

Rwanda Country Report

General condition of the child population in the nation

Rwanda emerged from a long period of crisis in 1998. The 1994 genocide, the ensuing civil war and large population movements all influenced the long-term development trends of Rwanda. Children suffered particularly during this period and the Rwandan society continues to struggle with a high incidence of poverty as well as a nascent health and education system.

Infant and child mortality remain high, with diseases such as malaria being very common. And the rapidly growing prevalence of HIV infections adds an additional burden to an already overextended traditional coping system. While the enrolment in primary school has risen substantially in recent years, attendance at secondary school remains very low. Over 90% of the population live in rural areas make their living by farming. Land holdings are small and fragmented. Table 1 in the Appendix gives some relevant figures.

Children at risk of needing care outside the family. Other risk groups. Trends during 1998-2001

While there are no detailed studies on the numbers of orphans and vulnerable children in Rwanda, there are indications that the situation is becoming worse. The HIV infection rates suggest that the number of vulnerable children will increase dramatically in the near future and child-headed households are already a common sight in many communities. *Children on the Brink* (USAID, update, 2002) estimated the number of maternal and double orphans under 15 years old at 305,455 in 1995. By the year 2000, the estimates had increased to 421,511. Other estimates put the number of vulnerable children at 1,000,000. In any case, the growing numbers of vulnerable children pose a problem for traditional ways of incorporating vulnerable children into the extended family structure. The problems faced by traditional coping systems, and the lack of other services, exposes an increasing number of children to rights abuses. These abuses take various forms and range from sexual abuse and exploitation to exploitation through harmful labour.

National policies and specific strategies targeted at children at risk

The government of Rwanda has actively pursued means to provide assistance to vulnerable children through a variety of policy initiatives and targeted strategies. The right of every child to a family is written into the constitution. The government is also a signatory to the relevant international conventions for the protection of children, notably the Convention on the Rights of the Child and the additional protocols to the Convention.

The policy of 'a family for each child' has substantially reduced the number of children living in institutions that accommodate unaccompanied children. More recently, a comprehensive national policy concerning orphans and other vulnerable children has been developed. The policy focuses on community-based approaches, which aim at providing for the care and protection of children in the family and the community. While institutions are recognised as one approach to child protection, it also stated that they should be an exception, a temporary measure as a last resort. For children living in centres for

unaccompanied children¹, the reintegration with their communities of origin is a priority. Children with disabilities will be assisted to live in their communities wherever possible.

Children in residential care. Trends during 1998-2002

Children separated from their family, abandoned, orphaned or other similar reasons

Children living in institutions for unaccompanied children (CENAs). All data provided in this section are based on the 'Profile of children in Rwanda's Unaccompanied Children Centres' (MINALOC/UNICEF, 2002), which analysed statistical indicators for 24 UAC Centres² (in Rwanda, commonly referred to as CENAs). At the time, there were a total of 3,475 children living in these centres.

Most CENAs in Rwanda were founded after the genocide. Of the 52 centres that existed in January 1997, only 12 were founded prior to April 1994. The fact that no new centres have been created after 1995 reflects the government's position that children should not be placed in institutional care and new centres should not be opened.³

With regard to the number of children living in these centres, in the months following the genocide the number of child residents more than doubled, reaching the highest recorded number of 12,705 in March 1995. There has been a progressive decrease in their numbers in following years. Figure 1 in the Appendix shows the decrease during 1998-2002.

The 3,475 children who were living in the 24 UAC centres in January 2002 include those whose families could not be traced, those for whom a family reunification or placement was not successful, and those who had more recently entered a centre. Some centres reported that some children who had been reunited with or placed in a family later returned to live in the centre. Here are some facts about the centres:

- ***Number of children living in centres.*** In January 2002, the number of children per centre ranged from 23 to 503. Centres were, on average, operating at about 95% of their reported capacity with three centres clearly operating over their capacity.⁴ On average, about 56% of children in UAC centres are boys.
- ***Reasons why children are in centres.*** Overall, 81% of children are reportedly living in a centre because they are orphans. However, other research has shown that most children come from poor families. In 2000 and 2001 reasons of disability (mental or physical) and illness have become more prominent, accounting for about 10% of children entering last year.
- ***Who brings children to the centre.*** Children brought by their own parent(s) or a relative represent almost a third of children living in centres. This suggests that many children may have an immediate or extended family with whom they could be reunited.
- ***Where children come from.*** If the child lives in a centre that is close to their original home, this will, in most cases, help to facilitate contact with family and neighbours and increase chances of family reunification or placement in a foster or adoptive family. However, in the surveyed centres only half of the children live in centres in their province of origin.

¹ Commonly referred to as orphanages. However, many children in these institutions are not orphans.

² The 24 centres were those registered with MINALOC. 4 non-registered centres were not included.

³ This position is different for street children, where new centres been opened recently

⁴ There are no standard criteria established to measure the capacity of a centre, e.g. number of beds, caretaker to child ratio, number of rooms, cooking and sanitary facilities, etc.

- **Age at entry.** Although children entered centres at all ages, proportionally more children enter before their first birthday than any other age. The average age of entry for children in centres is 6.5 years. Another interesting trend that appears to be developing is that in recent years proportionally more adolescents are new entries in centres.
- **Age distribution.** The average age, 11.6 years, is not significantly different between boys (11.7 years) and girls (11.5 years). The age distribution for children varies widely across centres, but adolescents account for over 50% of children in half of the CENAs. Children in centres today are, on average, older than they were five years ago.
- **Tenure time.** Average tenure time is an indicator of how efficient tracing and placement efforts are for children in centres. Since few children were entering centres prior to the genocide in 1994, most children have lived eight years or less in the centre. The largest share of children has been living in a centre for less than two years. This partly reflects the fact that children are still being admitted to centres, often for socio-economic reasons.
- **Educational and health status.** Overall 92.5% of the boys and 91.4% of the girls aged 8-13 years in UAC centres are enrolled in primary school. 33% of the children over 13 years old are still enrolled in primary school. A larger percentage of girls than boys have some secondary school education. Almost no children have completed secondary education.

Most children in UAC centres were reported to be generally in good health at the time of data collection. Among the children not reported to be in good health, 42% suffer from a mental or physical disability (26% and 16%, respectively). About 2.6% of all children in UAC centres have confirmed or suspected HIV/AIDS.

Street children

The population of street children in Rwanda is usually estimated at 7,000. Adding together private and public centres in Kigali Ville and other centres in the provinces, at least 1,500 street children live in centres. Although these children are in fact *separated from their families, abandoned, orphaned or other similar reasons*, they are usually not counted in the statistics of CENAs. They share many of the features already mentioned for children in CENAs, but the policy towards them is rather different and their placement in centres is not always voluntary.

Children with disabilities

At present five centres cater for children with disabilities. Statistics are available on four of the centres and these provided accommodation and services for 470 children in 2002. In 1999, these centres had 310 children in permanent residence. It was noted in the preparations for and during the pre-conference that more data needs to be collected on these centres.

Young offenders in correctional and training facilities

This category does not exist at present in Rwanda. The law establishes criminal responsibility after 14 years of age and those minors between 14 and 18 are sentenced to the same prison facilities as adults, sometimes in a separate section in the prison.

Children in adult penal facilities⁵

As a consequence of the war and genocide in 1994, Rwandan prisons are overcrowded with people, including young people who were under 18 at the time of their alleged crimes. The situation, as of October 2002, is shown in Table 2 (see Appendix).

It is important to note that the President of Rwanda has applied to the judiciary for the temporary release from prison of those children who were between 14 and 18 years old at the age of the crimes for which they are accused. They will still be judged at a later stage.

Alternatives to residential care. Trends during 1998-2001

The Rwandan Government has since 1994 advocated for community-based solutions for separated children. A large-scale sensitisation campaign was launched in June 1995 with the slogan 'Umwana U'Muryango', which means that the child has the right to grow up in a family. Family is understood not only as the nuclear family but also the extended family, neighbours and the community. Many different initiatives are being implemented, but they are constrained by the lack of an overall policy and legal framework and insufficient co-ordination at all levels.

Family placements

This is the most important activity undertaken to protect separated, orphaned or abandoned children. Five types of family placements are being implemented:

- 1) ***Reunification with family of origin.*** About 70,000 children⁶ reunited, mostly by international and national NGOs.
- 2) ***Spontaneous fostering.*** Children fostered by families without family relationships. No reliable data exists, but estimates put the number at 200,000-300,000 inside Rwanda.
- 3) ***Organised fostering.*** Children fostered by families through agencies, following different procedures and facilitating contacts between children in orphanages and volunteer families. An estimated 3,000 children have been placed by NGOs following different procedures.
- 4) ***Transitional families.*** Foster families are selected by adolescents to help them during a transition period, aimed at preparing them to live independently.
- 5) ***National and international adoption.*** Very few adoptions have been reported, due to the situation of unaccompanied children fostered by families who do not know if they have any relative still alive. International adoptions were suspended from 1994 to 1999. The existing legal framework is being reviewed and Rwanda is in the process of ratifying The Hague Convention on International Adoption.

Other forms of placement

- ***'Unités de vie'.*** Little family houses, integrated in the community, where 8-10 children lived together with a 'mama';
- ***Kadogo School for demobilised children.*** Helps them during a transitional phase between discharge from the army and reintegration (around 2,960 children).

⁵ Data provided in this section come from the local NGO ASOFERWA, which is implementing the Protégez-moi Project in 16 Rwandan prisons, in co-ordination with MININTER and UNICEF.

⁶ ICRC Database, July 2002

Preventive measures

- **Community-based interventions.** Aim at reinforcing the economic capacity of families or vulnerable groups, such as Child-Headed Households (CHH).
- **Day centres for street children.** Provide access to basic services and vocational training (about 30 in the country, mostly run by local NGOs).
- **Day centre for children with intellectual disabilities.**
- **Outreach points for street children.** Orient children to alternatives of reintegration and sensitise and involve the community in reintegration as well as prevention of new separations.
- **Nkundabana Network.** Targets children living in child-headed households. Adults are selected by groups of CHHs to act as counselors and defenders of the children's rights.
- **Social Development Committees.** Aim at establishing a network of stakeholders at grass-roots level to ensure the protection of vulnerable children (terminated in 2000).
- **Centres of Leisure.** Pilot project to provide a place where children from the community can meet, express themselves, have access to basic services, sports and leisure activities.

Good examples

There are many good examples of alternative forms to residential care mentioned above. However, their reach and geographical spread is still limited. The most successful share one or several of the following elements:

- Community-based approaches;
- Integrated approaches involving all the stakeholders;
- Active participation of children in all decisions regarding them;
- Co-ordination of interventions and sharing of experiences and resources.

Financing. Internal and external donor involvement and influence.

There is limited information available regarding the financial situation of the centres for non-accompanied children. This is partly due to the fact that the responsibility for social affairs has changed ministry several times and that decentralisation has moved the responsibility for the centres to the provinces. The Ministry in charge of social affairs requests a budget for centres on a yearly basis. The funds received are handed over to centres according to their perceived needs. In most cases, these funds constitute complementary financing to existing funds.

Conclusions

Rwanda has made big steps towards the desinstitutionalisation of children. While the policy and legal framework still shows some gaps, there is a firm political commitment to address the problems. The work with institutions to reintegrate children is progressing well, despite continuing resistance from some centres to actively pursue a strategy of reintegration and to apply stringent admission procedures. On the one hand, the existence of resistance demands clear regulations and procedures for centres. On the other hand, it is also necessary to actively include practitioners in all efforts of reintegration and prevention of institutionalisation. This will ensure that existing expertise is being used and fear of job loss is reduced. At the same time, alternatives to centre-based care are needed. They need

to be shown to be cost-effective and in the best interest of the child. At present, there are many examples of alternative care; however, they lack the scope to be able to absorb a substantial number of children who are still living in institutional care.

Appendix

Table 1.

Population below poverty line (in %)	60.29%	2000
Population under 15 years	3.47 million	2000
Population under 15 years as % of total population	43.5%	2000
HIV prevalence (population 15-49 years)	13.7%	2002
Maternal mortality per 100,000 live births	1,071	2001
Infant mortality per 1,000 (proportion of children who die before their first birthday)	107	2000
Child mortality per 1,000 (proportion of children who die before their fifth birthday)	198	2000
Net primary enrolment (ratio of children of school age going to school)	73.3%	2000
Proportion of children completely immunised, under 5 years old	72.0%	2000

Sources: Government of Rwanda Poverty Reduction Strategy Paper, 2002; UNDP, Human Development Report (HDR) 2002.

Table 2. Minors in Rwandan prisons as of October 2002.

Minor living in 16 prisons throughout the country, by age and gender											
Infants 0-2		Infants 2-3		Children 3+		Minors under 14		Minors 14-18		TOTAL	
Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
54	57	9	10	1	1	2	92	195	4600	261	4760
										TOTAL 5,021	

Minors living in 16 prison throughout the country, by type of crime and gender										
Infants with mothers			Accused of genocide			Accused of common law crimes			TOTAL	
Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
64	68	132	71	3401	3,472	126	1,291	1,317	261	4,760
									TOTAL 5,021	

Figure 1. Numbers of children living in CENA centres between 1998 and 2002.

