## FACT SHEET FOR THE ACERWC

### COUNTRY: RWANDA

**SESSION**
25th Ordinary Session of ACERWC to be held on 20-24 April 2015

### LAWS, POLICIES AND GUIDELINES RELATED TO CARE FOR CHILDREN.

- National constitution of the Republic of Rwanda of 2003
- Law no 01/2007 relating to the protection of persons with disabilities
- Strategic plan for OVC (2008-2012)
- Presidential order 24/01 of 2010 acceding to the 1993 Hague Convention for the Protection of Children and Cooperation in Respect of Inter-country Adoption
- Law no 54/2011 relating to the rights and protection of the child adopted in June 2012 provides an enabling legal framework which recognizes family and family based care as not only necessary but in the best interest of vulnerable children. The law also highlights the development, promotion and expansion of alternative care options for children.
- Integrated Child Rights Policy and Strategic plan (2011)
- National strategic plan for family promotion 2011-2015
- The Economic Development and Poverty Reduction Strategy: a framework that integrates the issue of OVCs in all other sectors.
- Strategy for National Child Care Reform (2012)
- Organic law no 01/2012/OL criminalises the child abandonment in order to prevent and remedy child abuse and neglect.
- Guidelines on foster care, national adoption, inter-country adoption and residential care (draft as of March 2015)
- National family policy (draft awaiting approval as of March 2015)
- National social protection policy (draft as of July 2014)

### GENERAL SITUATION OF CHILDREN DEPRIVED OF THEIR FAMILY

- 48% of the total resident population in Rwanda (total resident population 10,515,973) is under the age of 18. (General population census, 2012).
- 1.1% of Rwanda children less than 15 years of age living in the household have lost both parents and 9.1% per cent have lost one parent.¹
- 64.5% of children less than 15 years old live with both parents
- 11.2% of children between the ages of 5 and 15 years are engaged in the child labour; 8% of children of the ages between 8 -14 work for someone who is not a family member; the rate for orphans is higher.
- While Rwanda has made exceptional progress in many areas over the last decade, challenges still exist. Despite the tremendous economic growth in Rwanda (between 2005 - 2011), children still bear the brunt of poverty with 60% of Rwandan children living below the poverty line.²
- Children living with elderly caregivers are some of the poorest and most vulnerable – their poverty rate is 7% above the national average.³
- Unconditional Cash transfer to the poorest families as well public works through VUP – program were adopted to reduce poverty and ultimately prevented family separation for the targeted families.
- Genocide Survivors Support and Assistance Fund (FARG), which benefits 5% of the national total budget has supported a good number of families which were at risk of separation due to poverty, disabilities, and other related factors. Such support resulted into 49% of supported families being self-sufficient, having food security (20.3%), improved health (16%) and acquired livestock (5.7%).⁴
- Rwanda has a strong tradition of informal child-care practices. For instance, statistics have shown

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¹ National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. (2011). Rwanda Demographic and Health Survey 2010


⁴ Better Care Network (BCN) ’ Rwanda Care Profile’ draft report (2014).
Since 2008, registered child-care facilities were only caring for approximately 0.5% of all single and double orphans in the country, with the vast majority of orphans growing up in informal settings.\(^5\)

- Since 2012, Rwanda is implementing a comprehensive National Child care Reform strategy putting at its heart family-based care. Thanks to the strong partnership between government and NGOs in these efforts. Over three years (2011-2013), more than 1866 children have left residential care and reunified with biological or extended families, foster families or settled for the independent living.\(^6\)
- The lack of guidelines on child care is among the concerns raised by different child protection actors.\(^7\)

### ALTERNATIVE CARE OPTIONS

1. **Informal alternative care**
   - Rwanda has a strong tradition of informal child-care practices. Cumulative statistics shows that since 2008, registered child-care facilities were only caring for approximately 0.5% of all single and double orphans and that the vast majority of orphans were cared for in informal care settings.
   - The national Child Care Reform recognises and builds up on traditional informal care practices such as Malayika Mulini (Guardian Angel) model which consists in building the capacity of community based caregivers who work as community advocates in recruitment campaign for new formal foster caregivers. This pool of caregivers is also considered to be the first emergency or short-term foster caregivers and adoptive families.\(^8\)

2. **Formal alternative care**
   - As of August 2013, children placed in formal care were as following:\(^9\)
     - 2504 children in registered residential child-care facilities (this number does not include children with disabilities living in different residential care centres for children, youth and adults with disabilities.)
     - 1,196 children in 25 centres for children from streets.
     - 117 children in adult detention centres (children living with their mothers in detention)
     - 19 children in formal foster care.

   **Foster care**
   - Foster care is considered as a necessary care option for children, especially for those leaving residential care, as well as a preventative response to placement in residential care. Additionally, foster care appears to be thought as mainly a long term placement option and not an emergency or short term option, primarily because this is how it has been used in the past-specifically post-genocide and with the recent Hope and Homes for children (HHC) foster-care cases.
   - However, besides the figures reported by NGO involved in placement of children in foster care through the deinstitutionalization process such as Hope and Homes for Children and Global communities, no official data regarding children in formal foster care exists and little support to the foster families is equally noted with concern for the long-term child care.\(^10\)

   **Residential care**
   - Residential care has been the primary formal option practiced in Rwanda. As of 2012, more than 3000 children (children with disabilities and street children excluded) were residing in 33 institutional care.\(^11\)
   - However, with the recent deinstitutionalization efforts, the trend is changing towards family-based alternative care and the number of new entrants in residential care has significantly decreased from 2012 to early 2014 (The time BCN was finalizing the write up of the care profile). For instance, as of March 2014 figures had decreased from 3,323 to 1,457\(^12\). A number of residential care facilities, though reluctant at...
the beginning of child care reform, embraced the deinstitutionalization process and reallocated their funds to support family reintegration as well as family strengthening.\(^{13}\)

- The National Child Care Reform Strategy and the National Residential Care institutions survey which informed it did not cover the children in institutions for children with disabilities. However, some practices such as Ubumwe day-care centre has revealed itself as a model to be assessed and scaled up in relation to the deinstitutionalization of care of children with disabilities.\(^{14}\)
- Major concerns are noted in relation with limited linkage between deinstitutionalization and prevention efforts, and the social protection mechanisms already in place.\(^{15}\)
- Lack of evidence related to deinstitutionalization and outcomes for children, and the success of some placement as well as the status of children in kinship care is also an area of concern.\(^{16}\)

**DOMESTIC AND INTER-COUNTRY ADOPTION**

According to the Care Profile:

- There is no centralised data on the number of domestic adoptions in Rwanda. The formal domestic adoption has been processed at the sector level. The local authorities approve the request of adoptive parents, and then the primary court approves the final legal process.
- The formal adoption is not common practice to the extent that it is sometimes confused with the long-term foster care.
- Guidelines on foster care, national adoption, inter-country adoption and residential care are yet to be finalised as of now.
- Rwanda ratified the 1993 Hague Convention for the Protection of Children and Cooperation in Respect of Inter-country Adoption in 2010.
- Between 2003 -2011, three hundred and two (302) Rwandan children have been placed for inter-country adoption.
- After ratification of the 1993 Hague Convention, Rwanda imposed the moratorium on inter-country adoption in order to put in place strong gatekeeping mechanisms which will help to streamline compliance with the above Convention. The government has been clear that the current suspension on inter-country adoption will remain in effect until the country has a fully functional Convention process in place. The moratorium is in effect since 2012.\(^{17}\)

**POTENTIAL RECOMMENDATIONS**

- Ensure mechanisms to monitor and support children transitioned from institutions into communities and link those with prevention of separation efforts, including with early intervention and other education, health and social protection services.
- Ensure the national child protection system is resourced with sufficient specialist staff, funding allocated is sufficient to enable support for special protection and prevention efforts (based on a costing exercise) and has a case management and data collection system in line with the UN Guidelines for the Alternative Care of Children’s recommendations.
- Ensure legislation like the revised civil code is adopted and standards like the guidelines for foster care, national adoption, inter-country adoption and residential care are developed in line with the UN Guidelines for the Alternative Care of Children and adopted in a timely fashion.
- Ensure revision of the legislation regulating child abandonment, shifting the focus from criminalisation towards prevention of abandonment.
- Ensure relevant evidence on the wellbeing of all children living in formal and informal arrangements, including those in kinship care, is being collected and used to inform policy and system approaches.
- Ensure children with disabilities are included, benefit from the Integrated Child Rights Policy and are supported to transition from institutional care into families and communities.
- Ensure meaningful participation of children in the review and monitoring of the reform, including through the district Children’s Forums and the national Children’s Summit.

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\(^{13}\) Better Care Network (BCN) ‘Rwanda Care Profile’ draft report (2014)

\(^{14}\) Report of the National consultation meeting on child care and child protection systems organized by BCN, SCI and NCC.

\(^{15}\) Better Care Network (BCN) ‘Rwanda Care Profile’ draft report (2014).

\(^{16}\) Better Care Network (BCN) ‘Rwanda Care Profile’ draft report (2014); Report of the National consultation meeting on child care and child protection systems organized by BCN, SCI and NCC.