

PROGRAMME BRIEF

# Let's Raise Children in Families



Republic of Rwanda



Advancing Child Rights and Protection



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# ACRONYMS

<b>IZU</b>	<i>Inshuti z'Umuryango</i> (Friends of the Family)
<b>NCC</b>	National Commission for Children
<b>NGO</b>	Non governmental organization
<b>TMM</b>	Tubarerere Mu Muryango (Let's Raise Children in Families)
<b>USAID/DCOF</b>	United States Agency for International Development/ Displaced Children and Orphans Fund
<b>UN</b>	United Nations



# Introduction



The TMM social workforce in post placement visit with a foster family.

The government of Rwanda is committed to ensuring that all children grow up in safe, protective families. In collaboration with UNICEF, it has established the *Tubarerere Mu Muryango* (Let's Raise Children in Families - TMM) programme to enable the closure of large-scale institutions and promote family-based care. The programme aims to build a strong, sustainable system of protection and care for children in Rwanda. Not simply a time-bound programme, the purpose of TMM is to enable Rwanda to transition to an ongoing system of child protection and care based on family and community action.

Phase 1 of the TMM programme ran from May 2013 to October 2017 with a total budget of USD 2.3 million, of which approximately USD 2 million was provided by the USAID Displaced Children and Orphans Fund. Phase 2 runs from October 2017 to September 2019 and has a total budget of USD 3.5 million, also provided by USAID/DCOF. This programme brief is based on a review of TMM programme documents as well as interviews and focus groups with 65 stakeholders.<sup>1</sup> A glossary of key terms is included as an annex.

<sup>1</sup> This involved interviews or focus groups with 5 UNICEF staff; 2 academics; 14 NGO staff members; 6 government social work/ programme managers; 6 government social workers and psychologists; 14 foster carers; 15 community volunteers and 3 orphanage managers.

# Rationale for the TMM programme

Prior to the initiation of the TMM programme, there were a substantial number of children in institutional care in Rwanda: a survey in 2012 found 3,323 children and young adults in 33 government-registered facilities.<sup>2</sup>

Global evidence indicates that the use of such large-scale institutions can be profoundly harmful to children, leading to developmental delays, lower levels of intelligence, problems forming relationships, and exposure to abuse and neglect.<sup>3</sup> The potential harm caused by institutional care is exacerbated by low-quality care, and in Rwanda indicators such as low carer-to-child ratios suggest poor quality care in many facilities.<sup>4</sup>

The TMM programme builds on existing government commitment to close down institutions and strengthen family-based care, which is reflected in a number of policy documents.<sup>5</sup> National policy is in keeping with global guidance, which also calls for the development of alternatives to institutional care and the prioritization of support to families.<sup>6</sup> Both UNICEF and the government acknowledge that care reform is neither a simple nor a quick process, and that it requires a substantive programme of work carried out effectively and in a manner that respects the best interests of the child.

Both UNICEF and the government of Rwanda recognise the importance of developing a wider child protection system that addresses all forms of abuse, neglect, exploitation and violence. Such a system requires laws and policies, an effective social workforce, strong community structures, and supportive attitudes and social norms. The TMM programme and care reform is being used as an effective catalyst for wider improvements in child protection.



The TMM social workforce in post placement visit with a foster family.

2 Ministry of Gender and Family Promotion and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda. Rwanda: Government of Rwanda and Hope and Homes for Children.

3 Williamson, J. and Greenberg, A. (2010). Families not Orphanages. New York: Better Care Network.

Dongdong Li, Grace S. Chng and Chi Meng Chu (2017). "Comparing Long-Term Placement Outcomes of Residential and Family Foster Care: A Meta-Analysis." Trauma, Violence, & Abuse, 1-12.

Nelson, Charles et al. (2009). "The Deprived Human Brain: Developmental deficits among institutionalized Romanian children—and later improvements—strengthen the case for individualized care," American Scientist, Vol. 97.

Faith to Action Initiative (2014). "Children, Orphanages, and Families: A Summary of Research to Help Guide Faith-Based Action

4 Ministry of Gender and Family Promotion and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda. Rwanda: Government of Rwanda and Hope and Homes for Children.

5 Government of Rwanda (2003). The Constitution of Rwanda.

Government of Rwanda (2011). Integrated Child Rights Policy.

Government of Rwanda (2011). Integrated Child Rights Strategy.

Government of Rwanda (2012). Strategy for National Care Reform.

6 UN General Assembly (2010). Guidelines for the Alternative Care of Children. GA Res 142, UNGAOR 64th Session, Supplement No.49, Vol 1 (A/64/49 (2010)) 376. New York: United Nations.

# TMM Programme partners

TMM Phase 1 was led by the National Commission for Children (NCC), with UNICEF providing technical support and managing donor funding. The Ministry of Gender and Family Promotion provided oversight. The non-governmental organizations (NGOs) Hope and

Homes for Children and Save the Children, and Tulane University (USA) provided further technical assistance. Other NGOs have also contributed to programme activities and the provision of technical support.

## Objectives and activities

### TMM Phase 1

Phase 1 (May 2013 to October 2017) focused on establishing a strong childcare system through workforce strengthening and developing support to families and foster carers. It aimed to ensure that most residential institutions for children in Rwanda were closed and children safely reintegrated into families and communities. While there were children with disabilities living in these facilities, TMM did not include any residential facilities specifically for such children. (TMM phase two is initiating a process to assess and address the needs of children in such facilities - see description below).

The specific objectives of TMM Phase 1 were to:

1. Build and enhance the capacity of the NCC to lead national childcare

reform and coordinate a functioning child protection system.

2. Strengthen the capacity to deliver and coordinate decentralized childcare services.
3. Strengthen the family unit for reintegration, resilience and prevention.
4. Ensure the long-term sustainability and strength of the child protection system.
5. Enhance childcare policies and practice through data and strategic knowledge management, and monitoring and evaluation.

Key activities of the TMM Phase 1 included:

- Building the capacity of the NCC through recruiting and training senior staff, and providing technical support in areas such as evaluation, strategic planning and communications.
- Developing national guidance and standards on various aspects of children's care, including residential care, foster care and adoption.
- Recruiting and training a professional social workforce.
- Developing case management systems for identifying and planning support for families and children, and maintaining records related to individual cases.
- Developing support and services to gradually reintegrate all children and young adults living in institutional care into their families or to place them in other forms of care, including independent living.
- Recruiting and training of around 1,000 foster carers for long-term care as well as 150 emergency foster carers able to care for children at short notice to provide a better alternative to placement into an institutional facility.
- Providing counselling and mediation services to parents and wider families; and facilitating access to financial, educational and health services (including maternity care) to prevent unnecessary separation of children from their families.
- Initiating a cadre of community volunteers known as Inshuti z'Umuryango (Friends of the Family - IZU) to monitor child wellbeing, support efforts to prevent separation and help reintegrate where necessary.

- Transforming residential care facilities into outreach that support the reintegration of children and other vulnerable children in the community.
- Changing norms and attitudes to reduce reliance on institutional care and increase willingness to foster or adopt vulnerable children.

## TMM Phase 2

Phase 2 (October 2017 to September 2019) aims to build on the achievements of Phase 1, further strengthen the childcare system, and ensure that remaining groups of separated children are placed in family-based care, paying particular attention to children with disabilities and street-connected children. Phase 2 further aims to ensure that the benefits of a strengthened child care system is integrated within the wider child protection system, leading to a reduction in violence and abuse against children. The objectives of Phase 2 are to:

1. Increase government capacity to manage and implement childcare reform.
2. Identify and assess children living in institutions and street children (including children with disabilities), and ensure that they are matched with suitable and sustainable family care arrangements or independent living.
3. Ensure that child protection prevention and response services are available at community level to address neglect and violence against children.
4. Develop monitoring and evaluation, and strategic knowledge management on child neglect, violence and exploitation.



Key activities for TMM Phase 2 include:

- Building the capacity of the NCC and ensuring that social workers recruited and trained through Phase 1 are absorbed into the civil service. Originally it was planned that this workforce would consist of 34 social workers and 34 psychologists. However in April 2018, due to cost constraints, the government reduced the number of professionals integrated into the civil service to 30. UNICEF and the NCC are hopeful that this cadre will be returned to its previous size, as the process of working with residential facilities for children with disabilities begins and to ensure that each district has adequate professional capacity to address child protection and care issues.
- Mainstreaming modules on child protection developed through Phase 1 into the national social-work curriculum.
- Placing children remaining in residential facilities into family care.
- Piloting de-institutionalization in two facilities for children with disabilities.
- Continuing the development of case management capacities for the reintegration of children with disabilities, and ensuring that professional social workers and psychologists have the necessary skills and knowledge to support such children.
- Developing policies and standards relating the care of children with disabilities.
- Supporting the expansion of domestic adoption through, for example, raising awareness of adoption with existing foster carers.
- Further training and support for IZU, including mentoring and providing basic material support (such as a mobile phones and umbrellas).
- Strengthening linkages between IZU and the professional workforce.
- Working closely with local leaders to facilitate community dialogue on preventing abandonment and neglect, and supporting the recruitment of foster carers.
- Developing a computerized case management system.



UNICEF staff and some of Rwanda's "Friends of the Family" child protection volunteers on their way to visit a family in Rwamagana District.



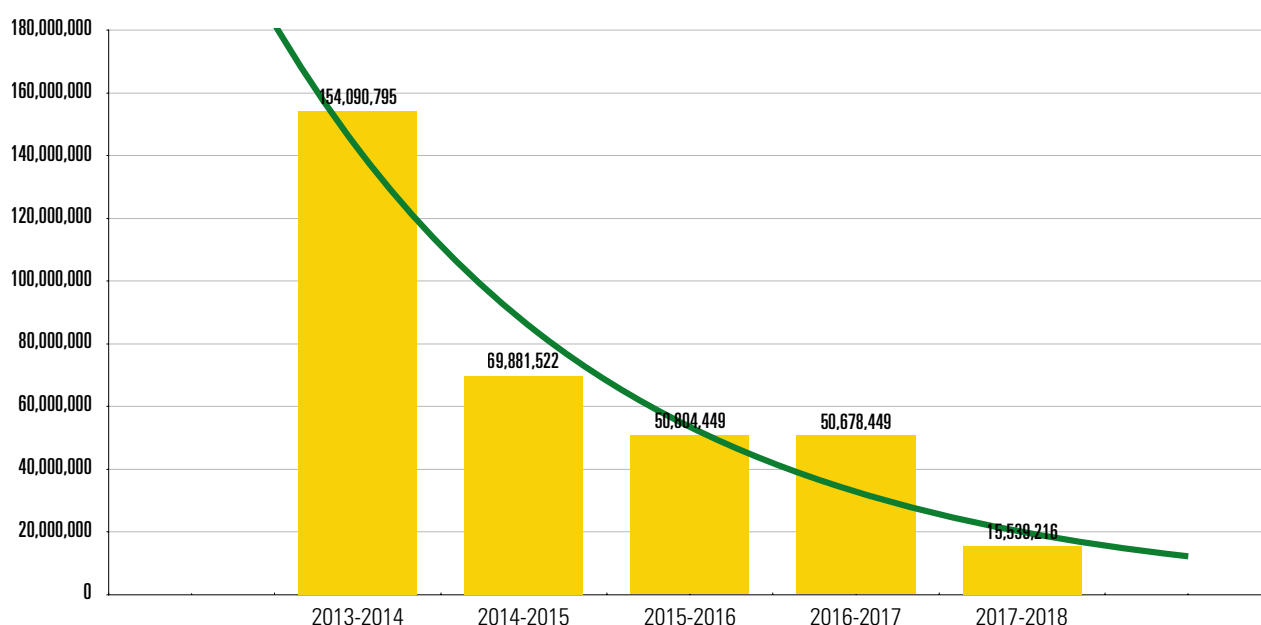
# Programme results

An evaluation of Phase 1 and interviews with key stakeholders involved in Phase 2 highlight numerous successes of the TMM programme, including:<sup>7</sup>

- **A dramatic reduction in the number of children in institutional care:** Since the start of the programme, 2,388 out of 3,323 children in institutional care have been reintegrated into families or placed

into foster care. This has led to numerous benefits for children, including improved family relationships, better guidance and adult role models, a stronger sense of belonging and identity, and young adults learning to live independently. As shown in Figure 1 below, this has also dramatically reduced budget allocations to childcare institutions, freeing resources for other areas of child protection.

**FIGURE 1: ANNUAL EXPENDITURE ON CHILDCARE INSTITUTIONS BY THE GOVERNMENT OF RWANDA (IN RWANDAN FRANCS)<sup>8</sup>**



- **Stronger government agencies responsible for care reform, and a professional social work force:** In part due to the TMM programme, the NCC is now a fully functioning government agency with a professional team of social workers and psychologists who have been trained in child

protection and care. Children and families are generally satisfied with the services and support they receive from these professionals, though large caseloads mean that they do not see their social worker or psychologist as often as they would like.

<sup>7</sup> Programme results drawn from UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF; plus interviews with programme management team and managers of transformed institutions.

<sup>8</sup> 1 USD = 875 RWF in 2018

- **The recruitment and capacity building of 29,674 community volunteers:**

These IZU volunteers have all received basic training, and IZU in 11 districts are benefiting from additional mentoring and support. IZU conduct household visits to check on child wellbeing and to link families with services and support. They act as early warning systems in the community, highlighting problems to professionals, including high rates of young mothers abandoning their babies. IZU are able to address straightforward problems faced by vulnerable children and their families; they refer more complex issues to professionals.

- **The development of foster care:** The TMM programme has supported the expansion of foster care in Rwanda, including the recruitment, training and support of foster carers. Over 1,000 foster carers have been recruited and trained, and 522 children have been placed into foster care from institutional care. Importantly, placement changes are rare, avoiding damaging disruptions to children's lives.

- **The transformation of institutional care:** The TMM programme actively engaged with

childcare institutions rather than enforcing compulsory closure. This has meant that, rather than closing down, care homes have been transformed into schools, skills training facilities or early childhood development centres. Since the start of the care reform process in 2012, 12 institutions have been closed and 14 transformed to provide other services to children and the community. Resources formerly spent on institutional care are now being deployed to support children in families and communities.

- **Support to families to enable safer reintegration:** The programme has targeted over 3,000 families through assistance packages and group work. Packages have included educational support, physical or mental health services, clothing and/or access to national social protection programmes offering monthly cash grants to vulnerable households.

- **Successful prevention of new entry into institutional care:** This has been achieved through improved entry requirements and case management, awareness-raising, and the development of emergency foster care.



A young primary student at a school in Rwamagana District, Rwanda.

# Lessons learnt

Interviews with the TMM programme management team and the TMM Phase 1 evaluation suggest the following lessons learnt:<sup>9</sup>

1. **Government ownership and commitment is essential for successful childcare reform:** The TMM could not have happened without the strong government support that mobilized adequate resources for the programme. Government support also provided the impetus and authority to close down institutions and develop family-based care.
2. **Partnership is vital to transform the system of care and protection for children:** Care reform is complex. It requires expertise across a range of areas including child protection and care, social protection, health, services for children with disabilities, and education. It necessitates the countrywide mobilization of human and material resources. A range of partners were needed to meet all of these needs, including different government agencies and NGOs. During the TMM programme, the Programme Coordination Team brought together partners to share learning, encourage the utilization of further resources, and avoid the duplication of activities.
3. **Building government institutional capacity is crucial for sustainability:** TMM is managed by an NCC team consisting of a programme lead, a communications specialist, a monitoring and evaluation specialist, and an accountant. Having a team that is part of the civil service has been important for ensuring ownership and has provided an opportunity to strengthen the NCC. As the NCC is responsible for coordinating all child rights interventions in Rwanda, this has wider benefits for the achievement of children's rights.
4. **It is important to have an initial awareness-raising phase:** The process of ensuring that every child lives in family care has met considerable resistance from both the general public and staff employed in residential care facilities. An awareness-raising phase, including sensitizing journalists, was found to be important for the success of subsequent reform efforts.
5. **Building on local models and values leads to appropriate, sustainable interventions:** The TMM programme sought to identify and build on existing models and cultural values that support family-based care. For example, the TMM programme further enhanced and deployed the system of Malaika Mulinzi (Guardian Angels), community volunteers established by the Imbuto Foundation with a remit to identify and support vulnerable children. The TMM programme supported these volunteers to become fully trained and monitored foster carers. Rwanda also has a long history of collective responsibility for enhancing community wellbeing including through community volunteers: the TMM programme used these values to establish the IZU, who play a crucial role in monitoring the wellbeing of children returned to family care.
6. **A professional social workforce is essential for the success of all areas of childcare reform:** Training professional psychologists and social workers, and

<sup>9</sup> Lessons learnt were drawn from UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF, plus interviews with the programme management team and managers of transformed institutions



incorporating them into the civil service has proved to be instrumental in many of the achievements of TMM. For example, the reintegration of children and their families has required specialist support, as children traumatized by family separation were often withdrawn or exhibit other challenging behaviours.<sup>10</sup> Social workers were essential in persuading often-reluctant residential care managers to transform or close down their facilities. It was found to be important to recruit and train this professional workforce early on in the programme to ensure that social workers

and psychologists were in place to support the entire reintegration process.

7. **It is important to ‘think big’ in childcare reform and develop a comprehensive programme:** The scale of the TMM programme ensured that a large number of facilities could be closed in just a few years. This meant that children could not simply leave one facility to enter another. Working on prevention as well as reintegration stemmed the flow of new entrants into institutional care.



Two of Rwanda’s “Friends of the Family” child protection volunteers visits a family in Rwamagana District and reads some educational materials with the parents.

10 Lavin, B. (2013). Assessment of Children from Orphanages in Rwanda. USA: Tulane University.



# Annex: Definitions of key terms<sup>11</sup>

**Child adoption:** Permanent placement of a child in a family, whereby the rights and responsibilities of biological parents are legally transferred to the adoptive parent(s). An adopted child acquires the same status, rights and privileges accorded to any child of their adoptive parent(s).

**Child protection:** The process of preventing and responding to neglect, abandonment, violence and exploitation of children in any setting. It is often manifested as a specialist policy and service sector but of necessity works very closely and is sometimes integrated with other sectors

**Child protection system:** A set of laws, policies, regulations and services needed across all social sectors, especially social welfare, education, health, security and justice as well as community and faith-based groups and other private-service providers. In Rwanda, child and family welfare and justice for children can be considered as the core sectors of a child protection system, while allied sectors include education and health.

**Deinstitutionalization:** Removal of children aged 18 years or younger from childcare institutions to place them in families under the care of biological, foster or adoptive parents, or extended family relatives. It also involves the removal of young adults older 18 years from childcare institutions into communities where they live by themselves in an arrangement termed independent living.

**Foster care:** Placement of children through a competent authority into families other than the children's own home to receive care and support. Families that provide foster care first undergo thorough assessment and receive training before decisions to place a child can be made.

**Young adults:** persons aged above 18 years who were moved through the TMM programme out of institutions to live in communities by themselves to expose them to a life of not being dependent on institutions for their upkeep.

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<sup>11</sup> Definitions are taken from: UNICEF and the National Commission for Children (2012). *Tubarerere Mu Muryango! Let's Raise Children in Families!* Proposal. Rwanda: Republic of Rwanda and UNICEF.

