Let's Raise Children in Families

PROGRAMME CASE STUDY

TUBARERERE MU MURYANGO
Let's Raise Children in Families

Divine

In 2013, in collaboration with UNICEF, the government of Rwanda established the Tubarerere Mu Muryango (Let's Raise Children in Families - TMM) programme to enable the closure of large-scale residential care institutions for children and promote family-based care. The programme aims to build strong systems of protection and care that will have sustainable and wider benefits for children in Rwanda. This case study profiles the reintegration experiences of one child who has participated in TMM. It is based, where possible, on interviews with the child, his or her family, district social worker and psychologist, community child protection volunteers (known in Rwanda as Inshuti z'Umuryango – IZU – Friends of the Family), neighbours, peers and others. All names and identifying characteristics have been changed to protect the anonymity of all concerned.

Divine caught the attention of Esther when she was about 5 years old. Esther had been visiting the institution where Divine lived for several months and during that time had been carefully observing the boys and girls who stayed there. Divine's condition concerned Esther: the child had a physical disability, unable to be understood when speaking, and was unhealthily thin. She often sat alone on the ground, uncomfortable in her soiled clothing. At mealtimes, when the children shared food from a large communal plate, Divine wasn't able to feed herself quickly or effectively enough to get adequate nourishment. The few adults on staff at the centre were unable to give the child the individualised care that she needed.

Divine's condition weighed on Esther, who regularly prayed for guidance. A widowed mother to several grown children and already the primary caregiver to an energetic young grandson, she had learned about the harmful effects of institutionalisation on children from the sensitisation workshops that the NGO, Hope and Homes for Children, had carried out in her community with her and other members of the local farmers' cooperative. It was these sessions that had led her to visit the institution where Divine lived, to see for herself whether such places were indeed damaging to children. She hadn't expected to be moved by the boys and girls she saw, or to see how poor their quality of life was. But the workshops and the visits helped her understand what life was like for children in these settings, especially those with disabilities, and she felt compelled to do something, to help in some small way. She wondered if it was realistic or sensible for her to take on the care of a child with special needs. Some friends and family encouraged her, while others said she should at least foster a girl who could fetch water for her. After successfully completing the foster care assessment with the district social worker and psychologist, Esther chose to become Divine's foster mother. That was nearly four years ago.

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Settling in

Esther and Divine settled into life together relatively quickly. Esther had prepared herself and her home as best she could. She moved the furniture in her small house to the edges of the room so that Divine could have unimpeded space to move. She laid grass matting on the dirt floor to soften it and ease its bumps. She created space in her bedroom for the child to share her bed. She carried Divine about the house and the yard, telling her the names of plants and people and things. She patiently helped her to eat and drink. Over time, Divine grew stronger and more interactive.

Ongoing support

No financial assistance was originally provided to Esther to care for Divine. However, as time passed, Esther found that she needed specific kinds of support to meet Divine's needs. There were visits to the hospital for treatment, medicines for epilepsy, soaps and cremes for personal hygiene. These things were expensive and Esther did not have the means to pay for them, or for the increasing costs of healthy food as Esther grew. Through regular telephone calls and visits, the TMM social worker helped the family to access money and services to meet these needs and provided practical support, such as arranging for the local pharmacist to prepare Divine's medicine in liquid rather than pill form.

Today, Divine is 10 years old. She is lively and attentive with a broad smile nearly all of the time. She attends school regularly and is so happy there that if she is feeling unwell she will try to hide it from Esther so that she won't be made to miss a single day. She has many young friends who come to visit and play with her. Neighbours are very protective of her and keep a close watch on her; some care for her when Esther has an appointment or needs to run errands. When strangers are nearby, they intervene to ask identities and purpose; Divine's safety is their concern.

The social worker and psychologist who support this family have been impressed with Divine's integration into family and community life. They have been able to reduce their support over time but still offer encouragement and advice when they're needed. While Esther does not require this assistance often, she says it is a lifeline to know that this support is available. Currently, they are helping her to seek the advice and treatment of an orthopedic surgeon, in the hopes that Divine may one day be able to walk. Many people tell Esther how fortunate Divine is to have Esther's love and care. Esther insists that she's the lucky one.

"This is my choice; I understand. It is about mindset, how you see other people.
To help a child to live is a gift." - Esther

"When she came here, she could not sit up or interact with others. Now she can do these things. She knows her name, my name, the names of her extended family. She can wash and dress herself. She can hold things and do things for herself. She knows the difference between good and bad. She loves being with children and is always happy." – Esther.