initiative is contributing to the achievement of the specific objectives of our Sexual and Reproductive Health work (Locally, regionally, and globally)?

This knowledge is very relevant to CARE's mission/vision since it is about working alongside the poorest, marginalised and minority groups to empower them to analyse an issue that is key to their development and generate knowledge to tackle it, and therefore address underlying causes of their poverty.

This initiative will help CARE Rwanda at all levels to improve its work on FP/SRH based on information generated through marginalised and minority groups' own reflections on FP/SRH situation, most appropriate actions and strategies to be undertaken to help them address their FP/SRH related issues.

In Rwanda in particular, the gap so far has been the fact that current FP/SRH interventions (by other actors) target the community as a whole but do not put a particular emphasis on the marginalised and minority groups and their specific needs and rights, neither adopt community-based approach and perspective to SRH programming. Building on community dynamics, what they already know, practice and believe in, and educating them using their peers and most importantly men, will empower vulnerable groups, increase their ownership and their level of trust, and will enable them to openly and honestly discuss their FP/SRH issues and decide upon positive responses.

How do you intend to share the knowledge?

What are the main activities of the learning process? Which knowledge sharing method(s) will you use?

The main activities of this learning process are:

- Development and use of community interactive theatre to provoke discussions and assess community's knowledge, attitudes and practices with regard to family planning and SRH.
- Participatory assessment of knowledge, attitudes and practices on SRH among poor vulnerable women, PLWHIV and Batwa
- Identification and analysis of resisting factors and supporting factors in relation with use of FP/SRH services
- Participatory definition of girls/women and boys/men's role in FP/SRH
- Exploration of the links between FP/SRH and STI/HIV/AIDS and women's empowerment with vulnerable women, PLWAs and Batwa's,
- Gathering and documenting the knowledge and lessons generated through this initiative.
- Identify key actions as a basis of future SRH/FP programming
- Multiplication and dissemination of the results of the learning process

Sharing methods:

- On going internal reflection sessions and analysis of key findings on results with participants, staff and key partners
- Restitution meetings with communities, partners, local and CARE staff
- Report dissemination to other stakeholders

Who will benefit from this knowledge?

Who are the people involved in the KS initiative and how will this knowledge be useful for them? Who (outside the group) will find this knowledge useful and why?

Vulnerable and marginalised groups that participate to CARE's programme:

- Poor rural women
- Batwa
- PLWAs and other community members

Through theatre, CARE Rwanda will implement awareness raising sessions and this will help the community, especially the specified groups to be aware of the issues around FP/SRH and to think further what can be done to address them.

- They will use the knowledge acquired to suggest appropriate actions and strategies that could be undertaken by various stakeholders to address marginalised groups' issues of concern.
- Selected people among these groups will gain knowledge about interactive theatre and community mobilisation skills.

CARE and other Development Stakeholders:

The information generated through this learning process will help other development stakeholders to improve their current and/or develop new sound and appropriate sound programs in the FP/SRH areas. Human rights activists and advocacy groups/organisations can use the information generated by this initiative to advocate decision makers for women, Batwa and PLWAs' SRH rights protection and promotion at local, national, regional and global levels.

How will you measure success?

How will you know if you achieve your main learning objective? What are the indicators of success?

Indicators of success:

- A document summarising vulnerable groups' perspective and KAP on FP/SRH
- Defined women and men's roles/responsibilities in FP/SRH as agreed upon by the community (men and women)
- A document outlining key actions and strategies which might guide CARE's (and other stakeholders) current and future programming in FP/SRH
- Number of participants who can clearly establish the link between FP/SRH and HIV/AIDS and women's empowerment

What are the associated costs of your KS initiative?

Please develop a brief budget and include it with your proposal. If you have a match (money or in-kind) include it as part of the total budget.

ACTIVITY	Budget in USD	
	CARE USA	CARE Rwanda
Development of Community interactive theatres	1,500.00	500.00
Participatory assessment of KAP on SRH + Participatory definition of roles in FP/SRH	1,500.00	1,000.00
Gathering of and production of documentation and lessons generated through this initiative.	500.00	500.00
Multiplication, sharing/dissemination of the results of the learning process	1,000.00	1,000.00
	4,500.00	
SPC	450.00	
TOTAL BUDGET	4,950.00	3,000.00

Do you require any assistance?

Will you need help from the Sexual and Reproductive Health Technical Advisor? If so, for what?

- We will need inputs from SRH unit and other COs (preferably for ECARMU) regarding methods, facilitation tools for the KAP analysis.
- Connection with other COs doing the similar work.