



Ministry of Gender
and Family Promotion

National Survey of Institutions for Children in Rwanda

November 2012



Hope & Homes for Children

Foreword

On behalf of the Ministry of Gender and Family Promotion (MIGEPROF), I am delighted to present the report on the National Survey of Institutions for Children in Rwanda. This report gives an accurate picture of the current institutional system as well as the situation of children living within it. The report has been produced as a result of the partnership between MIGEPROF and Hope and Homes for Children, in the spirit of our joint commitment to transform the childcare system and ensure that all children, particularly those currently living in institutions, are able to experience family life and achieve their full potential.

Based on the findings from the National Survey of Institutions for Children in Rwanda, the Cabinet of the Republic of Rwanda went an extra mile by approving a National Strategy for Child Care Reform. This strategy takes a long-term perspective of transforming Rwanda's current child care and protection system into a family-based, family-strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together. The strategy will promote positive Rwandan social values that encourage all Rwandans and their communities to take responsibility for vulnerable children.

It is important to mention that achievement of the above will guarantee the fulfilment of the right to live in a loving, safe and supportive family environment for all children living in institutions. This report, therefore, is loaded with useful qualitative and quantitative baseline information regarding institutions, and the children living within them, that will facilitate a thorough and informed decision-making process as we reform our childcare system.

I extend my special gratitude to Hope and Homes for Children for not only taking the lead in conducting this survey but also for working in partnership with MIGEPROF and the National Commission for Children in spearheading deinstitutionalisation in Rwanda. The recent pilot project to close the Mpore PEFA institution was a landmark achievement that enabled all the children and young adults resident to be reintegrated into their families or placed into alternative family-based care. The closure of Mpore PEFA established a precedent for further closure of institutions for children in our country. The mystery surrounding deinstitutionalisation has been demystified, as this pilot proved that moving children from institutions into family and alternative care is not only possible but also has better outcomes for children.

Together we have raised substantial level of awareness about the situation of children living in institutions in our country and generated a shared concern to make a paradigm shift that will see all the 3323 children currently living in 33 institutions for children without parental care placed into family-based care.

It is my pleasure to use this opportunity to thank all the partners of MIGEPROF, particularly UNICEF for the support provided in putting in place enabling legislative and policy frameworks that enable the Ministry to fulfil its mandate. In 2011, the Government adopted an Integrated Child Rights Policy and an accompanying Integrated Child Rights Strategy to implement the policy. These documents combined provide the outline of a plan to strengthen our child care system. The Law N. 54/2011 relating to the Rights and Protection of the Child was signed by His Excellency Paul Kagame, The President of the Republic, on 14th December 2011. The law identifies the rights and responsibilities of families, children, NGOs and the Government regarding the rights and protection of children. It provides for a system of alternative care including kinship care, foster care, and adoption and provides for family supports to prevent unnecessary

out of home placement. The Ministry will continue to put in place relevant laws and policies that will streamline the implementation of the National Strategy for Child Care Reform.

This report showcases the magnitude of the task ahead of us in our endeavour to strengthen the Rwandan childcare system. I therefore call for a collective effort of different stakeholders, including Government and Non-Government Organisations, the private sector, international agencies and other development partners to use this report in informing their decisions and plans, and allocate their resources and efforts to support the implementation of the National Strategy for Child Care Reform.

Together we shall achieve our goal where the Rwandan family will be a harmonious and prosperous one, providing a sound foundation for the well-being of all its members, especially its children.

Hon. Aloisea INYUMBA
The Minister of Gender
and Family Promotion
Republic of Rwanda

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Management Team - Hope and Homes for Children Rwanda

Acronyms and abbreviations

%	Percentage
AIDS	Acquired Immune Deficiency Syndrome
CRC	Convention on the Rights of the Child
DI	Deinstitutionalisation
DRC	Democratic Republic of Congo
FRW	Rwandan Franc
HIV	Human Immunodeficiency Virus
MIGEPROF	Ministry of Gender and Family Promotion
NCC	National Commission for Children
OVC	Orphans and Vulnerable Children
PTSD	Post-Traumatic Stress Disorder
UN	United Nations
USD	United States Dollar

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Executive summary

In March 2012, the Cabinet of the Republic of Rwanda approved the National Strategy for Child Care Reform. The aim of the strategy is to transform Rwanda's current childcare and child protection system into a family-based, family-strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together. The strategy recognises that transformation of institutions (sometimes known as orphanages) is an entry point to building sustainable childcare and child protection systems. Importantly, the first phase of the reform (2012-2014) focuses on developing alternative family-based care for children living in institutions and aims that children living in institutions will regain their right to live in a loving, safe and supportive family environment. The first phase, estimated to take 24 months, therefore specifically aims to ensure the closure of 33 institutions and placement of all 3323 children and young adults living in them into alternative care.

A vital first step in the process is to obtain an accurate picture of the current institutional system and the children living within it which can be used to inform decision-making regarding the implementation of the reform strategy and provide a baseline against which progress

can be measured in the future. For this reason Hope and Homes for Children, in partnership with the Ministry of Gender and Family Promotion (MIGEPROF), has conducted a national survey of all institutions for children in Rwanda. The survey covered all 33 institutions for children without parental care that are registered with MIGEPROF with the exception of one institution - Mpore PEFA - which was in the process of being closed through a pilot deinstitutionalisation project.

Objectives

The survey had the following objectives:

Objective 1: To gather comprehensive quantitative data about all children living in institutions in Rwanda

Objective 2: To gather qualitative data from a sub-sample of children concerning their personal experience of living in institutions

Objective 3: To gather data about the institutions and their staff

Objective 4: To identify existing interventions in the priority areas of the reform process

Key Results

Characteristics of children

A total of 3323 children and young adults are reported to be currently resident in 33 institutions.

- 55% are boys and 45% are girls
- The age range is 0-43 years, with 11.0% aged 0-3 years and 25.9% aged over 18 years
- 37.5% of children were aged 0-3 years at the time when they were placed in the institutions
- Children spend very long periods of time living in institutions: 29.9% of children currently living in institutions have already spent more than 10 years in the institution
- The most common reasons for children being placed in the institution include death of one or both parents, abandonment and poverty
- Children are most commonly referred to institutions by their parents and relatives or by local authorities
- The majority of children are placed in institutions located in their districts of origin
- 33.6% of children are reported to be in regular contact with their parents or relatives whilst 50.2% have no contact at all
- Almost all children of school age are enrolled in school

- There is generally a lack of data concerning children and young people who have left institutions. The available data suggests that children leaving institutions were mostly either reunited with their families or embarked on independent living. The average length of stay in the institution was over 13 years.

Characteristics of institutions

- The earliest institutions were opened in 1979 and the most recent in 2010
- Over half of the institutions were established by faith based organisations
- The current occupancy of the institutions ranges from 8 to 566 children
- 599 staff members are employed in the institutions
 - The age range is 15 to 75 years
 - 51.1% have completed primary school only, 27.7% have completed secondary school and 8.9% have completed higher education
 - 46% of staff members live within the institutions
- 23 institutions disclosed their annual budgets and sources of funding
 - Average cost per child per day is 2920 FRW (5 USD)
 - Most institutions are funded through a combination of MIGEPROF funding and private donations

Key Recommendations Children

- Every child has the right to live in a family. **All children should be moved from institutions into family-based care, following a careful process of child assessment, family tracing and assessment and preparation, with ongoing support and monitoring.**
- The detrimental impact of institutionalisation on children has been widely documented, and evidence shows that children under 3 years old are particularly vulnerable¹. This age group is highly represented among new entries to institutions in Rwanda: in 2011, 40% of all children placed in institutions for the first time were under the age of 3. **The youngest children must be moved out of institutions as soon as possible and children aged 0-3 years must no longer be placed in institutions. Prevention mechanisms must also be supported and developed at community level, especially for the youngest age groups to prevent them from being separated from their families and entering care.** This includes early intervention at maternity wards to identify and provide support to mothers at risk of abandoning their babies, and development of

emergency, short and long term fostering to ensure that babies are not placed in institutions.

- The age distribution of children and young people currently placed in institutions is 0-43 years old, and over a quarter of residents in children's institutions are in fact young adults aged over 18. The large number of young adults still living in institutions indicates a lack of exit strategies for children living in institutions. **It is vital that these young adults are supported into independent living, and new strategies must be developed to ensure timely transition into independent living for all children in care upon reaching adulthood.**
- Children are spending very long periods, and often their entire childhood, in institutions which makes the transition to family life or independent life extremely challenging. The findings from the survey showed that a significant number of children (29.9%) have spent more than 10 years in institutions. Little evidence was found of individual care plans for each child and young adult. **Every child in care, including those in institutions, should have an individual care plan which aims to ensure appropriate**

interim care and the placement of the child into appropriate family care as soon as possible. This should be developed by a multi-disciplinary team of professionals, together with the child, based on a thorough assessment of the child and his/her situation, in order to inform placement decisions and to design for each child an appropriate alternative care placement. The continuum of care, or placement hierarchy, should be used to ensure that placement decisions are made to ensure every child lives in his/her own family, or an environment as close as possible to their origins, and in the best interest of the child. Encouraging the development of foster care and local adoption will enable many children to have the opportunity to live within the love of a family and within their own communities.

- Over half of children resident in institutions have no contact with their parents, relatives or other significant adults. **Institution managers should take active steps to enable children to develop or maintain contact with their family members. In moving children from institutions, siblings should be enabled to stay together.**

System

- Only the institutions themselves currently hold records of individual children. A national monitoring system and database should be developed to keep track of all children in care, including all children who enter, or are already in, institutional or alternative care. Local authorities should specifically keep a record of all children living in institutions located in their administrative unit. **A system for recording and monitoring data about children in care should be established, involving decentralised structures to facilitate the ongoing monitoring of children's wellbeing in care.** During this survey it was very difficult to obtain basic information about children who have left institutions and where they went. The monitoring system should ensure that details of children and young people who have left the care system are also kept.
- In 2011, 226 children entered institutions. Attention should be given to the development of social protection, family strengthening and prevention mechanisms to stem the flow of children into institutions. **As soon as these prevention mechanisms are in place then a moratorium should be placed on new entries into institutions.**

¹ For a summary of the evidence of the harm caused by institutional care, see Williamson, J and Greenberg, A (2010) Families, Not Orphanages. Better Care Network.

- The main reasons for children being placed in institutions since 2007 are the death of the mother (23.3%), death of both parents (21.8%), abandonment of the child (21.8%) and poverty of the primary carer (21.5%). **These are broad terms and further research is needed to understand why families are breaking down.** Detailed understanding of the root causes and entry points to institutions is vital to enable the development of targeted social protection, family-strengthening and prevention measures.
- The survey revealed that most of children currently living in institutions were brought by their relatives or other guardians (35.3%), local authorities (15.7%) or their parents (11.1%). Proper procedures, whereby the local authorities must approve the placement of a child into an institution, are not being followed. **There is a need to improve the child protection knowledge of local authorities and improve the statutory processes and procedures for entry of children into care.**
- There is a clear link between the location of institutions and the district of origin of children residing in them, suggesting that institutions exert a “pulling effect” whereby their very existence greatly

increases the likelihood that children from the neighbourhood may be placed in institutions. Children are placed in institutions as a quick and easy solution, which inhibits family and community initiatives towards prevention and alternative family care for children without parental care. **Awareness raising and education is vital to ensure that families and communities are aware of the negative impacts of institutionalisation and to discourage institutionalisation as a solution for children without parental care.** The media and local leaders may play a central role in disseminating these messages.

- The quantity and quality of staff working in institutions, particularly with regard to direct care staff members who provide daily care for children, is worrying. **Formal recruitment criteria and processes and appropriate training are vital for all staff members who work directly with children in care.** Institution staff may play a key role in providing information to support the placement of children into alternative care, so training and supervision is needed to ensure they can help to fill the knowledge gap caused by poor record keeping and assist in the initial placement process.

- **Workforce development within the social care sector should be prioritised to ensure that a highly skilled and well-resourced cadre of professionals is able to support the transition of children in institutions into alternative care.** Professional knowledge and skills are required to undertake assessment, care planning and preparation of children and families, and none of these skills were evident within existing institutional staffing. Professional teams (social workers and psychologists) should be recruited and provided with appropriate training and supervision.

- Institutions are expensive and ineffective forms of care. The average cost per child living in an institution per day is 2,920 FRW (5 USD) or 87,600 FRW (146 USD) per month. **International evidence² clearly shows that institutional care is less cost effective than other forms of care, but further research is necessary to understand the relative cost in the Rwandan context. Furthermore, efforts must be invested in encouraging local and international donors to reallocate their funding from institutional care towards the development and support of alternative family and community-based care.**

² For example, the annual cost for one child in residential care in the Kagera region of Tanzania was more than USD\$1,000, equal to six times the cost of supporting a child in foster care. In World Bank (1997) *Confronting AIDS: Public priorities in a global epidemic*, Oxford University Press, p. 221. The text reports that institutional care was 10 times as expensive as foster care, but a subsequent review of the data indicated that the ratio was closer to six to one. In South Africa, residential care was found to be up to six times more expensive than providing care for children living in vulnerable families, and four times more expensive than foster care or statutory adoption. In Desmond, C and Gow, J (2001) *The Cost Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa*, University of

Natal, Durban, South Africa. A cost comparison in east and central Africa by Save the Children UK found residential care to be 10 times more expensive than community-based forms of care. In Swales, D.M (2006) *Applying the Standards: Improving quality childcare provision in East and Central Africa*, Save the Children UK, 2006, pp. 108-110. In Romania, the World Bank calculated that professional foster care would cost USD\$91 per month/per child, and adoption and family reintegration would cost on average USD\$19 per child, compared to between USD\$201 and USD\$280 per month/per child for institutional care. In Tobis, D (2000), *Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union*, The World Bank.

1. Introduction

The Rwandan Government's aim for children living in institutions³ is to reduce the number of children in institutional care through systematic family tracing and reunification efforts, as well as through the development of suitable family-based alternatives⁴. It is in the implementation of this strategy of deinstitutionalisation (DI) that the Ministry of Gender and Family Promotion (MIGEPROF), in cooperation with Hope and Homes for Children, has launched a pilot DI project to close the Mpore PEFA Institution in Kigali and is now undertaking a national survey of all the children in institutions across the country.

The DI process is rooted in a large body of research⁵ together with Hope and Homes for Children's own experience in the field, which shows that institutional care, by its very nature, has a highly detrimental effect on children's development and wellbeing. This awareness is reflected in the constitution of the Republic of Rwanda⁶ and the UN Convention on the Rights of the Child (CRC)⁷.

In 1997 MIGEPROF issued guidelines for the successful implementation of DI and recommended phases towards family reunification and reintegration. In 2004, a National Policy on Orphans and other Vulnerable Children was introduced, which strongly supported community-based care. Law no 27/2001 of 28 April 2001 on the protection of Children against Violence, especially in Articles 2 and 9⁸

is another illustration of the commitment of the Government of Rwanda⁹. In March 2012, whilst this national survey was being undertaken, the Cabinet of the Republic of Rwanda approved a National Strategy for Child Care Reform. The aim of the strategy is to transform Rwanda's current childcare and child protection system into a family-based, family-strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together.

All of these documents recognise that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding (CRC: Preamble).

A vital first step in the process is to obtain an accurate picture of the current institutional system and the children living within it which can be used to inform decision-making regarding the implementation of the reform strategy and provide a baseline against which progress can be measured in the future. For this reason Hope and Homes for Children, in partnership MIGEPROF, has conducted a national survey of all institutions for children in Rwanda. The survey covered all 33 institutions for children without parental care that are registered with MIGEPROF - excluding the Mpore PEFA Institution which was in the process of being closed through a pilot deinstitutionalisation project.

2. Objectives of the survey

The purpose of the survey is to gather comprehensive data on the current institutional system in Rwanda and the situation of children living in those institutions. The survey aims to provide critical analysis and recommendations that can inform and influence national strategy and planning on DI, including the development of reasonable timeframes and strategies for DI, services and mechanisms needed. The survey will also provide a baseline assessment against which future progress can be measured.

The survey has the following specific objectives:

Objective 1: To gather comprehensive quantitative data about all children living in institutions in Rwanda

Collect the following data for each child currently living in an institution:

- Name
- Gender
- Date of birth and current age
- Place of origin
- Reason(s) for placement
- Date of placement
- Child's age at the time of placement
- Person or agency that referred the child to the institution
- Child's contact with parents or other relatives
- Child's health status
- Any disabilities or special needs
- Education: school attendance, grade and performance

Collect data about each child or young adult who has left institutional care during the period 2007-2011, as follows¹⁰:

- Name
- Gender
- Date of placement in the institution
- Date when the child left the institution
- Where the child went after leaving the institution

Objective 2: To gather qualitative data from a sub-sample of children concerning their personal experience of living in institutions

Interview a sub-sample of children in order to provide richer, qualitative evidence of children's experience. Themes to be covered include their family circumstances and relationships, perceptions of life in the institution, their perceived needs and aspirations for their future.

Objective 3: To gather data about the institutions and their staff

Collect data about the management and administrative structures, physical infrastructure and provision of services within institutions.

Collect data about the numbers, structures and skills of staff in institutions.

Objective 4: To identify existing interventions in the priority areas of the reform process

Identify existing interventions in the priority areas of the DI process, including prevention of separation, reintegration of children into their families, development of alternatives to institutional care and support to young adults leaving institutions.

3 Sometimes also referred to in Rwanda as orphanages or centres
4 Memorandum of Understanding between the Ministry of Gender and Family Promotion and Hope and Homes for Children: 2.3

5 For a summary of the research and evidence demonstrating the negative impacts of institutional care - see Williamson, J and Greenberg, A (2010) *Families, Not Orphanages. Better Care Network*.

6 The Constitution of the Republic of Rwanda of 4th June, 2003, as amended to date, in particular articles 27 and 28

7 UN Convention on the Rights of the Child of 20th November, 1989, in particular Articles 3, 5, 9, 11, 19, 20, 21, 27, 34

8 Article 2 stipulates: All rights and their governing laws included in this

law are to the benefit of all children. No article of this law modifies any articles of other existing laws that may provide more favourable rights and protection of the child against violence than those provided for by this law.

Article 9 stipulates: The child's interests must be taken into account before any decision concerning him/her is made. It is necessary to hear from the child prior to making any decision concerning him/her regarding administrative and judiciary matters whether directly or indirectly through his/her representative.

9 This law is currently under revision

10 It was originally hoped to collect the same level of detailed data for these children as for children currently living in institutions but the

scope was reduced due to a lack of data available regarding children who have left institutions.

3. Methodology

The survey was conducted from October 2011 to December 2011 and reflects the situation of children living in institutions at this time. Only institutions registered by MIGEPROF as “orphanages” were assessed: the survey did not include centres for street children, institutions for disabled children or children living in prisons with their parents. *Table 1* presents the numbers of children and institutions covered by the survey in each province.

A mixed methodology was employed combining both quantitative and qualitative instruments and techniques. This included questionnaires, interviews and focus groups. Institution managers provided comprehensive data about each individual child currently living in the institutions and basic data about each child who had left

the institutions during the previous 5-year period, as well as information regarding staffing, budgets and sources of finance. Interviews were conducted with a sub-sample of children, families, institution staff members and local leaders in order to gain insight into their personal perceptions of institutional care.

The lack, or poor quality, of documentation for each child was particularly challenging and many children’s details were inaccurate or missing in the institutions’ records. This prolonged the data analysis as it was necessary to cross-check and correct the missing or inconsistent data.

Further details of the methodology can be found in Appendix 1.

Provinces					
	Kigali City	North	South	West	East
	9 institutions	3 institutions	9 institutions	5 institutions	7 institutions
Population	762 children	347 children	673 children	1086 children	455 children

Table 1: Numbers of children assessed and numbers of institutions per province

4. Results

4.1 Children resident in institutions

Data concerning children currently resident in institutions is presented below and encompasses socio-demographic information, reasons and length of placement, health and education status and personal perceptions of institutional care.

Records of children placed in institutions

Only the institutions themselves hold records of individual children and therefore it was not possible for the purposes of this survey to verify data from a second source or to clarify any gaps and inconsistencies. Local authorities do not hold any records of children from their areas that are living in institutions, even in cases where these authorities have directly referred children to institutions. MIGEPROF is also relying solely on the institutions to provide data about the children in their care and cannot be fully confident that the information they are receiving is accurate and complete.

The data collected for the survey contained numerous gaps and inconsistencies. For example, institutions were asked to provide a date of birth and current age for each child. On analysis of this data it was found that these figures matched in only 72% of cases. In these cases, by comparing data provided for children’s dates of birth,

current age, date of admission and age on admission it was possible to calculate with relative confidence a year of birth for 98.5% of children. However, for 48 children (1.5%) it was not possible to ascertain the date or even year of their birth, one of the most fundamental building blocks of a child’s identity.

The situation concerning record keeping for children who have left institutions is even more alarming. Many institutions retain no written records of children once they leave the institution and were unable to provide even the most basic information about these children, including where the children went.

Total number of children currently living in institutions

The survey finds that there are a total of **3323** children and young adults currently living in 33 institutions in Rwanda. Of these 55% are boys and 45% are girls. The number of children living in institutions is significantly lower than the 3765 children previously reported by MIGEPROF in 2010. This may be partly due to a number of children having left institutions since 2010. However, some institution managers acknowledged that sometimes children remain registered at certain institutions even after they have exited.

Table 2 provides the total numbers of children resident in each institution as reported by institution managers for this survey.

Institution	Location (district and province)	Current occupancy
Cité de la Misericorde, Gahanga	Kicukiro, Kigali City	48
Cité de la Misericorde, Niboye	Kicukiro, Kigali City	70
Village de la Paix, PAMASOR	Kicukiro, Kigali City	76
New Hope Homes	Kicukiro, Kigali City	29
Association Orphelinats Mère du Verbe	Gasabo, Kigali City	62
SOS Children's Village Kigali	Gasabo, Kigali City	266
Petite Soeur de Jésus	Kicukiro, Kigali City	14
Centre Memorial Gisimba	Nyarugenge, Kigali City	141
Home of Hope	Nyarugenge, Kigali City	56
Cité de la Misericorde, Rusayo	Rusizi, West	256
Village d'orphelins INEZA, Rubengeri	Karongi, West	59
Orphélinat Noël, Nyundo	Rubavu, West	566
Orphélinat "Imbabazi", Rubavu	Rubavu, West	77
L'Espérance Children AID Rwanda	Karongi, West	128
SOS Children's Village Byumba	Gicumbi, North	282
Ami de Jésus	Gakenke, North	35
Orphélinat Ste Elisabeth de Hongrie	Rulindo, North	30
Victory Family of Champions	Kamonyi, South	60
Orphélinat St Elisabeth Kibondo	Huye, South	82
SOS Children's Village Gikongoro	Nyamagabe, South	213
Cité de la Misericorde, Huye	Huye, South	8
Home Amizero Kinazi	Ruhango, South	38
Home Don Bosco	Nyanza, South	40
Join Aid Management	Muhanga, South	108
Centre Saint Antoine	Nyanza, South	80
Urukundo Foundation	Muhanga, South	44
Orphélinat Adventiste de Gakoni	Gatsibo, East	76
Home of Mercy	Gatsibo, East	30
Centre Girimpuhwe Remera	Gatsibo, East	49
Orphélinat St Joseph Muhura	Gatsibo, East	142
Rafiki Foundation	Bugesera, East	48
Home of Joy	Ngoma, East	51
SOS Kayonza	Kayonza, East	59

Table 2: Numbers of children resident in institutions as reported for the survey

Age group	Number of children	%
0-3 years	364	11.0%
4-7 years	583	17.5%
8-14 years	898	27.0%
15-18 years	571	17.2%
19-25 years	764	23.0%
26 years and over	95	2.9%
Information not provided	24	0.7%
Information too inconsistent to allow for age to be calculated	24	0.7%
TOTAL	3323	

Table 3: Age profile of children

Age profile of children resident in institutions

Children and young people currently living in institutions are aged between 0 and 43 years. The mean age is 13.0 years. Table 3 shows the age profile of the children.

The largest group of children (27.0%) comprises those aged 8-14 years.

Research shows that institutional placements are particularly damaging for children aged 0-3 years. Whilst the proportion of children currently aged 0-3 years is relatively small (11.0%), later in the report it will be seen that almost 40% of children entered institutions whilst aged 0-3 years.

A staggering 859 young people aged over 18 years, representing over one quarter (25.9%) of the total population of the institutions, are still living in children's institutions. Many of these young adults are well into their 20s and the oldest is aged 43 years. This very large number of young adults living in children's institutions is alarming and indicates a lack of preparation and support for young adults to leave institutions and become independent.

Children's districts of origin

Children's districts of origin are presented in Table 4. 2354 children (70.1%) come from the 19 districts where institutions are located. The 11 districts with no registered institutions provide only 13.7% of the total number of institutionalised children. The

district of Burera, for example, is far from any institution and has only 7 children placed in institutions across the country. This suggests that institutions exert a "pulling effect" whereby their very existence greatly increases the likelihood that children from the surrounding communities will be placed in the institutions rather than a family-based solution being sought.

A significant number of children have come from neighbouring countries and are distributed as follows: 56 from the Democratic Republic of Congo (DRC), 12 from Uganda, 6 from Burundi and 1 from Tanzania.

Reasons for placement

Institution directors were asked to provide information about the reasons why each child was placed in the institution. The information provided was very rich and can provide the basis for planning focused prevention services in the future. The main factors leading to children being placed in institutions are presented in Table 5.

It can be seen from the table that the death of both parents is the most prevalent reason for children's placement in institutions. However, due to the possibility that these figures are somewhat skewed by the large number of children orphaned during the 1994 genocide, together with the possibility that other trends have also changed over recent years, further analysis was carried out to identify the main causes of placement during the past 5 years, that is 2007-2011¹¹.

¹¹ In this case only factors affecting at least 5% of children were included

District	Number of children	%	District	Number of children	%
Rubavu	362	10.9%	Rwamagana	51	1.5%
Gasabo (Kigali)	204	6.1%	Kayonza	47	1.4%
Rusizi	195	5.9%	Musanze	47	1.4%
Nyarugenge (Kigali)	178	5.4%	Rutsiro	45	1.4%
Kicukiro (Kigali)	176	5.3%	Ngoma	42	1.3%
Huye	160	4.8%	Kamonyi	39	1.2%
Karongi	158	4.8%	Nyagatare	39	1.2%
Gatsibo	146	4.4%	Nyaruguru	37	1.1%
Gicumbi	112	3.4%	Gakenke	30	0.9%
Kigali (district not identified)	101	3.0%	Ruhango	28	0.8%
Bugesera	97	2.9%	Rulindo	27	0.8%
Nyamagabe	90	2.7%	Ngororero	25	0.8%
Nyanza	84	2.5%	Kirehe	17	0.5%
Muhanga	78	2.3%	Uganda	12	0.4%
Nyamasheke	71	2.1%	Burera	7	0.2%
Gisagara	61	1.8%	Burundi	6	0.2%
Congo	56	1.7%	Tanzania	1	0.0%
Nyabihu	54	1.6%	Information not provided	440	13.3%
TOTAL	3323				

Table 4: Children's districts of origin

Reasons for placement	No. of children	% ¹²
Death of both parents ¹³	1038	31.2%
Death of mother ¹⁴	662	19.9%
Child was abandoned ¹⁵	536	16.1%
Poverty	466	14.0%
Parent/person caring for the child has a mental health problem	230	6.9%
Parent/person caring for the child is in prison	132	4.0%
Child became separated from parents during the war	129	3.9%
Parent/person caring for the child suffers from chronic illness or disability or is too old to care for the child	124	3.7%
Death of father	122	3.7%
Child was abused or neglected	42	1.3%
Child has a disability or health problem	42	1.3%
Family conflict	42	1.3%
Parent/person caring for the child is a minor	37	1.1%
Child placed in order to access education	15	0.5%

Table 5: Factors leading to children being placed in institutions

12 Note: respondents were able to list more than one reason per child, hence given percentages do not total 100%
13 Of these, 140 children are recorded as having lost both parents in the

genocide and 24 as having lost both parents of HIV/AIDS
14 Of these, 175 children lost their mother during childbirth
15 This was the sole reason cited for 369 children (11.7%).

Total number of children placed 2007-2011 is 1052

Reasons for placement	No. of children	% ¹⁶
Death of mother	245	23.3%
Death of both parents ¹⁷	229	21.8%
Child was abandoned ¹⁸	229	21.8%
Poverty	226	21.5%
Parent/person caring for the child has a mental health problem	105	10.0%
Parent/person caring for the child is in prison	90	8.6%
Parent/person caring for the child suffers from chronic illness or disability or is too old to care for the child	61	6.0%

Table 6: Factors leading to children being placed in institutions during the period 2007-2011

Information regarding reasons for placement during this most recent period can be used to inform the development of focused prevention services in the future. The results of this analysis are presented in Table 6.

During the period 2007-2011 the most prevalent reasons for children being placed in institutions are the death of the child's mother, the death of both parents, abandonment and poverty.

Abandonment is a term that requires further elucidation wherever additional information is available as in itself it is imprecise and fails to reveal the root causes of the child's separation from his/her parents. If the term abandonment was applied only to cases where literally nothing is known about the children's parents or origins, then a total of 132 (12.5%) of the total number of children who entered institutions during the period 2007-2011 could truly be described as having been abandoned.

It is important to note that poverty is almost always found together with other factors rather than being the sole reason for a child being placed in an institution. In particular the death of a child's mother, or the death of both parents, together with poverty in the wider family, were combinations found in several cases: 40.6% of children whose mothers had died, and 15.7% of children both of whose parents had died, also experienced poverty in the family¹⁹.

Children and adults who were interviewed as part of the survey were asked for their perceptions of the reasons why children are placed in institutions. In the main, their responses further confirm the analysis presented above.

The loss of one or both parents was perceived to be the predominant cause for children being placed in institutions. The 1994 genocide, war and displacement, exile, HIV/AIDS and maternal mortality are cited as causing large numbers of children to be referred to institutions.

"I am poor. My daughter left home to find a job as a housekeeper to earn a living. Things did not go as expected, she came back pregnant. In the pain of giving birth she suddenly passed away. The child survived. I had a child of my own and it was too difficult for me to look after both of them. So I brought the baby to the institution to be cared for".

Several interviewees made particular mention of the vulnerability of HIV/AIDS orphans given the high level of stigma and the possibility of parents, particularly mothers, passing on the virus to their children. HIV/AIDS affected and infected orphans may be referred to institutions because of their social vulnerability and because of the stigma attached to their situation.

16 Note: respondents were able to list more than one reason per child, hence given percentages do not total 100%
17 Of these, 78 children (7.4% of the total number of children placed during the period) lost their mother during childbirth.

18 This was the sole reason cited for 166 children (15.8% of the total number of children placed during the period).
19 No other significant clusters of reasons for placement were found.

“When someone is born with HIV, the family may reject them and sometimes there is no other choice than to send the child to an institution”.

Poverty was also perceived to be a factor in the placement of children in institutions, together with a common belief that institutions can guarantee to provide children with all their primary needs. Very poor families and large families are seen as particularly likely to refer their children to institutions.

“When you are born in a family where there are many children and your parents cannot care for all of you, the institution can help to look after them! Some children can live in the institution, and the parents can continue taking care of the others. There may be an opportunity for children in the institution to attend school”.

Some children are reportedly referred to institutions due to poor health and malnutrition resulting from poor living conditions.

“There are parents who are not able to provide proper nutrition and the children may end up suffering from Kwashiorkor²⁰. As a last resort the child may be placed in an institution”.

Other factors perceived to contribute to the placement of children in institutions include abandonment, family conflict, parents suffering from health problems (special mention was made of mental

health problems and HIV/AIDS) and parents serving a prison sentence.

Some interviewees also referred to the so-called “pulling effect” of institutions. The very existence of institutions is reported to exert a pulling effect whereby children who would otherwise remain within their families or communities are instead placed in institutions.

“The most important and relevant reason is that institutions are available and in operation”.

In some cases local authorities automatically refer vulnerable children to institutions instead of exploring other alternative solutions within the family and the community. For example, children suffering from malnutrition are often referred to institutions instead of their parents being offered support in meeting their children’s nutritional needs.

“The institutions and the local leaders play a big role. When a poor parent brings a child, instead of helping them, they instead recommend that the child be placed in the institution, yet if they supported the parent the child could be cared for even though the parents are poor”.

The above quotations illustrate how children’s institutions tend to weaken existing structures at family and community level as institutions provide quick and easy solutions for children without parental care.

Age group	No. of children	%
0-3 years	1247	37.5%
4-7 years	904	27.2%
8-14 years	741	22.3%
15-18 years	82	2.4%
19-25 years	12	0.4%
26 years and over	2	0.1%
Information not provided	335	10.1%
TOTAL	3323	

Table 7: Children’s age at the time of placement

Children’s age at the time of placement Table 7 presents the children’s ages at the time when they were placed in the institution.

The majority of children (2151 or 64.7%) entered the institutions during the first seven years of their lives. The very large number of children placed at age 0-3 years (1247 or 37.5%) is alarming bearing in mind the especially detrimental effects of institutionalisation on these youngest children.

In order to identify trends in children’s age at the time of placement, analysis was carried out of children’s age on entering institutions over the past 18 years (see Table 8).

From the table, it can be observed that the most significant trend is a steady increase in the number of children entering institutions at the age of 0-3 years from 2004 onwards and particularly since 2007. 40.7% of new entries in 2011 and 46.3% of new entries in 2010 were children under the age of three. For this reason, and due to the particular vulnerability of these very young children to the damaging effects of institutions, further analysis was carried out to explore in more detail the situation of children aged 0-3 entering institutions during the period 2007-2011.

Children entering institutions at age 0-3 years during the period 2007-2011

During the past five years (2007-2011), a total of 462 children aged 0-3 years (217 girls and 244 boys, one child gender unknown) are reported to have entered institutions. The children’s districts of origin

are presented in Table 9 and it is interesting to note that there are two institutions, both catering primarily for babies and very young children, located in Huye, the district of origin of the largest percentage (13%) of children. This again suggests the “pulling effect” of institutions.

Of the 462 children, 331 (71.6%) have no contact with their parents or other adult relatives. This is significantly higher than the percentage of children who have no contact with parents or relatives across all age groups (50.2%)

The reasons for children aged 0-3 years entering institutions during the period 2007-2011 are presented in Table 10. The most prevalent reason is abandonment, which was present in 31.8% of cases and was the sole reason in 113 (24.5%) cases. For 103 children (22.3%) absolutely nothing is known about their parents or any other relatives. This suggests a need to further investigate the root causes of the abandonment of babies and infants in order to develop effective prevention services.

Maternal mortality is also a significant reason for the placement of babies and infants in institutions, being present in 31% of cases. 64 babies (13.9%) were placed following the deaths of their mothers during child birth.

Poverty is a factor in 22.3% of cases of children aged 0-3 years being placed in institutions. However, in almost every case poverty is found in combination with other factors rather than being the primary or sole reason for placement.

²⁰ Kwashiorkor is an acute form of childhood protein-energy malnutrition.

Year of entry	Childs age at time of placement						Total
	0-3 years	4-7 years	8-14 years	15-18 years	19-25 years	26+ years	
1994	82	97	43	0	0	0	222
1995	41	47	21	2	0	0	111
1996	30	22	12	0	0	0	64
1997	35	48	17	0	0	0	100
1998	49	81	50	0	0	0	180
1999	40	33	27	0	0	0	100
2000	31	20	38	3	0	0	92
2001	56	27	36	5	4	0	128
2002	60	33	45	4	0	1	143
2003	52	38	44	8	1	0	143
2004	71	51	72	7	0	0	201
2005	79	35	38	12	0	0	164
2006	79	40	54	6	0	1	180
2007	102	62	64	12	0	0	240
2008	90	35	37	1	0	0	163
2009	91	60	60	11	4	0	226
2010	87	64	30	7	0	0	188
2011	92	85	42	4	3	0	226
TOTAL	1167	878	730	82	12	2	2871

Table 8: Trends in children's age at the time of placement over the past 18 years

District	No. of children	District	No. of children
Huye	60	Kigali (district not identified)	8
Gasabo	40	Kayonza	6
Gatsibo	35	Nyagatare	6
Kicukiro	30	Musanze	5
Rubavu	20	Kirehe	4
Bugesera	19	Ruhango	4
Gisagara	19	Ngororero	3
Nyarugenge	19	Nyaruguru	3
Karongi	17	Rwamagana	3
Gicumbi	15	Nyabihu	3
Rusizi	14	Gakenke	2
Nyamagabe	13	Rulindo	2
Muhanga	11	Burundi	2
Kamonyi	10	Rutsiro	1
Nyamasheke	9	Congo	1
Ngoma	8	Burera	0
Nyanza	8	Information not provided	62
TOTAL: 462			

Table 9: Children aged 0-3 years entering institutions 2007-2011 and their district of origin

Reasons for placement	No. of children	%
Abandoned children • This was the sole reason cited in 113 cases • In 103 cases nothing at all is known about the children's parents or other relatives	147	31.8
Mother died • Of these, 64 died during child birth	143	31.0
Poverty • This factor was generally found in combination with other factors and was cited as the sole factor in only 5 cases	103	22.3
Parent/ main carer suffers from mental health problem	57	12.3
Both parents died	34	7.4
Parent/main carer is in prison	31	6.7
Father died	16	3.5
Parent/main carer has a physical health problem, disability or age related health issues	15	3.2
Child was abused or neglected	9	1.9
Parent/main care is a minor	5	1.1
Child has health problem/disability	3	0.8
Total	462	

Table 10: Reasons for placement of children aged 0-3 in last five years (2007-2011)

Person who referred the child	No. of children	%
Relatives and other main guardians	1174	35.3%
Local authorities	521	15.7%
Parents	368	11.1%
Transferred from other institutions	305	9.2%
Religious leaders	169	5.1%
Police	69	2.1%
Hospital	67	2.0%
Children reporting themselves to institutions	44	1.3%
Institution Management	35	1.0%
Found abandoned outside the institution	12	0.4%
School	4	0.1%
Information not provided	555	16.7%
Total	3323	

Table 11: Person who referred the child to the institution

Referral of children to institutions

From the statistics in Table 11, it can be seen that children are placed in institutions primarily by their relatives and other main guardians (35.3%), local authorities (15.7%) and parents (11.1%). The fact that almost

half of children are referred by their parents or other relatives suggests a lack of support available to vulnerable families, a lack of gate-keeping procedures regulating entry to institutions and a lack of family-based alternatives to institutional care.

Length of placement	No. of children	%
0-3 years	809	24.3%
4-5 years	424	12.8%
6-10 years	794	23.9%
11-15 years	542	16.3%
More than 15 years	452	13.6%
Information not provided	302	9.1%
TOTAL	3323	

Table 12: Length of stay in institutions

Length of stay in institutions

Table 12 highlights the length of time that children have spent in the institutions. It should be noted that this refers to the duration of placements so far as these placements were ongoing at the end of 2011.

Almost one third (29.9%) of children and young people have already spent more than 10 years in the institution and 13.6%, that is 452 children and young adults, have spent more than 15 years in the institution. Shockingly, two young people have each spent 30 years living in an institution. In effect these young people have spent their entire childhoods in institutions. This suggests a lack of placement reviews and long term planning for these children. Individual care plans and exit strategies are missing and options for alternative family care are insufficiently explored with the result that placements drift. It is alarming that children are spending such long periods in institutions as it adds to the detrimental effect on their development and wellbeing, makes it increasingly difficult for them to make the transition to family life and/or independence and indicates a lack of placement reviews and long term planning for children placed in institutions.

Children and young adults who left institutions during the period 2007-2011

23 out of 33 institutions provided data concerning children that left the institutions during the period 2007-2011. A total of 704 children and young people are reported to have left institutions during the period 2007-2011. This represents an average

of 141 children and young people leaving institutions each year, which is just 4.2% of the total population of approximately 3323 children resident in institutions at a given moment. This suggests a very slow rate of children exiting institutions and confirms the finding in the previous section that many children are spending very long periods of time in institutions.

The duration of the children's placements and where they went on leaving the institutions is presented in Tables 13 and 14.

Almost a quarter of children (162 children or 23.0%) left the institution within 3 years. Of these the vast majority 147 (90.7%) were reintegrated with their families. This represents 39.2% of the total number of children who were reintegrated with their families. The data suggests that if children do not leave the institutions within 3 years of entering, it is likely that they will remain in the institution for at least 6 years and, in many cases, far longer. This was confirmed in informal conversations, as institution managers expressed how difficult it is to reintegrate young adults who have spent many years in the institution in comparison to children who have spent less time in the institution. This suggests that, in many cases, reintegration can be successfully achieved if efforts are made towards this as soon as the child becomes separated from his/her family, but that reintegration becomes more difficult to achieve the longer the child remains in the institution. This highlights the importance of beginning the search for long term family-based placements for children as soon as they become separated from their families.

Length of placement	No. of children	%
0-3 years	162	23.0%
4-5 years	55	7.8%
6-10 years	148	21.0%
11-15 years	156	22.2%
More than 15 years	142	20.2%
Information not provided	41	5.8%
TOTAL	704	100%

Table 13: Length of stay in institutions: children who left institutions 2007-2011

Where children went	No. of children	%
Reintegrated with family	375	53.2%
Independent living	240	34.1%
Absconded	35	5.0%
Other institution	22	3.1%
Deceased	6	0.9%
International adoption	5	0.7%
Information not provided	21	3.0%
TOTAL	704	

Table 14: Where children and young adults went on leaving the institutions

A significant 42.4% of children who left institutions had been in the institutions for more than 10 years and 20.2% for more than 15 years.

In terms of where children and young adults went on leaving institutions, over half of them were reintegrated with their families (average length of placement was 13.3 years) and a further third embarked on independent living (average length of placement was 14.1 years). A small number absconded or were moved to other institutions and an even smaller number (5 children) were reported to have been adopted internationally although official MIGEPROF statistics suggest a far larger number of inter-country adoption cases. 6 children were reported to have died whilst living in the institution.

No children were reported as having moved to foster families and this form of care seems to be undeveloped until now.

Flow of children through institutions

During the period 2007-2011 1178 children are reported to have entered institutions and 704 children to have left institutions. If this data is accurate then it suggests a substantial increase in the total number of children resident in institutions during the period 2007-2011. However, it is extremely likely that the number of children who left institutions is greater than reported as 11 institutions did not provide any data regarding children that have left the institution.

If the analysis is limited to the 23 institutions that provided data regarding children who left the institutions during the period 2007-2011 then the picture is likely to be more accurate. In this case, a total of 792 children are reported to have entered these institutions and 704 to have left. This represents an increase of 5.1% in the overall number of children resident in these institutions during the period under analysis.

Level	No. of children	%
Nursery	430	13.0%
Primary	1137	34.2%
Secondary	868	26.1%
Special school	3	0.1%
University	157	4.7%
Vocational training	63	1.9%
Child in school but level not specified	40	1.2%
Not in school	581	17.5%
Information not provided	44	1.3%
Total	3323	

Table 15: Children's education levels

Children's contact with their parents, relatives and other significant adults

Children's right to contact with their parents is enshrined both in the UNCRC and in Rwandan law²¹. Regular contact with parents, relatives and other significant adults can help children in institutions to maintain a level of family continuity and closeness. It can also create preconditions for the child's return to his/her family and community. Institution staff members have an important role to play in family tracing and should do all in their power to facilitate children's contact with family members.

Approximately one third of children currently living in institutions in Rwanda (1116 children or 33.6%) are reported as having regular contact with their parents and relatives. 1667 children (50.2%), on the other hand, are reported as having no contact at all.

Children's health and disability

The survey looked at the children's health status and the presence of any disabilities or special needs. It is important to note that the findings are based on the views of institution staff members and written records held in the institutions. No individual health checks or developmental assessments were undertaken as part of this survey.

The vast majority of children (81.6%) are reported to be without any significant health problems or disabilities. This finding is not surprising bearing in mind that there is a separate institutional system in Rwanda, not covered by this survey, for children with disabilities. Nevertheless, 201 children (6.0%) are reported to suffer from chronic conditions such as HIV/AIDS (76 children), epilepsy (30 children) and chronic post-traumatic stress episodes (13 children). A further 99 children are reported as having acute but serious health problems which include malnutrition and other medical conditions such as adverse reactions to anti-retroviral treatment for HIV/AIDS. 144 children are reported as having a disability. Disabilities include blindness (7 children), muteness (8 children), learning difficulties (44 children), cerebral palsy (20 children) and acquired brain injuries (2 children).

Education

79.5% (2641 children) of the total number of children currently living in institutions are enrolled in education. Schooling levels are presented in Table 15.

It is reported that 17.5% of the children (that is 581 children) in institutions are not enrolled in education. 402 children are not in school because they have not

yet reached formal school age whilst 123 young people have already completed their schooling. The remaining 56 children are not in school due to medical conditions or learning disabilities. This suggests a generally good education record, with the majority of children in institutions completing at least secondary level schooling. It is also worth noting that 31.1% of children aged 3-6 years are not benefiting from any formal pre-school programme.

Whilst the majority of children who attend nursery school attend programmes within the institution, most of the older children attend primary and secondary schools within the local community. However, a third of primary school children (347 out of 1137 or 30.5%) attend school programmes within the institutions, which is likely to further isolate these children from their local community.

4.2 Personal perceptions of life in an institution

195 children and adults were interviewed, individually or in a focus group, in order to understand how they perceived the advantages and disadvantages of growing up in an institution as compared to growing up in a family. From the interview responses, respondents were able to identify some positive aspects regarding what institutions can offer but also raised some important concerns.

Institutions are perceived by many as offering security and safety, food, clothing, shelter, access to education, medical care

and protection for abused and neglected children. Unlike many children living in families, children living in institutions are seen as being able to take these things for granted²².

“Children in institutions cannot go hungry, can get good shelter and cannot fail to attend school and access medical services. These children get everything they need in an easy way with fewer struggles whereas those in families get these things only with great difficulty or rely on pure luck. Children in families suffer but they have the opportunity to get used to fighting to survive whereas those in institutions always expect an easy life”.

Although interviewees were able to identify some positive aspects of institutions, they nevertheless emphasised that living in a family is far preferable to living in an institution. From the respondents' perspective, children growing up in institutions are less equipped and skilled than their peers for their future integration in society and future independent living.

“Growing up in an institution is a disadvantage to children because it takes them a long time to get used to the outside world once they leave”.

Institutional placement is seen as generally producing poor outcomes for children in the areas presented in Table 16.

²¹ According to the Law no 27/2001 of 28 April 2001 on the protection of Children against Violence, especially in Article 7, a child has the right to know his/her parents and be brought up by them. When it is not possible to live with his/her parents, the child has the right to obtain necessary assistance from them for his/her welfare, and to visit his/her

parents wherever he/she wishes to in case this does not threaten his/her security or the security of the country. As long as the child is under six years old, he/she must be in his/her mother's care as long as the child's interests are not threatened.

²² In contrast to the opinions expressed by some participants, the observations by the research team of the conditions in institutions

during this survey suggested that in reality many institutions are not able to provide children with these basic things.

Perceived poor outcomes of institutional care with quotations

Loss of connection with family, community and culture	“Children are placed in institutions against their will and are then exposed to a way of life completely different from life in their previous homes, and to different attitudes and beliefs which are different from those of children cared for within their families”.
Lack of skills for independent living	<p>“Children in institutions ... grow up with no sense of direction, you can't give him a hoe and a garden and he manages, he can't organise and take care of a family”.</p> <p>“I sometimes think my child was bewitched because he left the institution when he was already old. When I look at his life now I see that he's not responsible at all. He is not at the same level of understanding as other people his age. He's employed but you can't know how he spends all the money. Other “children” of the same age have built their own lives and are living independently but we are always squeezed into a small house with grandchildren. I fail to understand the reason as to why he can't join other adults, why he has failed to build his own life”.</p>
Psychological distress	<p>“When my child first left the institution he suffered with fear, lack of confidence (low self-esteem) and problems with his speech”.</p> <p>“A child brought up in an institution is always lonely because of a lack of family love (affection), from parents and relatives”.</p>
Disconnected from family members, family history and family property	<p>“Children who grow up in institutions may not know their families, or their heritage.”</p> <p>“A child who grows up in an institution is unfamiliar with his family culture and the family property, and his life and being is just full of a lot of questions and imaginings but without direction and answers”.</p>
Ineffective parenting style and care	<p>“In the institution there's no parental love, there are always many children being cared for by just a single carer. In a family setting where there is more than one child, often if one child is being carried the others feel hurt, how then is it in an institution where there are many children. All this disorganises and hinders their growth and development”.</p> <p>“Since children are in large groups in institutions, they are not given enough attention and hence it is inappropriate childcare”.</p> <p>“In a family you may have both parents, one parent or relatives who you can trust and cooperate with, easily talk to and share about the good and the bad situations, that's not how it is in institutions, children are cared for on mass, no one can pay attention to individual personalities, they consider general issues and that's what matters most”.</p>

Table 16: Perceived poor outcomes of institutional care with quotations

4.3 Characteristics and staffing of institutions

General characteristics of institutions

The first institution was opened in 1954 followed by 4 institutions in 1979. There was a rapid increase in the number of institutions during the 1990s (14 new institutions) following the genocide. The newest institution opened in 2010. Over half of the 33 institutions were founded by faith-based organisations (18 institutions) and the majority were founded by local rather than international organisations.

The main stated mission of the institutions at the time when they were established involved providing for vulnerable children (orphans and disadvantaged children) and vulnerable families (particularly widows and people infected with HIV). In many cases institutions have focused on specific groups felt to be particularly vulnerable and in need of assistance. Different institutions have focused on the following sub-groups of children:

- Orphaned children (both parents died)
- Children from extremely poor and/or otherwise vulnerable families
- Separated and abandoned children
- Children who have been neglected or abused or exposed to violence within their family
- Children referred by MIGEPROF (e.g. children born in prisons)
- Children referred by hospitals following the mother's death during childbirth
- Children suffering from malnutrition
- Children and young people with physical disabilities, learning difficulties and other special needs

The smallest institution has 8 children currently resident whilst the largest has 566 children. Whilst many institutions provide for the full age range of children and even young adults up to the age of 43, some focus on particular age groups. For example, 3 institutions focus primarily on older teenagers whilst a number of others cater mostly for babies and younger children. In some institutions the majority of children are in regular contact with their parents and/or other relatives whilst there are a number of institutions where few if any children have any contact with family members.

Many children in institutions are subjected to poor living conditions including poor nutrition, poor physical condition of buildings, lack of furniture, lack of access to toys and recreational facilities, inadequate hygiene facilities, inadequate quality of care provided and unacceptable methods of discipline.

Budgets and resources

From the total of 33 institutions, 23 disclosed their annual budget and their sources of funding. Annual budgets ranged from 8,682,679 FRW (14,471 USD²³) to 461,224,605 FRW (768,708 USD). From the information provided, the average cost per child is 1,051,513 FRW (1,753 USD) per year. This is equal to 87,600 FRW (146 USD) per month or 2,920 FRW (5 USD) per day. However, the cost per child varies enormously between institutions, with monthly cost per child ranging from 10,200 FRW (17 USD) to 318,600 FRW (531 USD).

²³ An exchange rate of 600 FRW = 1 USD is used throughout this report

Age groups	No. of staff members	%
15-20 years	31	5.2%
21-30 years	157	26.2%
31-40 years	140	23.4%
41-50 years	113	18.8%
51-60 years	51	8.5%
61-75 years	16	2.7%
Age not specified	91	15.2%
Total	599	

Table 17: Age profile of institution staff members

The survey revealed different sources of funding including governmental and non-governmental organisations, national and international agencies and individual donors. At the central government level, 16²⁴ institutions reported that they receive funding from MIGEPROF, with an average allocation of 11,248,515 FRW (18,748 USD) per year from MIGEPROF to each of these institutions. MIGEPROF's own data shows a total allocation of approximately 300,000,000 FRW per year to children's institutions. Whilst one institution reports being fully funded by MIGEPROF, the vast majority generate additional income from a wide variety of donors, many of which are international faith-based organisations, and through cultivating livestock and crops.

Staffing structure of institutions

Institution managers reported a total of 599 staff members, with 341 females and 258 males. 275 staff members (46%) live within the institutions. The majority of staff members living within institutions are single but at least 50 staff members who are living within the institutions also have their own biological children. Staff members are aged from 15 years to 75 years old. The age of staff members was reported in 508 cases. The age profile of staff members is presented in Table 17.

The roles of staff members in the institutions are presented in Table 18. It can be seen that 248 (41.4%) of the total number of staff are directly caring for the children. This suggests a very low

staff to child ratio of 1:13, which in reality is certainly even lower due to the fact that not all care staff will be working at any given moment. This is likely to result in a heavy burden for staff members and an inadequate level of care provided to children.

A further 55 (9.2%) staff members provide additional teaching or tutoring for the children, 32 (5.3%) provide psychosocial support to children and 10 (1.7%) provide health care.

The remaining 42.4% of staff members have little if any direct involvement with the children and provide service roles, such as security and cooking.

Information regarding education levels were disclosed for 571 institution staff members and are presented in Table 19. Over half of staff members (51.1%) have completed primary school only whilst 27.7% have completed secondary school. Only 8.9% have completed higher education.

In addition to their formal education, information was also collected regarding any particular training that staff members had received related to working with vulnerable children and children with special needs. It was reported that only 167 staff members (27.9%) have received training related to childcare and child development. Themes covered are presented in Table 20.

²⁴ Out of the 23 institution that provided financial data.

Role	Description	Number
Direct care staff	Referred to as "mothers" in many institutions	248
Security staff	Includes day and night security staff	75
Crops and livestock staff	Responsible for any crops and livestock (such as cows, pigs and goats) that institutions own	63
Teaching staff	Includes teaching staff for nursery and primary schools located within institutions and tutors	55
Cooks	Preparing meals for children	34
Psycho-Social workers	Responsible for assessing children's needs and providing guidance and counselling. Also carry out family tracing and coordinate children's reintegration into their families and post-reintegration follow-up	32
Management staff	Includes institution directors, accountants and secretaries	30
Cleaning and ancillary staff	Responsible for laundry, gardening and cleaning	30
Technicians	Includes tailors/dressmakers, carpenters and electricians	14
Healthcare staff	Responsible for children's health issues	10
Drivers		7
Information not provided		1
Total		599

Table 18: Roles of staff members of institutions

Education level	Numbers	%
No education	5	0.9%
Vocational	65	11.4%
Primary	292	51.1%
Secondary	158	27.7%
University	51	8.9%
Total	571	

Table 19: Education levels of institution staff members

Area of training	Numbers of staff
Children's rights	59
Childcare	19
Child psychology, drug misuse and addiction	11
Working with traumatised and bereaved children	11
Trauma and PTSD in post-conflict situations	9
Child development	8
HIV, disability and learning difficulties	7
Special needs and child development	5
Active listening, psychological trauma & child neglect	4
Child abuse	2
Counselling	2
Life skills and income generating projects	2
Mental health and therapeutic interventions	2
Child abuse and sexually transmitted diseases	1
First aid	1

Table 20: Relevant training received by institution staff members

Staff trained	Numbers
Direct care staff	92
Social workers	21
Management staff	15
Teaching staff	12
Food and agriculture personnel	9
Security staff	8
Health staff	4

Table 21: Staff participating in relevant training

As would be expected, the majority of staff members participating in training are the institution managers together with staff members who work directly with the children (see [Table 21](#)).

Regarding staff recruitment, it was reported that 230 out of 599 (38.4%) staff members were recruited as a result of formal recruitment procedures. 132 of these 230 staff members (57.4%) are direct care staff. Staff members have from 1 to 44 years of work experience. 394 (65.8%) reported participating in other income generating activities in addition to their jobs in institutions.

In conclusion, a number of areas of concern were identified regarding the staffing of institutions:

- Low staff to child ratios. In terms of direct care staff, the overall staff: child ratio is 1:13. In reality this is certainly even lower due to the fact that not all care staff will be working at any given moment.
- The data collected suggests that staff members are inadequately educated for their work. Staff members have mostly completed only primary or, at most, secondary level education and only 37% of direct care staff have received any kind of training directly relevant to caring for children.
- Inadequate recruitment processes are in place. The statistics show that only 38% of staff members were recruited through a formal selection procedure.

4.4 Existing interventions in the priority areas of the reform process

Some institutions have initiated a number of programmes that support children, families and communities. These programmes aim to (1) improve the wellbeing of families in order to prevent family breakdown due to precarious living conditions, (2) prevent new entries into institutional care for children without parental/adult care, (3) define exit strategies and reintegration mechanisms for children already in institutional care, (4) support a system to follow up and support reintegration in order to achieve sustainable placements and better outcomes for the reintegrated child and (5) promote community-based services that target the general population of children from the neighbourhood.

Support to vulnerable children and families in the community

Institutions have reported a range of programmes initiated to support vulnerable families and children in the community. In collaboration with other funding organisations some institutions, including Ami des Jesus, Centre St Antoine, SOS, Orphélinat Noel de Nyundo, Centre Memorial Gisimba and Village de la Paix (SINAPISI) provide assistance in education by paying school fees and providing school materials for students from vulnerable families. They also finance medical insurance for vulnerable children and their families.

Preventing new entries in institutions

Some institutions have developed programmes that aim to prevent new entries by providing direct support to informal foster carers, single parents and extended families where children are at risk of placement into the institution, especially children aged 0-3 years.

One example is the Orphélinat St Elisabeth Kibondo which has developed an "Ambulatory Service" that assists orphans and other vulnerable children and families in the community in order to minimise new entries into the institution. In this programme, the institution provides baby milk and porridge to families in order to enable children to stay with their carers who might otherwise be financially unable to feed and provide for the basic needs of the child. In addition, institution staff members provide counselling and guidance to carers.

Exit strategies for children in institutions

Some institutions have developed exit strategies for young adults. When they complete secondary school, young adults are invited to join vocational training programmes (such as carpentry, welding and mechanics) to give them the skills to earn a living and become independent.

In Village de la Paix SINAPISI, in addition to vocational training young adults receive toolkits and money for house rent. The Joint Aid Management (JAM) institution provides young adults with start up capital for independent living. This is provided for young people in cases where family tracing for reintegration has not been successful.

5. Conclusions and recommendations

The following institutions also have similar exit programmes that are generally applied to young people when they reach the age of eighteen and/or complete their secondary studies: Imbabazi, St Joseph de Muhura (with a significant focus on family tracing) and Centre Memorial Gisimba. SOS Children's Villages offer an income generation programme which provides sponsorship for the economic strengthening of young adults who have completed secondary/university studies. Some institutions finance house rent and food assistance for young people moving to independent living and others have programmes whereby housing costs can be paid directly by children's sponsors (e.g. "Gucutsa Programme" in Imbabazi). In most cases a contract is signed between family (for reunification), the child (for independent living) and the institution.

Post placement support to the child/family

A small number of institutions organise follow up of children after their placement within families. SOS Children's Villages and Centre Memorial Gisimba have programmes of regular visits to families and guidance from social workers. At Orphélinat St Elisabeth Kibondo, the post-placement support continues until the child completes secondary studies. Centre St Antoine also continues to provide assistance for a child who returns to the birth or the extended family, in order to reduce the tendency of children to hide information about their families as they fear losing school fees previously paid by the institution and to reduce the risk of further family separation due to poverty.

Community-based services

Most of the institutions are running income generation activities mainly in agriculture and farming that create employment in the community.

Other initiatives are related to education whereby institutions run schools that benefit the wider community especially poor and vulnerable families.

As an example, the Urukundo Foundation has built schools to facilitate education access to vulnerable children. The institution is also involved in water and sanitation projects in the community since this can be one of the factors affecting vulnerable families and poor health conditions for children.

Another example is the Social Centre opened by Centre St Antoine that provides direct assistance to vulnerable children and families in the community. The activities of the Social Centre include (but are not limited to): a) assessing the needs of families and children; b) providing socio-economic assistance, c) organising regular home visits to families; d) organising regular visits to children at school and e) providing counselling sessions at the Centre St Antoine.

Centre St Antoine, Centre Memorial Gisimba, and St Joseph Muhura institutions run nursery schools that benefit younger children within the institutions and children from the neighbourhood. SOS Children's Villages also provide a Health Centre and a number of schools (nursery, primary and secondary).

In March 2012, the Cabinet of the Republic of Rwanda approved the National Strategy for Child Care Reform. The aim of the strategy is to transform Rwanda's current childcare and child protection system into a family-based, family-strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together. The strategy recognises that transformation of institutions is an entry point to building sustainable childcare and child protection systems. Importantly, the first phase of the reform (2012-2014) focuses on alternative family-based care for children living in institutions and aims that children living in institutions will regain their right to live in a loving, safe and supportive family environment. The first phase, estimated to take 24 months, therefore specifically aims to ensure the closure of 33 institutions and placement of all 3323 children and young adults living in them into alternative care.

This study strongly supports this initiative and provides extensive evidence to inform its implementation. The recommendations presented here do not seek to repeat the contents of the national strategy but point to particular areas of focus arising from the findings from the data in this report.

Children

- Every child has the right to live in a family. **All children should be moved from institutions into family-based care, following a careful process of child assessment, family tracing and assessment and preparation, with ongoing support and monitoring.**

- The detrimental impact of institutionalisation on children has been widely documented, and evidence shows that children under 3 years old are particularly vulnerable²⁵. This age group is highly represented among new entries to institutions in Rwanda: in 2011, 40% of all children placed in institutions for the first time were under the age of 3. **The youngest children must be moved out of institutions as soon as possible and children aged 0-3 years must no longer be placed in institutions. Prevention mechanisms must also be supported and developed at community level, especially for the youngest age groups to prevent them from being separated from their families and entering care.** This includes early intervention at maternity wards to identify and provide support to mothers at risk of abandoning their babies, and development of emergency, short and long term fostering to ensure that babies are not placed in institutions.

- The age distribution of children and young people currently placed in institutions is 0-43 years old, and over a quarter of residents in children's institutions are in fact young adults aged over 18. The large number of young adults still living in institutions indicates a lack of exit strategies for children living in institutions. **It is vital that these young adults are supported into independent living, and new strategies must be developed to ensure timely transition into independent living for all children in care upon reaching adulthood.**

²⁵ For a summary of the evidence of the harm caused by institutional care, see Williamson, J and Greenberg, A (2010) Families, Not Orphanages. Better Care Network.

- Children are spending very long periods, and often their entire childhood, in institutions which makes the transition to family life or independent life extremely challenging. The findings from the survey showed that a significant number of children (29.9%) have spent more than 10 years in institutions. Little evidence was found of individual care plans for each child and young adult. **Every child in care, including those in institutions, should have an individual care plan which aims to ensure appropriate interim care and the placement of the child into appropriate family care as soon as possible.** This should be developed by a multi-disciplinary team of professionals, together with the child, based on a thorough assessment of the child and his/her situation, in order to inform placement decisions and to design for each child an appropriate alternative care placement. The continuum of care, or placement hierarchy, should be used to ensure that placement decisions are made to ensure every child lives in his/her own family, or an environment as close as possible to their origins, and in the best interest of the child. Encouraging the development of foster care and local adoption will enable many children to have the opportunity to live within the love of a family and within their own communities.
- Over half of children resident in institutions have no contact with their parents, relatives or other significant adults. **Institution managers should take active steps to enable children to develop or maintain contact with their family members. In moving children from institutions, siblings should be enabled to stay together.**

System

- Only the institutions themselves currently hold records of individual children. A national monitoring system and database should be developed to keep track of all children in care, including all children

who enter, or are already in, institutional or alternative care. Local authorities should specifically keep a record of all children living in institutions located in their administrative unit. **A system for recording and monitoring data about children in care should be established, involving decentralised structures (Sector level) to facilitate and ease the ongoing monitoring of children's wellbeing in care.** During this survey it was very difficult to obtain basic information about children who have left institutions and where they went. The monitoring system should ensure that details of children and young people who have left the care system are also kept.

- In 2011, 226 children entered institutions. Attention should be given to the development of social protection, family-strengthening and prevention mechanisms to stem the flow of children into institutions. **As soon as these prevention mechanisms are in place then a moratorium should be placed on new entries into institutions.**
- The main reasons for children being placed in institutions since 2007 are the death of the mother (23.3%), death of both parents (21.8%), abandonment of the child (21.8%) and poverty of the primary carer (21.5%). **These are broad terms and further research is needed to understand why families are breaking down.** Detailed understanding of the root causes and entry points to institutions is vital to enable the development of targeted social protection, family-strengthening and prevention measures.
- The survey revealed that most of children currently living in institutions were brought by their relatives or other guardians (35.3%), local authorities (15.7%) or their parents (11.1%). Proper procedures, whereby the local authorities must approve the placement of a child into an institution, are not being

followed. **There is a need to improve the child protection knowledge of local authorities and improve the statutory processes and procedures for entry of children into care.**

- There is a clear link between the location of institutions and the district of origin of children residing in them, suggesting that institutions exert a “pulling effect” whereby their very existence greatly increases the likelihood that children from the neighbourhood may be placed in institutions. Children are placed in institutions as a quick and easy solution, which inhibits family and community initiatives towards prevention and alternative family care for children without parental care. **Awareness raising and education is vital to ensure that families and communities are aware of the negative impacts of institutionalisation and to discourage institutionalisation as a solution for children without parental care.** The media and local leaders may play a central role in disseminating these messages.
- The quantity and quality of staff working in institutions, particularly with regard to direct care staff members who provide daily care for children, is worrying. **Formal recruitment criteria and processes and appropriate training are vital for all staff members who work directly with children in care.** Institution staff may play a key role in providing information to support the placement of children

into alternative care, so training and supervision is needed to ensure they can help to fill the knowledge gap caused by poor record keeping and assist in the initial placement process.

- **Workforce development within the social care sector should be prioritised to ensure that a highly skilled and well-resourced cadre of professionals is able to support the transition of children in institutions into alternative care.** Professional knowledge and skills are required to undertake assessment, care planning and preparation of children and families, and none of these skills were evident within existing institutional staffing. Professional teams (social workers and psychologists) should be recruited and provided with appropriate training and supervision.
- Institutions are expensive and ineffective forms of care. The average cost per child living in an institution per day is 2,920 FRW (5 USD) or 87,600 FRW (146 USD) per month. **International evidence²⁶ clearly shows that institutional care is less cost effective than other forms of care, but further research is necessary to understand the relative cost in the Rwandan context. Furthermore, efforts must be invested in encouraging local and international donors to reallocate their funding from institutional care towards the development and support of alternative family and community-based care.**

²⁶ For example, the annual cost for one child in residential care in the Kagera region of Tanzania was more than USD\$1,000, equal to six times the cost of supporting a child in foster care. In World Bank (1997) *Confronting AIDS: Public priorities in a global epidemic*, Oxford University Press, p. 221. The text reports that institutional care was 10 times as expensive as foster care, but a subsequent review of the data indicated that the ratio was closer to six to one. In South Africa, residential care was found to be up to six times more expensive than providing care for children living in vulnerable families, and four times more expensive than foster care or statutory adoption. In Desmond, C and Gow, J (2001) *The Cost Effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa*, University of

Natal, Durban, South Africa. A cost comparison in east and central Africa by Save the Children UK found residential care to be 10 times more expensive than community-based forms of care. In Swales, D.M (2006) *Applying the Standards: Improving quality childcare provision in East and Central Africa*, Save the Children UK, 2006, pp. 108-110. In Romania, the World Bank calculated that professional foster care would cost USD\$91 per month/per child, and adoption and family reintegration would cost on average USD\$19 per child, compared to between USD\$201 and USD\$280 per month/per child for institutional care. In Tobis, D (2000), *Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union*, The World Bank.

Appendix 1: Methodology

Area of the survey, population and participants

The survey covered all institutions for children without parental care registered with MIGEPROF. In total 33 institutions located in all four provinces of Rwanda and Kigali City were included with a total population of 3323 children and young adults. Information regarding the existence of any unregistered institutions was also sought but none were identified. Out of the 33 institutions, 9 (27.3%) are located in Kigali city, 9 (27.3%) in the Southern province, 7 (21.2%) in the Eastern Province, 5 (15.2 %) in the Western province and 3 (9%) in the Northern Province.

Scope of the survey

The objective of this survey was to gather comprehensive data on the current institutional system in Rwanda and the situation of children living in those institutions. Data collection tools were developed based on the scope of the content we wanted to explore in each of the following areas:

- Comprehensive quantitative data was collected from institutions about all children currently living in institutions and children and young adults who left the institutions during the period 2007-2011.
- Data was collected from institutions regarding their financial and human resources.

- The physical conditions of the institutions were observed.
- Qualitative data was collected from a sub-sample of children concerning their personal experience of living in institutions.
- Information was collected from institutions regarding their provision of childcare services beyond provision of residential care.

Survey approach and design

Due to the fact that this research aimed to gather both qualitative and quantitative data about the institutions and their population (both children and staff), this study used a combination of quantitative and qualitative methods and techniques.

Questionnaires were used to collect quantitative data (see objectives 1 & 3) and interview protocols (individual and groups interviews) served in documenting personal experiences and examples of existing interventions in DI (see objectives 2 & 4).

Weekly debriefing and monitoring sessions were organised with the research team to address any difficulties encountered during the week and thus ensure the quality of the data collected.

Methods and instruments

The following instruments were developed for the purposes of the survey:

- Child Data Collection Form was designed to gather data about individual children living in institutions. Institution staff completed the form for each child currently living in the institution.
- Institution Assessment Form was designed to document information about each institution: the mission of the institution, the flow of children in and out of the institution over a five year period, criteria for children's entry into and exit from the institution, budget and sources of finance.
- Staff Assessment Form was used to collect data about individual members of staff of institutions including name, age, gender, place of residence, education level, orphan and vulnerable children (OVC) related training and job description.
- Interview protocols and focus group discussions were designed to gather qualitative data about (a) reasons for children's placement in institutions, (b) similarities and differences between institutional care and family-based care in the development of the child, (c) examples of good practice in existing institutions.

In terms of procedure, the protocol specified (a) the interview participants, (b) the objectives of the interview, (c) the topics to be addressed and (d) ethical guidelines.

Participants included (a) children and young adults living in institutions (100 children and adolescents), (b) children and young adults who have left institutions and now

live in families and/or independent living (10 adolescents and young adults), (c) families with children/young adults living in institutions (20 families), (d) families that have received children from institutions through reintegration or fostering (5 families), (e) institution staff members (40) and (f) representatives of local authorities (20).

Ethical issues

Researchers were recruited based on their experience in working with children and their academic credentials in psychology or social sciences. As trained social scientists they were already familiar with ethical issues related to human research and particularly research with children.

In this research accepted ethical guidelines and standards were observed and taken into consideration. Participants were approached with respect and the researchers were sensitive to the wellbeing of the participants. Informed consent was sought from both adults and children involved in the study. Before starting the survey, a one day meeting was convened in which the purpose and process of the research were clearly explained to institution managers. Adolescents directly expressed their consent to participate whereas in the case of young children consent was sought from their guardians in institutions. To avoid an overly intrusive approach institution staff members and management teams were the ones who completed child data collection forms. Staff members were involved as they are the people who know the children best and were often able to fill in gaps and correct inaccuracies in children's

Appendix 2: Case study - Closure of Mpore PEFA institution

written records. It was also assumed that children would be able to interact freely with their day to day guardians and would feel more secure with them than with an external interviewer. Before approval of the final version, the collected data were sent back to each institution for confirmation of accuracy or amendment if necessary. This also helped to ensure that institution managers took ownership of findings. Anonymity and confidentiality have been ensured. All data has been securely stored and this report maintains anonymity of all children, parents and staff.

Research team

The survey was coordinated by Dr Vincent Sezibera, a Rwandan national specialised in the field of clinical psychology. Data collection, storage and analysis was conducted by a research team of eight social scientists with psychology and data management skills and diverse experience working with vulnerable children, adolescents and families.

Scope and limitations of the survey

The survey was conducted from October 2011 to December 2011. Regarding children currently placed in institutions, new entries and exits after December 2011 are not incorporated in the report. In addition data related to the flow of entry and exit

in the institutional care system for the period between 2007 and 2011 were also collected.

Only institutions registered by MIGEPROF as “orphanages” were assessed: the survey did not include centres for street children, institutions for children with disabilities or children living in prisons with their parents.

The lack, or poor quality, of documentation for each child was particularly challenging and many children’s details were inaccurate or missing in the institutions’ records. In some cases children living in institutions were abandoned and brought to institutions lacking personal records. For example, some children acquired their current names only on arrival at the institutions. In addition, child abandonment is a criminal offence, which sometimes leads children’s relatives to hide their identity for fear of punishment. In such cases the identity of the parents and the children’s names and date and place of birth often remain unknown. In addition to the lack of children’s details, even where data was available it was frequently not provided accurately or in full, in some cases due to a lack of comprehensive written records. This prolonged the data analysis as it was necessary to cross-check and correct the missing or inconsistent data.

Hope and Homes for Children, in partnership with MIGEPROF, has closed the Mpore PEFA Institution in Kigali. Between January 2011 and May 2012, Hope and Homes for Children undertook a process of child assessments, family tracing, family assessments, preparation and placement support which resulted in the placement of all 51 children resident in the institution into family-based care. This is the first institutional closure of its kind in Rwanda.

The Mpore PEFA Institution is located in Kicukiro district of Kigali and provided residential care to approximately 50 children at any one time, from newborn babies to young adults. It is a privately run institution in Kicukiro sector, Kigali, which is officially registered by MIGEPROF.

Our initial assessment of the institution and children’s records found that:

- 50²⁷ children resided in Mpore PEFA at the end of 2010.
- Over the previous three years, the number of residents had gradually increased – 36 children resident in 2008, 40 in 2009 and 50 in 2010 - as the number of new entries outweighed the number of exits. There were no planned exit strategies at Mpore PEFA and a lack of support for young adults to transition into independent living. Exits occurred only when children were expelled due to

misbehaviour, parents were released from prison, or parents recovered their health after a period of incapacity.

- Children and young adults lived together in Mpore PEFA, 38% were aged five and under²⁸. 14% of residents were young adults aged 18 and above.
- Most children (62%) entered the institution aged 0-3 years old, although there was no age limit for entry.
- Children spent from 0 to 15 years in Mpore PEFA, and the majority were resident for over three years. In effect, some children spent their whole lives in the institution.
- Kicukiro, where the institution is located, was the most significant district of origin for children in the institution (70%). The institution had a ‘pull’ effect in its locality.
- Abandonment is the main recorded reason for entry, but this broad term does not explain the risk factors which led to family breakdown and the child being placed in the institution. Records showed that entries can result from child abandonment (numerous causes), death of both parents, imprisonment of both parents or transfer from another institution. Further evidence from detailed child and family assessments suggests that the root causes of institutionalisation include unwanted pregnancies resulting from prostitution and the situation of house girls/workers, lack of knowledge concerning the damaging effects of institutionalisation, the attractiveness of

²⁷ One child entered Mpore PEFA during the closure period, therefore the total number of children supported is 51.

²⁸ It is important to note that the youngest children are most affected

by institutionalization due to the lack of attachment and interrupted brain development. For a summary of evidence, see Williamson, J and Greenberg, A (2010) Families, Not Orphanages. Better Care Network.



services offered by institutions, such as education, family conflicts or marriage breakdown, death of parents and lack of family cohesion. Poverty is a crosscutting underlying risk factor.

- Proper procedures were not followed for entry to the institution. The local authorities admitted 60% of children, whilst 40% were admitted directly without the involvement of child protection officials. Even where the local authority admitted the child, insufficient attempt was made to trace and reintegrate the child with their family or find alternative family care.
- Most children (62%) did not have any contact with family members, but some siblings lived together in the institution. Abandonment criteria and institutional management discouraged contact from parents or relatives.
- The majority of children displayed symptoms of malnutrition, with the youngest children most affected. Sexual abuse occurred frequently within the institution, and challenging behaviour, symptoms of depression and enuresis (bedwetting) were common.

Once this initial information was collected, Hope and Homes for Children undertook a series of interconnected steps to close Mpore PEFA Institution:

- Assessment of children and families, including family tracing
- Care plans, placement decisions and preparation activities for children

- Recruitment, training and preparation of alternative families (including foster and kinship care)
- Establishing a Community Network, to prevent abandonment and institutionalisation and support alternative care
- Gradual transition into family placement
- Post-placement support
- Development of community-based services, including a Community Hub

Social workers and psychologists from Hope and Homes for Children undertook a complex process to ensure the most appropriate placement for every child. This involved undertaking child assessments, family tracing and assessments, the development of care plans and placement decisions, preparation of the child and family, direct support for transition into the new placement and post-placement support and monitoring. Children were consulted and engaged in decisions about their placement, and their own wishes and views were taken into account. The placement of each child focused on realising that child's rights and that which was in their best interest. Each child and family was thoroughly prepared and supported for gradual transition into the family, and each placement was celebrated to mark the positive change in the child's life.

As a result, 51 children have been moved out of Mpore PEFA and each one now has the opportunity to live in a loving family, or

has the skills to live independently.

- 16 children were reintegrated with their birth parents
- 10 children were reintegrated with their extended families or placed in kinship care within their communities
- 20 children were placed in foster families/ adopted in Rwanda
- 5 young adults were supported to live independently

Hope and Homes for Children provided tailored support to each family, or each young adult embarking on independent living, which included interventions such as counselling, parenting skills, providing basic supplies such as food, shelter and accommodation, livelihoods support and income generating activities, and skills development and support for independent living.

An effective system of alternative family care is vital to ensure that children can be cared for in family-based settings when they cannot stay with their own parents. Formal foster care is not well developed in Rwanda, so a network of foster carers was developed as part of the project. This involved identifying, training, selecting and matching foster carers. In total, 37 foster carers were identified and 11 were trained and matched with children. Foster care development is ongoing and it is intended that this network will expand.

Preventing family breakdown is critical alongside the closure of an institution. A range of services is needed in the community to strengthen families and ensure that children are not abandoned or institutionalised elsewhere. Hope and Homes for Children set up a DI Community Network in Kicukiro which brings together major community bodies such as the police, churches, health centres and community leaders. These stakeholders are collaborating to prevent family breakdown and abandonment of children, seek alternative care where separation cannot be prevented, identify potential foster carers, and monitor and support children's reintegration back into families and communities. This network has directly prevented 12 children from entering Mpore PEFA Institution. Hope and Homes for Children is currently developing a Community Hub to offer vital support to families in need in Kicukiro, including income generating projects, day care, counselling and healthcare services. Plans are also being considered to transform the institution building into non-residential family support services.

The Mpore PEFA project has demonstrated a successful model that can inform and guide future institution closures in Rwanda.



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