

**NETWORK FOR AFRICA UK
BUSINESS PLAN**

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NETWORK FOR AFRICA UK BUSINESS PLAN

Executive Summary

Network for Africa is a "no frills" charity with one simple objective - to support grassroots organizations in Africa in developing worthwhile projects led by local people. "No frills" means that we are not into self-promotion, building a brand, or creating an unnecessary infrastructure. Our focus is on working with and equipping poor and vulnerable people, especially those who have survived genocide, mobilising resources and inspiring volunteers to help carry out the work that local people believe is needed for the development of their communities.

We have been working in Rwanda since 2004, supporting local groups that empower genocide survivors, including providing university scholarships for orphans, psychotherapy training for community leaders, and English language, business and enterprise courses. Additionally, we have helped build homes for child-headed households of orphans.

Network for Africa was established to bring together our African partners and the professionals and volunteers with whom we work, focusing on well-researched projects. We build direct relationships with African organizations instead of using intermediaries. We will remain small, working on specific projects and seeing them through from conception to realization. The following initial N4A projects are concentrated in Rwanda:

- The Ntarama Community Education Centre and Health Clinic
- The Learning Centre at Solace Ministries
- Psychotherapy Training
- English Language Training
- Business and Enterprise Training

Network for Africa UK gained charitable status in October 2007. It will take over the fundraising for the Ntarama Centre and our other Rwandan projects previously channeled via the London office of SURF, one of our Rwandan partners, and Jubilee Action, a UK charity with whom we work in Rwanda. Network for Africa USA, awaiting 501(c)(3) status, accepts tax-exempt donations through its sister nonprofit, Jubilee Campaign (US). Inspire!Africa, our sister group in Canada, already has nonprofit status.

We raise funds from private individuals, trusts, corporations and through regular mailings to our supporter base of about 700 people. We regularly speak at schools, universities, churches and community groups to raise funds and recruit skilled volunteers for service in Rwanda.

Since 2004, we have raised and sent our partners an average of £70,000 a year (via the Tinsley Charitable Trust and Jubilee Action). As Network for Africa UK, we expect to raise over £100,000 a year to pay for the ongoing costs of the Ntarama Centre, our psychotherapy training, English and business training, and the Learning Centre.

January 2008

OUR PROJECTS

ENGLISH LITERACY AND THE LEARNING CENTRE

Young Rwandans are especially keen to learn English because it is a great advantage in both seeking work and continuing in school and university. There are virtually no text books published in the local language, Kinyarwanda, so many secondary and college-level course are taught in English with English books, even though students may have had little or even no previous lessons in functional English literacy.

In August 2007, Network for Africa began teaching English at Solace Ministries, a genocide survivors' support centre in the capital, Kigali. Before the courses began, volunteers in Canada worked with teaching team leader Roz Gater to create a curriculum especially designed for teaching English as a second language in Rwanda.

The courses involved five teachers and 150 students ranging in ability from beginners to students who were verging on fluent. Some students walked 20km (about 12.5 miles) a day to attend lessons; many were unemployed. Students received a certificate of completion at the end of the course, and there is great enthusiasm for us to return in the summer of 2008.

Demand was such that we established a full time Learning Centre (LC) within Solace Ministries in August 2007. With generous donations from supporters, we purchased new books and other educational resources to encourage the students to continue with their English. A full time local translator and teacher, Moses, is available for all who wish to be tutored, five days a week. To ensure that the LC is being operated well, we have made numerous unannounced visits at the Centre and have consistently found dozens of students attending every day. We plan to expand the LC into a bigger room within Solace, and we have been given twenty computers on which students will be able to use interactive English language programs. Please see Appendix A for information on education and Appendix D for the budget for English Teaching courses.

TEACHING BUSINESS SKILLS

During the summer of 2007, the Network for Africa team ran a pilot project teaching business and enterprise skills in a secondary school in Kigali. Students were divided into groups that became companies, identified by an original name and logo that they created. Each company participated in informal seminars in which they were taught business vocabulary, how to write a business plan, and ultimately how to turn innovative ideas into practical business enterprises. Each company was then given a small amount of capital (less than £5) and a further two weeks to make a profit from their capital and their company's business idea. If they made a profit, it was the company's to keep. At the end of the two-week period, every company had made a profit, one making three times the amount of the original investment.

We wish to expand and develop the business and enterprise program because employment opportunities are few, and our project encouraged young people to identify the possible profitable gaps in the market and to act on their instincts and ideas with a small amount of money behind them. Transferring basic information about business and capital is an effective way to nurture both individual initiative and community development. N4A hopes to replicate this model in schools and community centres in Kigali and elsewhere in Rwanda in the summer of 2008.

See Appendix D for the combined budget of the English Literacy and Business & Enterprise Project volunteer programs.

PSYCHOTHERAPY TRAINING

Rwanda is a poor country, and much of the infrastructure that used to exist was destroyed in the genocide. Rwanda's priorities have understandably been to rebuild their nation, to feed and house people, and to try to build schools and health clinics in rural areas. Consequently, few survivors currently have access to mental health support and counseling.

Thus, there remains a very significant need to train Rwandans to offer psychological support to survivors. We would not presume to send psychotherapists from privileged, peaceful countries to give one-on-one counseling to people who have endured hell on earth. However, there is a role for volunteers from overseas in providing training in the techniques of psychotherapy, thereby enabling Rwandan lay counselors who can treat people in need. For more on our psychotherapy

program please see Appendix B. For more on the challenges facing orphans and widows, please see Appendix A.

Since November 2006, Network for Africa has sent groups of volunteer psychotherapists, nurses and counselors to Rwanda. These support groups have run training sessions with our Rwandan partners, Solace Ministries, in the capital, Kigali, and hundreds have attended and completed our programs. Groups as diverse as 38 Anglican priests and uneducated genocide survivors who are farmers have completed the course. Our hosts, Solace, assure us that our work is having a major impact on the mental health of those who are now being reached by those who have been trained by our teams.

Two of the initial team stayed for two months, and other members have returned each month, bringing new volunteers with them and expanding the reach of the program beyond Solace Ministries. It is hoped that we will have volunteers in Rwanda much of the year, reaching new people and building on existing skills.

Although our volunteers live very simply once they are in Rwanda, airfares are expensive, because it is not yet a tourist or business destination. Therefore, N4A must raise money from donors to send and support our volunteers. Solace Ministries has asked us to establish a full time counseling facility within their compound in Kigali, and we are currently looking for funds to create an appropriate and private space within the Solace compound. See Appendix B for budget.

THE NTARAMA COMMUNITY CENTRE AND HEALTH CLINIC

Network for Africa is working with the respected Rwandan non-governmental organizations, SURF (a genocide survivors' fund) and IBUKA and AVEGA (associations of genocide widows) to create a community centre with education and health facilities to serve a population of 3,000 genocide orphans and widows. Ntarama is a 45-minute drive south of the capital, Kigali, in a deprived area of rural Rwanda.

The Ntarama Community Centre will have a clinic with doctors, nurses and psychotherapists. Currently there are no health facilities within a five mile walk of the area. Malaria and opportunistic infections take a massive toll on families, killing infants and limiting the productivity of adults. It is also essential that women have access to sexual and reproductive health and the knowledge to plan their families.

The centre will have a hall for meetings and events, available for rent for conferences and weddings. The centre will also have six classrooms with part-time teachers offering training in literacy, health, nutrition, hygiene, arts and vocational subjects, computer skills, microfinance and business, and sexual and reproductive health, including HIV/AIDS mitigation. There will also be classes in gender empowerment and governance and participation in civic society. Remedial classes will be offered to supplement the education currently offered by local schools.

The centre will provide a secure place where schoolchildren and other students can study after dark, since there is no electricity in the villages. Orphans face great obstacles to overcoming the cycle of poverty, and there is a huge need for remedial teaching to help them graduate from primary school and continue to secondary school, and on to university or college. There is also a need for English language teaching; while secondary school classes are in English, many Rwandan students are insufficiently prepared.

Network for Africa hopes that in time we may be able to offer scholarships to local gifted students who wish to continue their education. We are currently sponsoring 12 orphans through university on an individual basis.

We are also concerned with centre projects that will generate income to sustain the centre. These projects include beginning an Internet café at the centre, providing local people with a link to the

outside world. Solar panels will generate electricity, thereby providing an energy efficient space where people can work and learn after dark. The panels will also be used to charge people's radios and mobile cell phones for a fee. This is a common practice in Rwanda; people will go to a market or special stand that will provide electricity to charge their appliances, since they do not have electricity in their homes. In addition, we are hoping to landscape the surrounding garden to make a pleasant environment where people will hold wedding receptions and other parties.

A detailed breakdown of the budget for the centre and clinic can be found in Appendix C.

Separate from the budget for the construction of the NCC is the installation of solar panels. Solar panels for the building will cost £32,500. Successful fundraising events are being held specifically for donations towards a sustainable energy system for the centre.

Network for Africa has a fundraising program whereby individuals and groups of people can sponsor doctors, nurses, psychotherapists or teachers. Sponsors will receive information about and from the professional they are sponsoring and a regular update on progress at the Ntarama Centre. Supporters are urged to visit Rwanda on trips arranged for N4A by the animal biologist and African travel guide Bill Given, and on mother-and-daughter trips arranged by our Canadian sister group, Inspire!Africa.

Network for Africa is also supporting the construction of ten homes for self-defined groups of orphans known as child-headed households. These homes will be built in the same community as the center and clinic. Each home costs £2,700 and provides secure accommodation for up to eight orphans. The houses are built by SURF, which has already completed hundreds of similar homes in villages across Rwanda.

Consultation

SURF and Network for Africa have consulted widely in the local community and the region, involving all levels of government and administration, including the mayor, local councilors, and regional authorities. During 2007, a community survey identified the needs of the people living in the Ntarama area, via a door-to-door survey. The conclusions of the survey have informed the planning and building process. In summary, local people expressed a desire for a community centre where they could meet, learn and get access to health facilities currently lacking.

Representatives of Network for Africa have also met UK- and US-based groups who have built schools and community centres in partnership with local NGOs in Tanzania, Ghana, Kenya, Ethiopia, Uganda, Togo, Malawi, South Africa, Palestine and Pakistan. We have visited community centres, health clinics and education facilities in Ethiopia, Malawi, Sudan, Mozambique, Ghana, Uganda, South Africa, Rwanda and Palestine. Representatives of Network for Africa UK and US, and Inspire!Africa in Canada have visited existing SURF villages and centres across Rwanda.

Use of Funds Raised

All money raised for the Ntarama Community Centre will go to Rwanda and will be spent on building, equipping, sustaining and maintaining the centre, and on educating and training orphans, widows, and other poor and vulnerable local people.

Funds raised in the USA and Canada will stay within the bank accounts of Inspire!Africa in Canada, Network for Africa in the USA until released in small amounts to SURF in London. Funds raised in the UK will be released in small amounts to SURF in London when it is judged they are needed.

Management

The community centre will be built under the supervision of SURF and run by AVEGA. Both development groups are registered charities. The centre will have a board of management that will report to SURF and Network for Africa. In addition, representatives from Inspire!Africa or Network for Africa UK and USA will visit the centre at least four times a year. Overseas volunteers will teach and work at the centre throughout the year, providing feedback on any management problems that might arise.

Gabo Wilson of SURF oversees the project in Rwanda on a daily basis. He has experience of building hundreds of homes for child-headed households, several community centres and memorial centres at other SURF and AVEGA sites in Rwanda. He interfaces with local and national authorities in Rwanda, and with the architect, potential builders and quantity surveyors. Gabo Wilson provides regular reports on progress and on the financial situation.

Staff

The clinic will employ a full time doctor, two nurses and two trauma counselors. From time to time, teams of volunteer specialist doctors and nurses from the USA, UK and Canada will visit. It is hoped that in due course the scope of the clinic can be increased to provide wider and more sophisticated care.

The centre will have a full time manager, who will be trained to maintain the solar panels, among other responsibilities. Teachers will be employed on a part-time basis to teach remedial classes and other courses. People with expertise will be hired on a part time basis to teach, for example, IT skills, health and AIDS-related issues, governance and rights issues, vocational skills, English language.

WHO IS INVOLVED IN NETWORK FOR AFRICA UK

Volunteers and staff

Dr Barbara Bauer: Psychologist, trains lay volunteers and medical professionals. Based in the US.

Christa Bennett: Staff; N4A head projects and volunteers coordinator; Director, Waging Peace. Based in the US.

Hillary Cannon: Corporate social responsibility specialist; fundraiser. Based in the UK and the US.

Dr Deborah Davies: Psychotherapist, trains lay volunteers and medical professionals. Based in the US.

Roz Gater: Teacher; coordinator of N4A teaching projects. Based in the UK.

Betsy Kain: Psychotherapist, trains lay volunteers; runs a livestock for widows program. Based in the US.

Sophie McCann: Part time staff. Based in the UK.

Mary Jo Terrill: Nurse; healthcare activist; trauma counselor. Based in the US.

Rebecca Tinsley: Human rights activist; journalist. Director, Waging Peace. Based in the UK and the US.

International Advisory Committee

Gwen Cleghorn: Teacher with 30 years' experience.

Lord Cotter: Former MP; SURF trustee; long-standing ties to Rwanda.

Bill Given: Conservation biologist; travel guide for African trips; President, Wild Source and Western Wildlife Institute.

Baroness Greengross: Former director, Age Concern; supporter of charities promoting women's rights.

Lord Holme: Chairman, Royal African Society.

Glenys Kinnock: Member of the European Parliament; developing world activist.

Margaret McQuiston: Founder, Inspire!Africa; community development facilitator. Based in Canada.

Linda Melvern: Author; journalist; academic; the West's foremost Rwanda expert.

Lorraine Sheinberg: Documentary filmmaker; board member; Feminist Majority.

Trustees

Hillary Cannon: As above.

Margaret McCabe: Director, Urban Unlimited; Human Rights Watch London committee.

Henry Tinsley: Ex-chairman, Green & Black chocolate; Carter Centre UK; Technoserve.

Rebecca Tinsley: As above.

Partners

Solace Ministries is a registered Christian-based charity supporting traumatised widows and orphans of genocide, especially people living with HIV/AIDS. Solace helps to restore hope and offers support to overcome feelings of despair, loneliness, hatred, anger and resentment among its members. Its programs include counseling; childcare and development programs; community development programs; health and relief; capacity building and research.

Jubilee Action (www.jubileecampaign.org) is a charity registered in the United Kingdom, working in eighteen countries. It is an international human rights charity, dedicated to protecting children at risk, combating poverty and injustice, and protecting religious and minority rights. Jubilee Action also pioneers work with indigenous partners establishing income-generating projects.

Together with the Tinsley Charitable trust, Jubilee Action has been supporting projects in Rwanda since 2004. Network for Africa US works closely with Jubilee's sister organization in the US,

Jubilee Campaign (www.jubileecampaign.org). Jubilee Campaign accepts donations in the US for the Rwanda projects.

SURF (www.survivors-fund.org.uk) supports the most vulnerable with special emphasis on survivors of the Rwandan genocide. It is a registered UK charity and was founded by survivors of the genocide and other Rwandans based in the UK who lost their relations during the genocide, as well as by concerned British individuals.

SURF aims to advance education, and to relieve poverty and any physical, mental or emotional illness, disorder or disability among the survivors of the Rwandan genocide. SURF has already built four health and education centres in Rwanda. Additionally, SURF has built hundreds of simple homes within secure villages for child-headed households of orphans and widows.

SURF supports the following initiatives:

- free antiretroviral drugs to survivors in four clinics
- training in HIV/AIDS prevention, microfinance; income generation projects, vocational skills
- scholarships for students
- legal assistance and counseling services to survivors
- recovery of 515,000 bodies from mass graves, help in the identification process, and ensuring that people are able to give their loved ones a proper burial
- construction of genocide memorials across Rwanda
- the Humura Testimony and Research Centre
- production educational materials on the genocide

SURF is supported by DFID, Comic Relief, the Sigrid Rausing Trust and the Pears Foundation, among others.

Inspire!Africa (www.inspireafrica.org) is providing an opportunity for Canadians to make a profound difference in the lives of others by giving of whatever resources are available, whether it

is time, money or skills. Their focus is on supporting community-based initiatives in areas where help is most needed and where it will make the most difference in moving communities out of poverty and into self-sufficiency. Education is an underlying theme as education is a powerful tool for creating a world where anything is possible.

APPENDIX A

Rwanda

Background

Rwanda was a poor and undeveloped country before the genocide in 1994 that left an estimated one million people dead. The conflict destroyed much of the nation's infrastructure, leaving the survivors to start again with very little. The legacy of the genocide still has an enormous impact on the population as they struggle to rebuild Rwanda.

It is thought that 80% of those who had been educated, were professionals or were involved in business left the country or were killed. Rwanda does not have natural resources or lucrative exports, so it must develop its human potential. The population is 80-85% rural, and 90% of Rwandans make their living from agriculture. Most activity is subsistence farming, however, and in rural areas an annual income of just \$44 is not unusual.

On the United Nations Human Development Index, Rwanda ranks 158 out of 177 nations in terms of poverty, provision of health and education, and quality of life. In Rwanda 70% of people live below the poverty line, and 40% are in extreme poverty. In many villages, the level of deprivation is such that cash is not often used and hardly ever seen. Certainly most people are unfamiliar with bank notes larger than 100 Rwandan Francs (twenty cents).

Following the effects of the genocide, there is now one doctor for every 48,000 people in Rwanda, in contrast to California where the ratio is 1:178. Only 30 to 50 new doctors graduate each year, and there are very few specialists. There are also only 1,200 midwives in a country of nine million people. Rwanda also has serious shortages of health centres, with 48% of people living more than a five-mile walk from the most basic facilities. The following statistics illustrate the extent of the challenges currently facing Rwanda's health system:

	Rwanda	UK	US	Canada
Doctor-patient ratio	1:48,000	1:3,400	1:500	1:3,000
Male life expectancy	42	76	74	77
Female life expectancy	45	80	80	82
Infant mortality (per 1000)	110	5	6.4	4.7

The government of Rwanda has a far-reaching program to develop the country's human potential through education and technology, exploiting its position in the centre of Africa. Furthermore, President Paul Kagame has made female empowerment a priority. With forty-eight percent of its parliament women, Rwanda has more elected female representatives and cabinet ministers than any other country in the world. Rwandan civil society groups, such as N4A's partners, are committed to ensuring that this concept of female empowerment is put into action in local levels, as well. The government is also engaged in fighting the spread of AIDS proactively through testing, education and condom distribution. Rwanda is progressive and far-sighted in comparison with most of its neighbors.

Ntarama

Network for Africa Rwandan partner SURF has built eight villages of homes for orphans living in child-headed households in the Ntarama area. N4A believes our efforts can have an impact by supplementing SURF's work. While N4A supporters have already donated towards SURF is other

projects and SURF has built other community centres, the Ntarama Community Centre is the first time that both of our organizations have collaborated on a regional health and education centre, and if it achieves its goals we hope to replicate it in similar communities across rural Rwanda.

Ntarama is a village in a rural district that is about a forty-five minute drive south of the capital, Kigali. Of the 210 people who live in the SURF community of houses, 70% are child-headed households of orphans. In addition, there are an estimated 3,000 survivors of the genocide living in the immediate area, aged between eleven and forty-four years. They are unskilled, scraping their living from subsistence agriculture on small plots of land. There is no industry, but a new international airport is being built in the prefecture, and it is hoped that there may be opportunities to sell locally made crafts at the airport or along the new road that is being built to connect the airport to the capital.

Trauma and the psychological after effects of the genocide are a major factor blocking learning for children and productivity for adults, and there are insufficient mental health services available. Ntarama is famous for a notorious massacre in its church during the 1994 genocide, and it is now the site of an important genocide memorial and a mass grave of 20,000 victims.

Most people in Ntarama cannot afford electricity, meaning that after dark at 6 pm students cannot study and people cannot work. There is also no medical facility within five miles. There is no public transportation to get to the nearest clinic, and few people have cars or even bicycles. There is also no running water, and most people live in simple mud huts with grass roofs, or in shacks made of concrete blocks with corrugated iron roofs. Many people light fires for cooking and warmth within their homes, and consequently there are many eye and respiratory infections in the area. Malaria is a huge problem; one in five children dies before they reach five years of age, and adults lose weeks and months of productive time when ill. Anecdotal evidence indicates that adults can expect to have malaria eight to ten times during their lives.

There are no facilities offering people the chance to further their education, or offering remedial teaching to school children who desperately need it. Additionally, there is not a communal meeting facility. In a community survey conducted by SURF and Network for Africa in the summer of 2007, it became clear that local inhabitants felt there was no sense of community, and they expressed the need for a community centre to focus their activities and to facilitate participation in civil society.

In Ntarama, women and the poor suffer disproportionate exclusion from access to medical help. Women, most of them genocide widows, head 34% of households, and they are particularly vulnerable to poverty because they tend to own less land and livestock. Women also have higher levels of illiteracy because they have traditionally been excluded from sustained schooling. Consequently, they are less skilled at negotiating the health and welfare system to get access to AIDS treatment, for instance.

The Rwandan Genocide

In 1994, almost a million people were killed in one hundred days of violence in Rwanda. However, the genocide did not occur in a vacuum. When the colonial power, Belgium, departed in 1961, it left behind a system of racial classification and favoritism that set one group against the other. The Belgians divided the population into Hutu (80%) and Tutsi (15-18%) with a small number of ethnic Twa people. Identity cards stated racial background, and Tutsi were excluded from education, the government and many types of employment. From 1959 onwards, Tutsi were attacked and massacred in growing numbers. Many fled to neighboring countries and some formed a small rebel militia in exile, the Rwandan Patriotic Army.

Extremist groups in the majority Hutu population were trained and armed by the French government of Francois Mitterrand during Operation Turquoise, from 1990 onwards. France

supported Francophone Hutu politicians against the Anglophone Tutsi, fearing it would lose its power in Africa should Rwanda slip out of its sphere of influence.

In April 1994, extremists wanted to stop a power-sharing arrangement, imposed by the United Nations. When the then-president of Rwanda was killed when his plane was shot down on his way home from power-sharing negotiations, the attack was blamed on Tutsi. However, it is believed that it was instead the Hutu militia, the Interhamwe, who were responsible for the crash and the president's death, and that this was the pre-arranged signal for groups of Interhamwe around the country to start killing Tutsi and moderate Hutu. Although the names of the victims had been on the Interhamwe's lists for months, if not years, ordinary Rwandans were spurred on to join in the killing by provocative propaganda broadcasts from the Hutu power radio station, Radio Mille Collines. The propaganda developed and played on latent hatred, borne from years of discrimination against the Hutu. Hutu who showed reluctance to participate were themselves killed. Tutsi were stopped at roadblocks or seized in their homes and slaughtered, mostly with machetes. The international community withdrew its own citizens and chose not to even discuss the genocide at the United Nations.

The Rwandan rebels in exile, the Rwanda Patriotic Army, invaded and swept across the country, defeating the Interhamwe. Hundreds of thousands of Hutu, including those who had masterminded and participated in the genocide, fled to Zaire (now the Democratic Republic of Congo). Many remained there in camps, provoking a regional destabilization that still causes immense violence in eastern DRC.

The Rwandan Patriotic Army, under the leadership of Paul Kagame, formed a government and began to rebuild the country, holding regular elections. More than 100,000 people charged with genocide crimes remain in prison in Rwanda. Locally based courts called "gacaca" (literally "on the grass") are attempting to handle the huge backlog of cases. While there is recognition that survivors need to see justice done, many responsible for the killing remain free, due to lack of resources to imprison hundreds of thousands of participants. This causes untold misery to survivors, who may still live near those responsible for slaughtering their families. Rwanda is now one of the safest countries in Africa, but reconciliation has been far harder to achieve while events of 1994 are so fresh in people's memories.

Orphans

The 1994 genocide left hundreds of thousands of orphans in Rwanda. By 2005, there were still 820,000 orphans in Rwanda, out of a population of 9 million people. Twenty six per cent of orphans had lost their parents because of HIV/AIDS, (rather than the genocide), although Rwanda has a relatively low HIV/AIDS rate (5% of adults). Our partners, SURF, estimate that there are 200,000 orphans living in child-headed households in Rwanda.

A recent United Nations study of orphans in Africa found that orphanages have a high staff turnover rate, high child-to-staff ratio, and that there is a failure to respond to orphans' needs. Orphanages suffer from poor government monitoring. Orphans in institutions or foster care have a higher risk of contracting HIV or other STDs, experiencing reproductive health problems, and early pregnancy. They are more likely to go to bed hungry, be short for their age, be beaten and be given different and/or inadequate food and clothing. In addition, they emerge stigmatised and have reintegration problems when they try to enter society.

Across Africa, orphans tend to be much poorer than other children because a large proportion of their parents' savings was spent on medical care before they died. In the case of Rwanda, after the genocide unscrupulous adults cheated some orphans out of their parents' homes and land. Orphans are more likely to suffer from a lack of housing and money, putting an onus on them to drop out of school and work in unskilled, low-paying jobs. Once in the cycle of poverty, it is hard to find access to skills or education.

While some adults behaved abusively towards orphans after the genocide, at the same time many widows who survived the genocide took in orphans. Seventy one per cent of female-headed households in Rwanda have orphans living in them. However, many widows were raped and infected with HIV during the genocide, so it is not uncommon for orphans to be orphaned a second time when the adult who took them in after the genocide dies.

One way to mitigate the hardships that orphans face is the establishment of child-headed households (CHH). A CHH is a self-defining group of orphans who live together and take care of each other. In poignant displays of the need for a place of belonging and the ability to find ways to survive, many orphaned children, without any adult instruction or guidance, organised themselves into these family units. The eldest child, usually a girl or young woman, will most likely be the head of the household. In practice this means that a girl as young as 14 is responsible for a “family” of six younger children.

Both SURF and the Rwandan government have been aware that an orphan’s chances of survival are much higher outside of institutions and have encouraged child-headed households. Studies conducted in Rwanda, Uganda, Mozambique and Malawi reveal that children in foster care tend to have less access to schooling and health care than do children living with others with whom they have some sort of biological tie. While many CHH initially organised themselves, groups like SURF can provide them with practical help that will make their lives easier and better. Indeed, for many CHH, SURF has been the difference between living on the streets or in a community with a roof overhead.

Education

Rwanda is far ahead of most sub-Saharan countries in assisting and planning for its orphans. The Rwandan government provides financial support to help orphans go to school. However, an orphan’s ability to take advantage of free tuition depends on there being a school within walking distance, which is not necessarily the case in rural areas. Additionally, while education is technically free, the associated costs of scholastic materials and uniforms keeps many children away from school, as do their practical daily duties - staying home to care for others and doing agricultural work to feed the younger orphans with whom they live.

The United Nations reports that the proportion of non-orphans in primary (elementary) school in Rwanda is 80% compared with 63% of orphans. The majority of orphans do not continue to secondary (high) school.

As is usually the case in developing countries, girls are especially adversely affected, and orphan girls are further disadvantaged. Studies of orphans also reveal that female orphans are more likely to internalize problems and to suffer from depression, anxiety and a feeling of hopelessness. Many female orphans are confronted by a huge daily burden: housework, agricultural work, caring for the small children within their home and trying to earn money to feed their dependants. For traditional and cultural reasons, boys take priority in access to education, as well as food and medical help. Girls are less likely than boys to be able to go to school and therefore benefiting from having choices in their lives. Not surprisingly, given their extra responsibilities, it is often the case that even when orphans do attend school, they may need extra help.

The education sector was greatly affected by the genocide. It is believed that 80% of teachers were murdered, and many others left Rwanda. Hence, class sizes of seventy children are the norm. Further exacerbating this problem, the status of teaching is insufficient to attract new graduates into the profession. A civil servant in local government makes three times as much as a secondary of high school teacher earns. Classrooms are dark, many children cannot see the blackboard, and standards of teaching are disappointingly low.

Primary school provision is slowly improving in terms of places available, if not quality. It is worth noting, however, that the number of children who enroll in the first week of term, when statistics are compiled, bears no relationship to the numbers who are still attending at the end of term. In many rural areas, only 30% of children complete the term.

Rwanda has recently increased the provision of primary education, in line with several other countries in the region; the World Bank has mandated a disproportionate amount of spending (71%) to go to primary education. However, as the Overseas Development Institute concluded in its 2005 study of education in the region:

It has proven difficult to expand services whilst maintaining quality. In primary education, pupil-teacher ratios have risen to alarming levels due to the difficulties of ensuring that teacher recruitment and distribution to rural areas keeps up with enrolments.

A recent survey of primary schools by volunteers working in Rwanda found English language classes being offered where there were no members of staff who could speak English. It was not clear what happened during the classes scheduled for English language.

Only 37% of children stay in school until the end of primary schooling. No reliable figures are available for the dropout rate among girls in rural areas, but anecdotal evidence points to a serious problem. This is due largely to the expectations that girls will be the first to give up the chance of education to perform duties at home, in the fields, and to care for the ill and elderly. In one rural area, of the approximately 200 children who completed primary school grade six ('P6', as it is known) only three children passed the final exams and thereby qualified to continue on to public or state secondary school. Official statistics show that 38% of boys complete primary school, as opposed to 37% of girls, but completion is not the same as passing the all-important P6 exam. Only 14% of Rwandan children stay in school past primary level schooling. Of those children entering secondary school, 48% are female, although the percentage falls further in rural areas where girls are traditionally expected to do agricultural and domestic chores.

Not surprisingly, only 3% of Rwandan children go on to tertiary or higher education. Of those at Rwanda's National University and its associated institutes, only 25% are female.

Women and girls

Overall, official figures for literacy in Rwanda are 71% male and 59% female. However, as recent reports by the OECD and others have pointed out, the unreliability of data and statistics mean that it is hard to get an accurate picture of the true scale of need in countries like Rwanda. The number of illiterate adult women in rural areas is believed to be much higher, and people familiar with such districts are dubious about what qualifies as literate. Often, "literacy" may only mean an ability to write one's own name.

According to the United Nations Division for the Advancement of Women, widows are the most invisible and undocumented group of war-related casualties. It is particularly hard for widows within traditional cultures that have not permitted or prepared women to provide for themselves.

Seventy per cent of Rwandan children are supported solely by mothers, grandmothers or the oldest girl child within a family. Girls in Rwanda are heads of families in an estimated 58,000 households. Despite this fact and the progress the Rwandan government has made in empowering females, the needs of women and girls are still less likely to be represented and considered in local practices.

APPENDIX B

Psychotherapy training in Rwanda

Network for Africa organizes psychotherapy training of lay counselors in Rwanda, with the help of its local partners, Solace Ministries. The following is a brief description of the program.

The need in Rwanda:

It is thought that 97% of people living in Rwanda at the time of the 1994 genocide witnessed the violence first hand. The enduring legacy of the genocide cannot be overstated. Although almost a million people were killed, our Rwandan partners assure us that most survivors have not yet spoken about the appalling things that were done to them or their families in 1994. An estimated quarter of a million women were raped during the 100 days of carnage, and many are now HIV positive as a consequence. In addition to being abused, tortured and beaten, many women saw their children and husbands murdered.

Several hundred thousand children were orphaned in 1994, and few of them have been able to talk about, or make sense of, what they experienced. Not surprisingly, it is feared that the enduring trauma has blocked people's capacity to learn, work, and live their lives to the full.

Existing African methods of coping with traumatic events have disintegrated in Rwanda due to the genocide, which killed 80% of teachers, doctors and other community leaders. In addition, HIV/AIDS has killed or incapacitated many of the women who played a "wise auntie" role in communities.

Rwanda is a poor country, and much of the infrastructure that used to exist was destroyed in the genocide. Therefore, it is unrealistic to expect the government to provide sufficient care for all those who need counseling and mental health support. Rwanda's priorities have been to rebuild their nation, to feed and house people, and to try to build schools and health clinics in rural areas.

Network for Africa's approach

Our partners, Solace Ministries, with whom we have been working since 2004, approached us in early 2006, suggesting we work together to train community leaders to become lay counselors, equipping them to be able to offer psychological support to survivors in their villages and communities.

The vast majority of participants have been women who have a leadership role in their communities, and are thus trusted and respected. We are also training faith leaders, who have concluded, in the words of one pastor,

In some circumstances, God is not enough, and we must be equipped to offer counseling to traumatised people. It is not sufficient to tell people that if they pray to God, everything will be alright.

We would not presume to send psychotherapists from privileged, peaceful countries to give one-on-one counseling to people who have endured hell on earth. However, there is a role for volunteers from overseas in providing training in the techniques of psychotherapy, thereby enabling respected and sympathetic Rwandans to treat people in need.

Since November 2006, Network for Africa has sent groups of volunteer psychotherapists, psychiatrists, nurses and counselors to Rwanda. The volunteer groups have run training sessions with Solace Ministries in the capital, Kigali, and hundreds have now attended and completed our programs. They have also recently trained thirty-four Anglican priests in Kibungo district, and the team will return next year to train a larger group. The Bishop of Kibungo wants Network for Africa to develop a program for the perpetrators of the genocide as they are released from prison,

recognising that many of them are traumatised by what they did in 1994.

The initial team was led by Dr Barbara Bauer, who has returned to Rwanda three times since November 2006. Two of the initial psychotherapy training team, John Stanilou and Deborah Bowerman Davies, stayed for two months, establishing a men's group, and specifically working with orphan children with behavioral problems.

Other Network for Africa psychotherapy and health volunteers have returned several times since then, bringing new volunteers with them and expanding the reach of the program beyond Solace Ministries. For instance, in October 2007, Mary Jo Terrill spent three weeks working within Rwandan hospitals, teaching nurses that patients recover faster if nurses use a compassionate approach.

We have had psychotherapists at Solace almost every month since November 2006. It is hoped that we will have volunteers in Rwanda much of the year, reaching new people and building on existing skills. We are translating all materials into Kinyarwanda, including teaching directions so that others may perform the teaching role with new groups. The materials, when completely translated, will offer the equivalent of a bachelor degree in psychotherapy.

The training course

Training of lay counselors begins with an introduction to trauma psychology. The sometimes strange behavior of trauma survivors is discussed as a normal reaction to abnormal experiences.

The lesson on listening skills is one of the most important, as it is in practically all cultures. This may sound obvious at first, but few people really focus on what is being said - and left unsaid. Lay counselors have to be taught to listen, instead of thinking about what they are about to say in response. Becoming comfortable while allowing a trauma survivor to relate his or her experience is difficult for lay counselors to master, and yet it is the most healing thing a person can do. The temptation to move immediately to problem solving is difficult to resist. Speaking freely is also a new concept for survivors because, in a traditional society such as Rwanda or Darfur, keeping your problems and emotions to yourself is the norm. This leads to chronic expressions of Post Traumatic Stress Disorder such as headache, bowel problems, nightmares, inability to concentrate, memory deficits and many other debilitating symptoms.

The unit on relaxation therapy is always a favorite. By using imagery and breathing techniques, the survivor can be taught to calm feelings of anxiety and fear that often overwhelm them. Relaxation is then combined with an image of a 'safe place' where the survivor is taught to take their thoughts away from the horrific memories that flood their minds and instead to a place they associate with security and comfort. This is effective with both children and adults, helping them combat nightmares and flashbacks.

A unit on grief and recovery deals with resolving grief over relationships that may be unresolved because of sudden death. Another lesson addresses how to counsel a survivor of sexual assault and a person who is newly diagnosed as HIV-positive. This combines Western approaches with traditional healing methods.

Additional units address the special problems of traumatised children, adapting relaxation and finding a safe place techniques for those as young as three years of age. Stories are also told to calm children's fears. Art and movement are special non-verbal methods of therapy and have been taught to a select group of primary and secondary school teachers in Rwanda.

Each lay counselor is also trained to communicate to share the tools that they have learned. Lay counselors are each assigned a survivor from Solace Ministries, with whom they work over the course of the following year, reporting progress to Solace.

Crucially, participants are taught how to handle a crisis that may be brought on by talking about the past. Since most participants are also survivors of the genocide, some members of each class go into states of panic and become distraught during lessons. Therefore, the team of psychotherapists must intervene and take distressed participants to one side to counsel them on the spot. Although upsetting for many people present, it also provides a real time learning opportunity.

The nature of Post Traumatic Stress Disorder causes many survivors to relive the trauma, often triggered by events in daily life. Therefore, the challenge is to enable survivors to develop awareness of their responses, and to take control of their responses to stimuli. Those participating in a six-week series of sessions in December 2006 and January 2007 reported a 100% improvement in their ability to handle the emotional triggers they encountered.

The Network for Africa psychotherapy and health team

Dr. Barbara Bauer is a psychologist who has been involved in the training of lay volunteers and mental health professionals in the treatment of trauma since 1995. As a member of the International Centre for Psychosocial Trauma, she made numerous trips to Bosnia, Kosovo, Russia, Pakistan, and Palestine.

In 2003, Dr. Bauer completed a five-month mission in Nepal with Medecins Sans Frontieres (Doctors without Borders) where her assignment was to train volunteers in trauma interventions to help women victims of violence, including those caught up in the civil war. In February 2005, she went to Sri Lanka and Indonesia to train Tsunami aid workers. She is a member of the American Academy of Experts in Traumatic Stress and is vice president of Step Up! American Association for Rwandan Women.

As a member of Step Up!, and in coordination with the Tinsley Charitable Trust, Dr. Bauer has made three trips to Rwanda to aid genocide survivors. In this capacity, she has trained 30 nurses in Butare as well as 60 volunteers through Solace Ministries in Kigali in Psychotherapy for Survivors of Trauma. Her training manual is currently being translated into the Rwandan language.

Deborah Bowerman Davies combines cognitive training skills with physical reprogramming skills, physiologically changing the memory of trauma in the practice of psychology. Specialising in trauma care in women and children, she has worked extensively in South America training mental health professionals in somatic reprogramming. Deborah has trained volunteers in Australia, Uganda, Kenya, Ghana, Korea, Bosnia, Indonesia and India. In 1991, she assisted in the development of a trauma care orphanage in Ghana.

In November 2006, Deborah traveled to Rwanda with the Tinsley Charitable Trust. She spent two months counseling genocide survivors and began a peer counseling training program. She has written four manuals to support the training program, two of which have been translated into Kinyarwanda. Deborah is returning to continue training in November 2007 and April 2008. She is the Director of Rainbow Over Rwanda, an organization committed to educating children and communities in the US about Rwanda and financially supporting the counseling programs that assist Rwandan genocide survivors.

Mary Jo Terrill is a healthcare activist who works to educate and empower women, supporting them through pregnancy, birth, and lactation. She provides counselling to women who struggle with single parenting, depression, and the effects of physical and sexual abuse. In Rwanda, she has worked as part of a Trauma Counselling Training Team and has taught classes to nurses and midwives. Her immediate goal is to understand the critical healthcare needs of the Rwandan people, to effectively work alongside them in their communities to improve the delivery of care.

PSYCHOTHERAPY TRAINING

Two annual trips for four volunteer psychotherapists (at \$3500 per volunteer per trip)	£14,000
Teaching materials & supplies	£1,200
Transportation	£2,000
Contingency costs (10%)	£1,720
TOTAL	£18,920

APPENDIX C**Budget for Ntarama Community Centre and Health Clinic****CONSTRUCTION & EQUIPMENT**

Construction of clinic	£37,900
Construction of community center	£125,100
Equipment doctor's room	£2,370
Equipment pharmacy/nurses' room	£5,350
Equipment counselors' room	£190
Equipment delivery room	£2,000
Equipment reception	£1,500
Equipment laboratory	£32,000
Equipment conference room	£13,500
Equipment sewing classrooms	£15,000
Equipment IT classrooms	£18,500
Equipment training rooms	£2,600
Equipment office	£700
Contingency costs (10%)	£9,371
TOTAL	£266,081

ANNUAL SALARY COSTS OF CLINIC

Doctor	£7,000
Nurses x 2	£6,000
Lab technician	£3,000
Counselor	£3,000
Nutritionist	£3,000
Cleaner	£1,000
Guard x 2	£2,200
Accountant	£3,000
TOTAL	£28,200

ANNUAL NON SALARY COSTS OF CLINIC

Utilities, administrative supplies, etc.	£2,000
Equipment maintenance	£700
Sundries (e.g., soap, bandages)	£300
Lab tests	£15,400
Contingency costs (10%)	£1,840
TOTAL	£20,240

ANNUAL SALARY COSTS OF COMMUNITY CENTRE

Centre manager	£5,000
Teachers & technicians x 5	£20,800
Support staff x 3	£8,300
Cleaners x 3	£6,000
Guard x 2	£2,200
Accounts x 2	£2,200
TOTAL	£44,500

ANNUAL NON SALARY COSTS OF COMMUNITY CENTRE

Utilities, administrative supplies, etc.	£7,000
Contingency costs (10%)	£700
TOTAL	£7,700

APPENDIX D**Budget for English Literacy and Business & Enterprise Courses**

VOLUNTEER COSTS FOR EDUCATIONAL COURSES

	Two week project	Four week project
Room and three meals/day	£322	£644
Two day trips	£20	£20
Transport to/from airport	£5	£5
Transport within & around Kigali	£70	£140
Travel insurance	£55	£66
Medical requirements (vaccinations, malaria pills)	£180	£240
Airfare	£1,500	£1,500
Subtotal	£2,152	£2,615
Contingency costs (10%)	£430	£523
TOTAL	£4,734	£5,753

ADMINISTRATIVE COSTS FOR EDUCATIONAL COURSES

Photocopies and computing	£225	£450
Teaching materials and supplies	£175	£350
Transport & snacks for students	£375	£750
Subtotal	£775	£1,550
Contingency costs (10%)	£155	£310
TOTAL	£1,705	£3,410

APPENDIX E**Cited materials**

Statistics presented in the business plan and appendices are taken from United Nations publications. For further information, contact Rebecca Tinsley at Network for Africa: tinsleyrc@aol.com.