

Strategic Plan for the Integrated Child Rights Policy in Rwanda

**Ministry of Gender and Family Promotion,
August 2011**

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Strategic Plan for the Integrated Child Rights Policy in Rwanda, 2011-2016

I. Introduction

This Strategic Plan for the Integrated Child Rights Policy (ICRP) in Rwanda (2011-2016) is developed to guide the interventions needed to implement the ICRP as validated in December 2010. The five years plan addresses **7 thematic areas of children's rights** as listed in the ICRP: **Identity and Nationality; Family and Alternative Care; Health, Survival and Standard of Living; Education; Protection; Justice; and Participation**. The strategic plan recognises the existing national policy framework for children's rights, identifies achievements, challenges and gaps, as well as it provides a situation analysis of children in the country, based on existing data.

The ICRP is the first comprehensive document to address all children's issues in Rwanda, as opposed to existing policies and strategic plans focusing on specific categories of children, e.g. the Orphans and Other Vulnerable Children (OVC) policy, policy on street children, child labour policy, etc. Various strategic plans already exist to address some of these thematic areas: such as the **Education** Sector Strategic Plan, The National Action Plan on **Child Labour**, Strategic Plan for **OVC**, etc. This strategic plan aims to harmonise these plans.

The strategic plan will not replicate activities already planned as part of the existing strategic plans, but identifies actions to support them as some thematic areas are already the subject matter of various Ministries that are responsible for implementing the strategic actions under this plan. **The implementation of this strategic plan rests on effective collaboration between various Ministries under the coordination of the MIGEPROF.**

After drafting the ICRP in 2010, various stakeholders participated in a workshop to identify the key actions for this 5 years strategic plan in August 5, 2010. The Plan is therefore based on the inputs provided by various stakeholders. **It is organised along 6 chapters: Introduction; Framework for the Strategic Plan; Situation Analysis and Current Policy; Strategies for implementing the ICRP; Roles and responsibilities; and M&E framework.** Each of the chapters is presented along the 7 thematic areas identified above. The Communication strategy and logical framework are included as annexes.

A mechanism will be established under the Ministry of Gender and Family Promotion (MIGEPROF), the Ministry responsible for children, **to monitor the implementation of and review/update the ICRP.**

II. Framework for Strategic Plan for Children in Rwanda

a. *Guiding Principles*

1. ***Every child matters.*** Every child in Rwanda and every Rwandan child is important to the Government and the people of Rwanda. This policy will be applicable to all children in and of Rwanda, **without discrimination of any kind.**
2. ***Children are priority.*** Every action by Government and non-Government parties that affects children will be preceded and guided by an **assessment of its impact on children and advance their best interests.**
3. ***Children deserve the best.*** Every child will be **supported to achieve** the highest attainable levels of survival, protection and development.
4. ***Children can and should participate.*** Children have opinions and are capable of understanding and participating in **matters directly and indirectly affecting them.**
5. ***Abuse, exploitation and violence against children are intolerable.*** Children will be protected from abuse, exploitation and violence in home environments, in schools, in communities and **all other places.**
6. ***Government and duty bearers are accountable.*** All duty bearers government, parents, guardians, communities, law enforcers, teachers, service providers, etc – are accountable **for protecting and promoting children’s rights.**

b. *Overall Objective*

To **ensure children's** rights to survival, protection and development through **improved access to quality services and strengthened institutions and systems.**

c. *Specific Objectives and expected results*

1. To ensure recognition of the identity of every child in Rwanda , through **birth registration**, such that it informs protection, **care and basic services** for the children.
 - Births of all new born children will be registered within **15 days by 2015.**
 - All children 16 years and below will have been registered by 2015.
2. **To strengthen families** and ensure care for children without parental care **through social support** and establishment of systems for good alternative family care.
 - A community based programme for promoting child-care is operationalised and a comprehensive system for alternative care is established.
3. **To ensure universal access and coverage of health services** for children through innovative schemes and especially through improved uptake of services for children under 5 year of age.
4. **Ensure access to education for all children** with particular attention to poor and other vulnerable children through innovative and inclusive approaches.

- Improved enrolment and retention in pre-primary, primary and lower secondary schools especially among poor and vulnerable children.
5. To **improve prevention and response mechanisms about abuse**, exploitation and violence against children through a strengthened and comprehensive **national child protection systems**.
- A comprehensive national child protection system is established.
6. To **improve access to justice for children** through strengthened and comprehensive juvenile justice framework covering children in conflict or in contact with the law.
- A national Juvenile Justice system is operationalised by 2015.
7. To **empower children to participate** in development processes through creation of avenues of participation **at all levels**.
- Children are regularly participating in development processes at all levels

III. Strategies for Implementing the ICRP

1. Identity and Nationality

a. Current policy framework

Rwanda has undertaken several policy and administrative measures to ensure the right to identity and nationality for its citizens.

Birth Registration: Article 8 of the LAW N°14/2008¹ obliges parents to register their newborn children within 15 days of birth. It obliges registration of children under 16 years of age by the guardians/ caregivers, adoptive parents to register the adopted child within 30 days. The law also provides for late registration fees, for parents/ guardians failing to register their children within the stipulated time.

Birth registration is decentralised with an *Etat Civil* at the sector level for the purposes of registering births and other official records

A new draft law on Child Rights and Protection (under discussion) provides for prohibiting discrimination among children based on their birth conditions. The draft law further prohibits the use of the terms 'legitimate', 'illegitimate', or 'natural' when determining children's parental status and their recording in public books concerning the birth conditions of a child in relation to his/her parents' marital status (Art. 5).

¹ Law N°14/2008 Of 04/6/2008 Governing Registration of The Population and Issuance of the National Identity Card (Official Gazette Special Number of 16/07/2008). Accessed from http://amategeko.net/display_rubrique.php?Act on Oct 19,2010.

Nationality: The right to nationality and protection from deprivation of nationality are guaranteed to all Rwandans by the Constitution 2003 (Art. 7). Article 11 of Law N°14/2008, provides for every Rwandan aged 16 and over to be issued with a national identification card within 6 months of attaining 16. The law also allows individuals to include the names of their children under the age of 16 in the national identification application file.

According to Article 6 of Law N° 27/2001, a child born of a Rwandan parent (mother or father) is automatically a Rwandan citizen. Organic Law N° 30/2008 – bestows Rwandan nationality by birth on any person whose parent is Rwandan (Art. 6). Article 9 of the same law provides that any child born in Rwanda from unknown or stateless parents or who cannot acquire the nationality of one of his or her parents shall be Rwandan. Article 12 specifies that any child adopted by a Rwandan, irrespective of his/her foreign nationality or statelessness, and who has never been emancipated will be deemed Rwandan. The Nationality Code also provides for children to retain their acquired nationality in the event of dissolution of marriage of parents (Art. 11).

Over the last few years, The Government of Rwanda (GoR) has provided National Identification Cards to some refugees from DRC and Somalia, legalising their Rwandan status and permitting them to fully carry out their business in Rwanda and be able to access all services rendered to ordinary Rwandans like opening bank accounts, and to help them easily reintegrate into the community².

b. Situation Analysis

Birth Registration: Rwanda had one of the highest birth registration rates³ in the world in 1973, when births of over 80% children under 5 were registered. Following the devastating effects of the Genocide in 1994, birth registration rates dropped. However, official records indicate significant progress with the DHS 2005 reporting that the births of 82% children under the age of 5 were registered.⁴

Other studies find some evidence of low birth registration among vulnerable children – the Situation Analysis of Most Vulnerable Children (MVC) in Rwanda (ongoing), reports only 27% of births in the age group 0-4 years were registered. Anecdotal evidence from field surveys conducted as background to the ICRP and this strategic plan indicated low prevalence of birth registration which is attributed to complex procedures and associated penalties for late birth registration.⁵

² Official news posted on Rwanda Bureau of Information and Broadcasting <http://www.orinfor.gov.rw/printmedia/topstory.php?id=644>. Accessed on October 20, 2010.

³ According to the UNICEF, birth registration figures indicate percentage of children less than five years of age that were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

⁴ http://www.unicef.org/infobycountry/rwanda_statistics.html#71. Accessed on Oct 19, 2010.

⁵ See various field visit reports of national consultants, 2009.

Given the mixed picture on birth registration, it is best to undertake a comprehensive assessment of the situation to understand the reasons for its low/ high prevalence and accordingly strengthen efforts to ensure 100% registration of births and children.

Nationality: Identification of Rwandan nationality is eased through the issuance of a national identity card, which is available to all Rwandans attaining the age of 16. However, it is not clear what proportion of children in the age group 16-18 years actually have these cards, nor the extent to which the absence of these cards affects children in terms of accessing services.

Specific challenges for vulnerable children: Available information indicates that registration of births and inclusion of children in national identification cards could be particularly challenging for children who are:

- **Orphans - 21%** have lost either one or both parents and 4% have lost both parents (DHS 2005).
- **Born out of wedlock** - there are a significant numbers of children in Rwanda born out of wedlock, either as a result of sexual assault and teenage pregnancies. Children born of polygamous and officially unrecognised unions - 12% of Rwandan women live in polygamous households (DHS 2005) - are also at risk of not being recognized by their fathers, and not having birth registration certificates.

For these categories of children, birth registration procedures and procedures for acquiring national identification cards should be reviewed and revised as necessary to ensure their right to identity.

c. **Plan of Action**

To ensure recognition of the identity of every child in Rwanda the following strategies are proposed:

Registration of all children under 5 years by 2015.

Research: A Comprehensive assessment of birth registration in Rwanda, including analysis of reasons why some children are not registered, review of procedures and requirements to understand how children left out of registration will be undertaken.

A comprehensive assessment of systems and procedures for national identification cards, including assessment of how they may be made more accessible for specific categories of children who are left out.

Community mobilization: Intensive efforts to educate communities about the importance of birth registration. Community based social workers, existing community based health workers will be given the responsibility to identify children who are not registered and for mobilizing their families/ caregivers to register them.

2. Family and Alternative Care

a. Current policy framework

Family: The importance of family for children and their rights is recognised in existing policy framework in Rwanda. The Constitution of Rwanda (2003) stresses the role of parents to protect and promote children's rights (Art. 5 and 8). Art. 27 stipulates that both parents have the right and duty to bring up their children and that the State shall put in place appropriate legislation and institutions for the protection of the family, and the mother and child, in particular, in order to ensure that the family flourishes. Art. 28 emphasizes that every child is entitled to special measures of protection by his or her family, society and the State that are necessary, depending on the status of the child, under national and international law.

Law #27/2001 (under review) on Rights and Protection of the Child Against Violence, states the right of children to live with family and stipulates that children under 6 must be under their mother's care (Art. 7). The law provides for guardian, adoptive parent or specialised institutions for the care of orphans (Art. 8). The law provides for severe punishment for parents/guardians who abandon a child, ranging from imprisonment for 5 years to life imprisonment.

National Policy for Family Promotion (2005) recognises several challenges to the family in Rwanda, including, polygamy, forced single parenting by females, prevalence of child-headed households, street children, older family members in need of care, domestic violence and disability. The policy also recognises the negative impacts of genocide on family relationships and the need to address problems faced by them. The policy lays down various strategies for addressing these challenges, including family education and socio-economic support to families.

Alternative careⁱ: A few legal provisions have been made to govern alternative care for children, specifically for adoption. A comprehensive framework for all forms of alternative care, including adoption, foster care and institutional care, however, does not exist as of now.

Specific to adoption, Law # 42/ 1998 in the Civil Code provides for adoption of adults and children if it is advantageous for the adoptee and provides for equal rights and obligations for adopted children as for natural children (Art. 333, Art 339). The law also provides for revocation of adoption at the request of the adopting parent, adoptee or Prosecutor.

Law No. 27 of 2001 provides that every orphan must have a guardian, an adoptive parent, or be under the care of a specialized institution and that the State is responsible for any child having neither a guardian nor an adoptive parent (Art 8).

In June 2003, the MIGEPROF issued Guidelines on International Adoption outlining processes to be followed for international adoption. However, in August 2010, following the Accession to the Hague Convention relating to inter-country adoptions⁶, the GoR has temporarily suspended inter-country adoptions. Efforts are underway to set up structures, mechanisms and tools required for compliance with this Convention⁷.

b. Situation Analysis

Orphans: The traditional family and extended family structures suffered a severe blow as a consequence of the Genocide against Tutsi in 1994. A million children were rendered orphans with the death of one or both parents. Today, those orphans are either children in the age group 16-18 or young adults. Many of them grew up without any care by adults. They are now parents themselves and, as the National Policy for Family Promotion (2005) recognises, in need of support in child care and running their households.

As of 2005, according to official figures, 21% children in Rwanda had lost either one or both parents (4% had lost both parents). UNICEF estimates that 101,000 children are currently living in 42,000 child headed families.⁸ It is also estimated that by 2011 the total number of orphans under the age of 15 will reach 1.5 million.⁹ These are no longer children survivors of genocide or children orphaned as a direct result of the genocide. The number of children (0-14 years old) having lost one or both parents because of HIV were estimated at about 203,000 in 2008¹⁰.

The majority of the orphans are believed to be living in extreme poverty, especially those living in the street and those living in families headed by other children. They are also especially vulnerable to abuse and exploitation.¹¹ Even though, there is plan and budget for provision of financial assistance to orphan and vulnerable children, a large proportion of these children remain unassisted and there is a need to increase such assistance.

Street children: Though there is currently no accurate data on children working and or living on the street, 185 male children are hosted by 1 centre run by the GoR (Gitagata in Bugesera). NGOs run another 30 such centres for street children. Alternative care arrangements for these children are limited.

Alternative care: There is little record of the number of children in adoption or foster care in Rwanda and informal fostering is common. According to one estimate there are 22,525

⁶ Hague Convention on Protection of Children and Co-operation in respect of Intercountry Adoption (May 1993).

⁷ MIGEPROF (2010): Temporary suspension of new applications for international adoptions from Rwanda. Letter to all Ambassadors of Rwanda, 17 August 2010, MIGEPROF, Republic of Rwanda, Kigali.

⁸ UNICEF, http://www.unicef.org/infobycountry/23867_20292.htm, consulté le 15/04/2010.

⁹ UNICEF, *The State of the World's Children*, 2004, quoted by MIGEPROF (May 2009).

¹⁰ National AIDS Commission CNLS (2009): *National Strategic Plan on HIV and AIDS 2009-2012*. Kigali, Rwanda: GoR.

¹¹ MVC Situation Analysis MIGEPROF

children in foster care in Rwanda and many of them end up on the streets due to poor treatment by foster families¹². There are a total of 35 orphanages where 3,800 children are hosted.¹³ Experiences from other parts of Africa, especially South Africa suggest the following prerequisites for successful management of an alternative care system¹⁴:

- Public and Private/NGO sector partnerships with grants paid to the NGOs to deliver services;
- Social cash transfers, i.e. child support grants and foster care grants to prevent family breakdown and support relatives who care for children;
- Service delivery model, plus standards for casework and care;
- Qualified social workers designated to act by government and professional bodies;
- ‘Best interest’ decision-making applied through legal authority, court orders, assessments, care plans and reviews, and casework;
- Regular research, documentation plus monitoring and evaluation by government and academic institutions.

c. Plan of Action

To strengthen families and ensure care for children without parental care through social support and establishment of systems for good quality alternative care the following strategies will be applied:

A community based programme for promoting child care is operationalised.

- 18,000 families/ households/children without family receive direct and ongoing social support

A comprehensive system for alternative care is established.

- A law governing alternative care is instituted.
- Standards and rules for alternative care are established.
- 25% children in need of alternative care and protection are placed in appropriate setting.

Research: Conduct comprehensive research on needs and situation assessment for alternative care in the country to serve as baseline against which interventions will be planned and measured for outcomes and impact. This research shall analyse the reasons why children are without parental care (abandonment, imprisonment, orphaning, run away-children, etc) and provide realistic estimates on the requirement for alternative care. The research will also provide information on the number of children in various forms of formal/informal alternative care arrangements, their situation and support requirements of caregivers (foster families, adoptive families, etc.). The research will be coordinated by MIGEPROF in

¹² Republic of Rwanda, Prime Minister’s Office (2005): Strategic Plan for Street Children. Minister in the PMO in charge of Family Promotion and Gender. Kigali, November 2005.

¹³ Data provided by MIGEPROF October 2010.

¹⁴ UNICEF Eastern and Southern Africa Regional Office (2008): Alternative Care for Children in Southern Africa – Progress, Challenges and Future Directions, Working Paper.

collaboration with MINIJUST and National Prison Services for data relating to children in conflict with law and for children incarcerated with mothers.

System development: Develop a comprehensive system for alternative care covering the continuum of alternative care - from placement of children in extended families, to placement in foster care, domestic adoption, international adoption and institutional care. The comprehensive system will include a set of legislation, provisions, rules, standards for care, mechanisms for implementation (including various offices that may need to be set up at local and national levels), monitoring and reporting. Within 3 years of the implementation of this Strategic Plan, this comprehensive system would have been developed and put in place.

This comprehensive system will be developed after careful review and assessment of current practices and assessment of good practices from other countries in the region and the world. International standards and rules for alternative care will be used as a reference for developing standards for alternative care in Rwanda. A series of consultations with legal experts, child rights experts, caregivers, children, NGOs and ministries, including MINIJUST and MINALOC will be organized to debate aspects of the system. MIGEPROF will lead and coordinate this process. MINIJUST will lead the process for harmonizing existing laws and drafting of any new laws/ amendments as required under this system.

The document describing the comprehensive system for alternative care for children without parental care will be finalized by the end of 3rd year of this strategic plan period.

Establishment/ expansion of facilities for enfants living with their detained mothers adopting the good practices of ECD centres attached to Muhanga and Kigali prisons.

MINIJUST will be responsible for monitoring compliance of ECD facilities at prisons with such standards. MIGEPROF will provide capacity building for caregivers.

Community mobilization – Prevention: Prevention is at the heart of ensuring care for children within their own families and under non-biological families.

Recruit, train and support community based social animators¹⁵ who in turn will mobilize and support parents in upbringing their children. Community-based social work schools will be set up. Community based social workers will be hired from among new graduates from the existing schools of social work. A training curriculum for these social workers and animators will be developed on children's rights, good parenting, family and alternative care for children. Curriculum will include overview on child specific laws, various government plans and initiatives, family planning, providing psycho social support to families/households/

¹⁵ Social Workers here refers to professionally trained graduates in Social Work who have training in community development. Social animators are dedicated to community education (action education) and are responsible for mobilizing and supporting their communities in their development. Both, professional social workers and community based social animators have been extensively utilized in community development and empowerment initiatives across the world, including for facilitating and supporting alternative care for children without parents (fostering).

children without families (including Child Headed Households) and monitoring foster/adoption

About 100 social workers and community-based social animators will be hired by the second year of this strategic plan and every subsequent year 100 more would be added. A total of 400 such workers will be hired in total over this strategic plan period. 25% of these would be professionally trained in social work and would serve as mentors for animators selected from the communities. Each social worker/ animator will be responsible for providing support to selected 45 families/ households/ children without families (specifically covering all children in their assigned villages/ areas who are in foster care/ adoption/ any other alternative care arrangement) in need of support. A total of 18,000 families/ households/ children without families will be directly supported by community based social workers. In addition to direct support, these social workers will be responsible for conducting community awareness and mobilization for 10 villages/ communities each. A total of 4000 villages (36% of the total villages/ communities in Rwanda) will be covered by about 400 community-based social workers during the course of this strategic plan¹⁶. The selection of these villages will be based on need and administrative convenience for existing linkages.

Appropriate IEC materials will be developed to aid the social workers and animators in their work. These materials will be designed for adult (parents/ caregivers), children and various service providers. They will cover topics including children's rights, information on family planning and provide helpful tips on caring for children in family and or alternative care settings.

Regular meetings with parents will be held at the community level where information on good childcare will be provided, along with information on available services and protection laws. The social workers and animators will serve not only as support for families and caregivers, providing them helpful information on how to care for their children's needs and ensure their rights, but also link families/ caregivers and children with relevant social programmes and schemes, including for social protection. It is envisaged that community based social workers will serve as front line officers in identifying children in need and linking them with appropriate interventions/ facilities (for example, an orphaned/ abandoned child could be identified and linked with all support services ranging from placement services for possible alternative care, support for school education, food supplements and at the same time his/her caregivers or community adults would be provided with information and support in caring for this child).

This intervention will remain in selected villages for a period of 5 years, with gradually reducing intensity. It is envisaged that over a period of 10 years more villages will be included in the programme such that all vulnerable communities are provided with intensive

¹⁶ 1 visit by community based social worker to foster family/ extended family/ family in need of care per 3 months, 45 families per community based social worker per year for home visits, plus community based meetings, visits to various service providers for linkages, reporting etc.

support. Family and alternative care will be mainstreamed into the curriculum of social work education in the country by the end of the project period. In the last year of this strategic plan period, MIGEPROF will undertake an evaluation of the intervention and accordingly plan for possible mainstreaming of a community based social work programme.

Community based social workers will be trained and managed by MIGEPROF through appropriate local level offices.

Social Protection: Lessons from good practices in various countries in the region indicate that cash transfer schemes play a significant role in keeping families together and ensuring that children without families are retained in single parent/extended/ foster/ adoptive familiesⁱⁱ. Social cash transfers can also serve as incentive to encourage families to care for children other than their own. In order to promote and support care for children without parents in familial settings (extended family, foster care, adoption), social protection measures will be undertaken. A grant for preservation of family and for supporting care of children by persons other than their families, will be set up and managed by MIGEPROF.

To begin with, such support will be provided in the 4000 villages identified for intensive direct social support to families/ households/ children (described in 2C4).

Of the 18,000 families/households receiving direct social support (2C4), 10,000 children will be provided with social cash transfer through transfers to their household in the second year of this plan period. Every year, this number will be increased by 5000 more children and by the end of the 5 years, 25,000 children being cared for by persons other than their parents, will received social cash transfer support.

A carefully researched cash transfer scheme will be developed based on good practices within the country as well as from the region. Numerous cash transfer schemes are being implemented in Africa, including exclusively for children, with a range of transfer amount from US\$26 - US\$80 per child per month in South Africa to US\$4 - US\$13 in Malawi (UNICEF, EAPRO, 2009).

A mechanism for identification of recipient households/ families will be developed, involving community based social workers as front line officers for identification, monitoring and reporting.

In addition, given that 87% of orphans in the country do not receive any form of social (cash) assistance, during this strategic plan period a carefully researched grant programme for social cash transfer to orphans will be developed. At least 10% of orphans (approximately 100,000 to 150,000) who remain outside alternative care arrangement will be provided with this grant during the 5 years (progressively) of this strategic plan. Over time, it is expected that alternative care arrangements will be expanded to cover all orphan children such that they are taken care of.

Based on latest estimates and situation assessment at the end of 5 years, this grant programme will be revised.

3. Survival, Health

a. Current policy framework

Health: The Constitution of Rwanda guarantees the right to life (Art. 12), right to health (Art. 41) and right to healthy and satisfying environment (Art. 49).¹⁷ Several policies and programmes have been initiated to promote good health in Rwanda, including specifically for children. The Health Sector Policy (2005) stipulates access to health care for all through a mutual health insurance scheme and calls for reduction in infant mortality through Integrated Management of Childhood Illness (IMCI) and Expanded Programme of Immunization (EPI). The current period of health policy in Rwanda is implemented through the Health Sector Strategic Plan II- 2009-2012.

Health insurance: Rwanda is one of the few countries in the world that provides for universal health insurance for all its people. A community based health insurance scheme, the *Mutuelle de Sante* was established in 1999. In 2004, a Mutual Health Insurance Policy (2004) was formulated to promote financial access to basic health care and to improve inclusion of vulnerable people in the health care system. Law N° 62/2007 of 30/12/2007, obliges every Rwandan to have some form of health insurance. This scheme is organized on a per household basis, with an annual payment of Rwf1,000 (roughly US\$2) per family member. By 2008, 85% of the population was covered by health insurance (MoH)¹⁸. The annual payment has been increased to a minimum of Rwf3,000 as from July 2010.

There remain some challenges in the distribution of benefits from the scheme, especially to the poorest people for whom the annual payments and the cost of drugs and treatments not covered under this scheme are prohibitive¹⁹.

Specific disease prevention and treatment: Several policy and programmes have been formulated to specifically address major diseases responsible for childhood mortality and morbidity. Under the Strategic Plan of Expanded Programme of Immunization (2008-2012) effective vaccine management system within all health facilities are to be established by 2012 and polio is expected to be eradicated by 2012. The Strategic Plan against Malaria in Rwanda (2005-2009) focuses on reducing under five morbidity and mortality through appropriate home-based treatment and provision of insecticide-treated bednets. As of 2007, 60% of children under the age of 5 were sleeping under treated bednets (NIS, 2007).

National Strategic Plan on HIV/AIDS (2009-2012) lists specific measures to prevent HIV infection among children and for the care, treatment and impact mitigation for those infected. In 2008, 81% of children with advanced stage AIDS are on antiretroviral treatment and 74% of pregnant women receive antiretroviral (ART) prophylaxis to prevent mother-to-child

¹⁷ The Constitution of the Republic of Rwanda (2003)

¹⁸ http://www.moh.gov.rw/index.php?option=com_content&view=category&layout=blog&id=27&Itemid=27

¹⁹ WHO (2008): Sharing the burden of sickness: mutual health insurance in Rwanda. Bulletin of the World Health Organisation, 2008

transmission (PMTCT)²⁰.

Child health has been recognised as an important focus area in the EDPRS and Vision 2020, however there is a lack of specific budget for it in the Ministry of Health.ⁱⁱⁱ More recently, National Policy for Child Health (April 2009) and related Strategic Plans for the Survival of the Child and Integrated Management of Childhood Illnesses (PCMIE) have been rolled out. This policy recognises that child mortality continues to be high for Rwanda and that malnourishment remains the underlying cause of child morbidity and mortality in the country.

Malnutrition: Over the recent years, much effort has been put into tackling child malnutrition in Rwanda. The National Nutrition Policy (2005) recognised insufficient food intake and infectious diseases as immediate causes of malnourishment in Rwanda and set out an objective of reaching 80% of all cells (umurenge) with the community based nutrition programme for children under 5 years of age. Community based nutrition programmes, including school feeding and take home rations for vulnerable children were listed as important strategic directions.

From 2004-2006, daily meals in 200 schools for 179,183 children and monthly take-home food rations for 28,000 teenage girls in classes P4, P5 and P6 were provided. The GoR is also working in partnership with the WFP to develop a national school-feeding programme covering 60% of primary schools by the end of 2012²¹. From 2009 onwards, GoR in partnership with USAID (funded) and WFP (implemented) is providing daily cooked meals to 300,000 school going children²².

In 2009, a national Emergency Programme to Eliminate Malnutrition (EPEM) was rolled out with the intention of identifying malnourished children and providing treatment to them. The First National Nutrition Summit of Rwanda recognized adequate nutrition as a basic right and prioritized women and children for nutrition initiatives as part of the stage 2. The Summit concluded with a list of action points recommended for the stage 2, including community-based nutrition promotion (CBNP) was recommended as the most effective approach to achieving sustainable results at scale²³.

A comprehensive National Strategic Plan for the Elimination of Malnutrition (2010 – 2013) aims to reduce all forms of malnourishment by 30% and provide optimal nutritional care and support 80% of children under the age of five years and pregnant & lactating mothers and People Living with HIV and AIDS by 2013. The plan includes development of a protocol on community based nutrition programme and provision of nutritionally adequate school meals to all school going children and/or a cup of milk twice a week to all school going children,

²⁰ GoR, Ministry of Health (2009): Health Sector Strategic Plan II: July 2009 – June 2012.

²¹ World Food Programme (2007): Development Project Rwanda 10677.0. Food Assistance Support for Education. Projects for Executive Board Approval. October 2007.

²² USAID Rwanda (2009): Food Aid: Fact Sheet (last updated Nov 2009)

²³ Ministry of Health (2010): First National Nutrition Summit: Investing in Nutrition as a Foundation for Sustainable Development in Rwanda. Final Report February 2010.

among other provisions.

A new policy and strategic plan on Early Childhood Development (ECD) is being drafted and provides for expansion and improvement in Community Integrated ECD Centres such that infants and toddlers of working mothers receive nurturing care and developmental services. It also aims at preventing and reversing developmental delays and includes feeding services at ECD centres and pre primary schools. Once this policy and strategic plan are approved and implemented, significant improvements in nutrition status of under 5 year olds are expected²⁴.

Human resources: Access to health care service providers remains a challenge for Rwanda with only 1 doctor per 18,000 people and 1 nurse per 1,690 people (Health Indicators November 2010, MoH, website). However, with the 45,000 Community Health Workers (CHWs) who are appointed across the 15,000 villages, access to health care is improving.²⁵ Efforts are underway to increase the number of services that will be delivered at the community level, by training CHWs and equipping them with the necessary tools, drugs and other supplies to provide basic services to the population in their communities.²⁶

b. Situation Analysis

Mortality and morbidity: Status of survival and health of children in Rwanda has been progressively improving. Infant mortality rates for instance, have dropped from 86 per 1,000 in 2005 and to 50 per 1,000 in 2010. Similarly, under-five child mortality has dropped from 152 per 1,000 in 2005 to 76 per 1,000 in 2010²⁷.

Malaria is the main cause of morbidity and mortality in Rwanda. In 2005, approximately 30% of all cases were among children under the age of five. Hospitals reported more than 80,000 cases of severe malaria, approximately 900 of them resulting in death, of which about 35% were children under the age of five.²⁸ Diarrhea is another main cause for childhood morbidity with a prevalence rate of 14% for children under 5.²⁹

Table 1: Child health indicators - Rwanda

<i>Indicator</i>	<i>Latest value</i>	<i>Source</i>
Infant mortality (2010)	50/1,000	DHS 2010
Under 5 Mortality (2010)	76/1,000	DHS 2010
Maternal mortality (2008)	690/ 100,000	DHS 2010
Percentage of U5 fully immunised children (2008)	80.4%	IDHS 2007/2008.
Assisted deliveries (2010)	69%	DHS 2010

²⁴ ECD White Paper Draft 4, August 2009

²⁵ GoR, Ministry of Health (2009): Health Sector Strategic Plan II: July 2009 – June 2012.

²⁶ Ibid.

²⁷ DHS 2005 and Interim DHS (2007-2008)

²⁸ DHS 2005

²⁹ DHS (2010)

Children U5 sleeping under treated mosquito nets (2010)	69.8%	DHS 2010
Malaria prevalence in children U5	2.4%	MIS 2007
Under 5 years severe malnutrition	19.4%	IDHS, 2005

Source: Ministry of Health, GoR³⁰

Malnutrition: Malnutrition remains a significant public health problem in Rwanda, contributing to about 50% of infant and child morbidity and mortality. According to the 2010 Rwanda Demographic and Health Survey (DHS, 2010), chronic malnutrition (stunting) affects 44% of children under 5 years of age constraining good health and delaying normal growth. Preliminary reports from the EPEM indicated that over 1.1 million children 6-59 months of age were screened for acute malnutrition at community level, over 85,000 cases of moderately acute malnutrition were identified and some 17,000 severely malnourished cases were identified and treated according to national protocols³¹.

According to MVC study, 67.9% of the MVC who participated in the study missed nine or more meals in a week, with many of them missing fourteen, or more meals. Of all children, 22.4% has missed at least nine of the twenty-one meals over the week³². The study identified that over 70% of all MVC require food and nutrition support³³.

Immunisation and treatment: Immunisation rates have also improved with 80.4% children under 5 being fully immunised in 2008. However, large majority of children still do not receive treatment within 24 hours of onset of fever. In 2010, only 42.7% children under 5 received treatment within 24 hours of onset of fever and only 37.2% received treatment within 24 hours of onset of diarrhoea³⁴. According to one report, only 0.2% of child heads of households suffering from chronic diseases get medical assistance³⁵.

Standard of living: In 2006, 36.9% of Rwandans lived in extreme poverty and 56.9% lived below the national poverty line.³⁶ Children and women, specifically children in child-headed households, children without families, including orphans and children living and working on the street, are disproportionately represented among the poor.

Adolescence and health: Adolescent health has been recognised as an underserved area in Rwanda. Although the National Reproductive Health Policy and the National Youth Policy partially cover adolescent health, they fail to address the key issues of adolescent health in a comprehensive manner. Sexual activity among adolescents is high and their contraceptive usage remains low. Although the Interim DHS indicates a total fertility rate of 4.6 children among women in the age group 15-49, it is likely that a significant number of teenage

³⁰ http://www.moh.gov.rw/index.php?option=com_content&view=category&layout=blog&id=27&Itemid=27

³¹ Ministry of Health (2010): First National Nutrition Summit: Investing in Nutrition as a Foundation for Sustainable Development in Rwanda. Final Report February 2010.

³² MIGEPROF (2010): MVC report

³³ Ibid.

³⁴ Interim DHS as quoted in Statistical Year Book 2009

³⁵ DHS 2010

³⁶ National Institute of Statistics of Rwanda. 2007a. *EICV Poverty Analysis for Rwanda's EDPRS*. Kigali: GoR 2006.

pregnancies are not reported.³⁷ Children born to adolescent girls are at risk of being abandoned, contributing to the growing pool of children without parental care in the country. Additionally, adolescents are often victims of sexual abuse either by peers or older members of the society. A comprehensive policy that addresses the most pressing health issues for adolescents in Rwanda, namely reproductive health, has been recommended.³⁸

c. Plan of action

In order to ensure universal access and coverage for health services for children through innovative schemes the following strategies will be applied:

Improved uptake of services by children under 5 year of age.

- 30% increase in the number of children receiving medical attention within 24 hours of fever or diarrhoea.
- 30% increase in use of health services (health posts/ hospitals) by children from poor families and children without parental care.
- 30% increase in the number of children under 3 years of age receiving integrated childhood services (feeding and care).

Improving access: Identification of children under 5 years of age and pregnant and lactating mothers from poor families who are unable to afford user fees and premiums for health insurance. This will entail research in selected poor regions and specifically targeting children without parental care, living outside of family/ household environment, children in child headed households, single mothers, mothers in polygamous unions and so on. Research will provide information on numbers of beneficiaries for support for user fees and insurance premium and recommend method for their ongoing identification and disbursement of benefits to them. (This identification and monitoring on a regular basis will be costly and many deserving poor could fall through identification process.

In partnership with MoH and MINECOFIN, explore methods by which cost of user fees³⁹ (co-payment of Frw 200 for essential services and 10% of total cost of District Hospital Tertiary Hospital and ambulance services) and premium⁴⁰ for insurance can be met for children and pregnant and lactating mothers from poor families. Support efforts in exploring ‘pay for capacity’ an option for financing health insurance such that cost of premium for the poor may be subsidised by the richer. Organise consultations, small research of good practices from around the region, to inform strategic shifts.

In partnership with the MoH and private sector, mobilise resources for scaling up ambulance services for transporting patients, with specific focus on children, from villages to hospitals.

³⁷ DHS 2010

³⁸ Binagwaho, Agnes (Dr.) 2009: Report on adolescents’ health and HIV services in Rwanda, in the context of their human rights. In the context of PhD-research. August 2009, Rwanda (Permanent Secretary Ministry of Health, Rwanda)

³⁹ Current co-payment is of Frw 200 for essential services and 10% of total cost of District Hospital Tertiary Hospital and ambulance services.

⁴⁰ Current premium cost for community-based health insurance Mutuelles de Sante is Frw 1000 per person per family, per annum.

This intervention, along with the latest provision of mobile phones to CHWs by the MoH will go a long way in improving access to medical facilities, specifically in emergency situations such that lives are not lost due to physical barriers to access. 30% increase in the number of ambulances over the period of 5 years.

Expansion of school feeding programme to all schools in Rwanda. This is an ongoing programme of the MINEDUC and planned for under ESSP 2010-2015 and LTSFF.

Support MINEDUC in developing and implementing integrated childhood services programme for children under 3 years of age. Such a programme would include provision of nutritional supplements (daily cooked meals) and care services to these children. Ensure compliance with child rights principles. This activity is planned for under the ESSP 2010-2015

Community based awareness: Efforts of MoH and their team of health care workers, specifically CHWs will be strengthened by information dissemination and community/family education on family planning, nutrition, reproductive health, hygiene, etc by community based social workers. These social workers will specifically focus on children and their access and linkages with service providers.

Develop age appropriate IEC materials for adolescents on reproductive and sexual health for dissemination to adolescence, their caregivers and schools. Work in partnership with MINEDUC for promoting adolescent health education in schools and with MoH in expanding adolescent health and information centres. Work with MoH and MINEDUC to develop a specific programme for addressing reproductive and sexual health needs of adolescents.

4. Education

a. Current policy framework

Pre-primary education: A national ECD policy and strategic plan are under development. The ECD strategic plan provides for the expansion of pre-primary education for children in the age group 3-6 years such that young children from 3 years to primary school entry are well prepared for equal opportunity for school enrolment and retention. success in The Education Sector Strategic Plan (2006 – 2010) SP provides for training of providers of early childhood care and development services.

Basic education: The GoR has made primary education compulsory by law. According to Organic Law N° 20/2003 (2003), primary education is compulsory and fee-free in public schools and in government subsidized schools (Art. 35). Up until 2006, fee-free education was provided for 5 years of primary education. In 2006, with the Nine Year Basic Education Policy (NYBE), the GoR expanded the purview of fee-free and compulsory education from 5 to 9 years, including 3 years of lower secondary education. Rwanda has implemented the five-year rolling Education Sector Strategic Plan (2006 – 2010) nested within a ten-year financing strategy for meeting the Millennium Development Goals – the Long Term Strategy and Financing Framework (LTSFF). The LTSFF pertaining to basic education was passed by

the Rwanda Cabinet in February 2006⁴¹ and Rwanda was approved for assistance from the Education for All Fast Track Initiative.

The updated Education Sector Strategic Plan (ESSP 2010-2015) focuses on strengthening post-basic education as well as basic education – fast tracking 9 years basic education, expanding ECD centres and , improving quality of education.

Special Needs Education: Recognising that many children of school going age have a disability and large majority of them remain outside the school system, the GoR drafted the Special Needs Education Policy in 2007 which aimed at ensuring that all categories of children including those with special education needs would have access to meaningful educational services and where possible integrating children with special needs into regular classes. One important indicator for the achievement of ESSP is provision of special needs facilities and equipments to learners

The ESSP 2010-2015 has broadened the purview of special needs education by including - orphans, street children, children infected with, or affected by HIV/AIDS, or children heading households – along with the disabled children, as learners with special needs.

Girl's Education Policy

Social Protection in education: Recognising the financial and social support needs of poor and vulnerable children in accessing education, the GoR has rolled out several social protection measures in partnership with various donors. The earliest of these is through Law N° 02/98 of 22/01/1998 that stipulated creation and functioning of the Fund for Genocide Survivors (FARG), article 14 providing for funds specifically for education. Under the PEPFAR, Global Fund and various INGOs programs, scholarships are provided to orphans and vulnerable children in primary, secondary and TVET schools. Under the U.S. Ambassador's Girls Scholarship Program (AGSP), boys and girls receive secondary school scholarships.⁴²

In October 2010, the GoR announced it would be reallocating funds for scholarships to university students towards basic education instead. School feeding programme- ongoing and planned expansion for universal coverage - are other important social protection measures undertaken by the GoR to ensure that all children attend and complete basic education.

b. Situation Analysis

Pre-primary education: It is estimated that in 2008-2009 only 13.3% of pre-primary school-age children were attending pre-primary schools with a pre-primary teacher/pupil ratio of

⁴¹ GoR, Ministry of Education (2006): Rwanda Education Sector: Long-term strategy and financing framework 2006 - 2015 (LTSFF). 12 September 2006.

⁴² USAID Rwanda (2010): Fact Sheet on Education. (Last updated August 2010)

1:34.⁴³. Most ECD centres are privately funded and managed. They lack standards, caregiver training, supervision and monitoring. The 2009 *National Skills Audit* found that no training programme exists for teachers, principals and supervisors of pre-primary schools. There is a high rate of teacher absenteeism as many of the teachers are volunteers without regular salaries, depending on the support of parents, communities or private sponsors⁴⁴.

Table 2: Education Indicators - Rwanda

<i>Indicator</i>	<i>Figure</i>	<i>Source</i>
% of 3-6 year olds attending pre-primary schools (2008)	13.3%	ECD White Paper Draft 4, August 2009
Net Enrolment Rate (NER) Primary (2010)	Boys 94.20% Girls 96.50% Total 95.35%	Latest data from MINEDUC via interview in October 2010.
Primary Completion (2009)	74.54%	Latest data from MINEDUC via interview in October 2010.
NER Secondary (2009)	Boys 12.80% Girls 13.70% Total 13.25%	Latest data from MINEDUC via interview in October 2010.
Secondary Completion	14.45%	Latest data from MINEDUC via interview in October 2010.

Basic education: The intensive efforts by the GoR in the area of primary education and recently for early secondary education (NBYE) has shown impressive results in terms of primary net enrolment rates (NER) for both boys and girls. The primary NER has rapidly increased from just over 60% in the mid-1990s to 93.5% in 2005. Between 2005 and 2008 the NER remained more or less the same and shows a slight dip in 2009, at 92.9%⁴⁵. Completion rates have also improved over time with nearly three fourths of all students completing primary education in 2009.⁴⁶

Secondary education, by contrast is still elusive for large proportion of Rwandan children, with secondary enrolment rates at 13.3% and completion rate at 14.5% in 2009⁴⁷. A Survey on MVCs indicated that school fees were the main deterrent for lack of secondary school attendance, while funds for other school-related costs (uniforms, other) were the main deterrent for both primary and secondary school. Access to schooling for vulnerable children was mostly at the secondary level, and was related largely to the high cost of school fees. While some children were receiving assistance to meet high cost of school fees, most were not⁴⁸.

⁴³ ECD White Paper Draft 4, 2009

⁴⁴ ESSP 2010-2015

⁴⁵ DHS (2005), MDG Report 2010, Statistical Year Book 2009 and latest data from MINEDUC via interview in Oct. 2010.

⁴⁶ Latest data from MINEDUC via interview in October 2010.

⁴⁷ Latest data from MINEDUC via interview in October 2010.

⁴⁸ MVC Report Draft 7, June 2010

Special needs education: It is estimated that about 10% of all learners in primary schools have a disability of some form.⁴⁹ In 2006, only 1,713 pupils living with disability were known to be cared for in schools or rehabilitation centres.

A 2002 study identified several reasons why children orphaned by HIV/AIDS were at particular risk of educational disadvantage in Rwanda⁵⁰. The need to care for sick parents and young siblings, greater demands for their labour in their own homes, need to farm or generate other income to provide for surviving family members, were some of factors putting children orphaned by HIV/AIDS at a disadvantage. Female orphans were cited to be at higher risk than boys due to lower priority given to girl's education, pressures for female orphans to marry early and the greater tendency for them to assume responsibility for heading households. Similarly, the risk of drop-out was found particularly high for children in child headed households⁵¹. The situation is improving since the development of the Girl's Education Policy.

c. Plan of action

Increase access to education among poor and out of school vulnerable children through innovative and inclusive approaches.

Improved enrolment and retention in pre-primary, primary and lower secondary schools among poor and vulnerable children.

In order to Increase access to education and improved enrolment and retention in pre-primary, primary and lower secondary schools the following strategies will be applied

Promotion of ECD: Scale up the national programme for establishment and strengthening of ECD centres and advocate for incorporation of ECD curriculum in the current teacher-training programme in the country. Help establish indicators for good quality community-based ECD centres. (First year of Strategic Plan)

Establish 1 model ECD centre in each sector, starting in the second year of the Strategic Plan, such that by end of 5 years 416 model ECD centres are established in the country.

Improving access to basic education: Contribute to the ongoing assessment by MINEDUC on barriers to education, specifically focusing on assessment of hidden and opportunity costs to education. B) Specific study on good practices in innovative social protection measures to improve enrolment and retention, specifically for poor and vulnerable children.

In partnership with NGOs, develop models for flexible and accessible alternative education to bridge older out of school children with the basic education programme. This would include street and working children who have been unable to attend regular school who are now too old to join school at lower grades.

⁴⁹ MINEDUC, Special Needs Education Policy, Kigali, July 2007, pp.5 &9.

⁵⁰ Kinghorn, A.; Kgosidintsi, B.N.; Schierhout, G.; Gatete, F.; Bwandinga, G.; Rugeiyamu, J. 2003. Assessment of the impact of AIDS on the education sector in Rwanda. Johannesburg: CfBT/Stoas. (Study facilitated by MINEDUC).

⁵¹ Ibid

This model would be piloted in 2 existing facilities: one run by the GoR and one by NGO. The model would be developed through consultative processes with MINEDUC, NGOs and other development partners. Specially trained teachers will be appointed at these centres and the centres will be linked with local primary schools. Those children young enough to be integrated into the formal school system, will be mainstreamed within 2 years of alternative education and the older children would be provided with a compressed basic education.

Existing good practices in the country, region and world would be examined and adopted as relevant. In the last year of this strategic plan, the effectiveness of the model(s) developed, will be assessed for possible replication.

Social Protection: Explore models for the establishment of a private sector and citizen funded scholarship grant scheme for poor and vulnerable children. Mobilise private sector and public of Rwanda in contributing to this fund.

Pilot provision of the scholarship grant scheme in select sectors, reaching out to a total of 10% of identified poor and vulnerable children by the end of 5 years. Evaluate effectiveness of the model for possible improvements and expansion at the end of 5 years.

Expansion of school feeding programme. This activity falls under both the thematic areas of health and education. It is an ongoing programme of the MINEDUC and planned for under ESSP 2010-2015 and LTSFF.

Strengthening quality and governance: Support MINEDUC to define quality indicators / norms for basic education in Rwanda, including: provisions for accessibility for physically disabled; student-teacher ratio(primary, secondary levels) at maximum; availability of primary school at reasonable walking distance for every child; resource centre for disabled children/ children with learning disabilities to provide supportive/ remedial education; and library and IT facilities.

Strengthening systems for improved school governance and management. This is already planned by MINEDUC under ESSP 2010-2015. Will include improved monitoring and evaluation, improved education management information systems (EMIS), improved accountability through school Boards and PTA and training of PTC for effective school management and leadership. Also support MINEDUC in ensuring refresher course training for teachers, including training in English as a medium of instruction and support in review and assessment of remuneration package for teachers.

Improvement in teacher training programme and review of their remuneration package. Improving pre service and continuing professional development of teachers is already planned by MINEDUC under ESSP 2010-2015. This includes the commissioning of development and costing of integrated system for INSET and Continuing Professional Development programme for all teachers, to improve their skills to meet quality education

indicators. Likewise, review of teachers' salaries and minimum standards of teachers' work and living conditions is planned under the ESSP 2010-2015.

5. Protection

a. Current legal and policy framework

The protection of children from violence, abuse and exploitation has received particular attention from the GoR over the last decade or so. Three important policy initiatives provide the main framework on child protection in Rwanda. These include: The National Policy on Orphans and Vulnerable Children⁵² (2003); and the Strategic Plan for Orphans and Vulnerable Children, SPOVC (2007-2011); Law N° 27 of 2001: Rights and Protection of the Child Against Violence. Specific policies, plans and guidelines have also been developed for specific issues as described below.

Child Protection Systems: The GoR launched an assessment of the National Child Protection system and the mapping of stakeholders (November 2010).

Laws: In 2001, the GoR passed a comprehensive law, Law N° 27 of 2001: Rights and Protection of the Child Against Violence. The law provides for right to life (Art. 4); prohibits employment of children under the age of 14 years (Art. 18); prescribes imprisonment and fines against any person inflicting torture, ill-treatment and inhuman or degrading punishment on a child (Art. 32); deems all sexual activities with children as rape and accord severe punishment for the same (Art. 33-37); provides for penalties for offenders of children's rights: committing children to prostitution or pornography (Art. 38-40) and penalties for forced marriage (Art. 49-50). This law is currently being reviewed to make it more comprehensive.

In 2008, Law N° 59/2008 on the Prevention and Punishment of Gender Based Violence expanded on the provisions for protection of girl children against gender based violence. Law N° 13/2009 on labour, prohibits employment of children under the age of 16, increasing the minimum age from 14 in Law N° 27. The law instructs Minister in charge to develop list of occupations to be included as Worst Forms of Child Labour and prescribes fine and imprisonment of violators. Organic Law N° 7/2004 prescribes penalties for persons involved in trans-border human trafficking, especially in children, including for the purposes of slavery.

Mechanisms: In 2009, in consultation with various non-state stakeholders, MIGEPROF drafted guidelines for the setting up of committees to fight against GBV and protection of the rights of children (GBV/CP committees) from the Imudugudu to the District levels. The roles of these committees extend from creating awareness in communities, to investigation, rescue,

⁵² This policy defines vulnerable children as persons under 18 years exposed to conditions that do not permit them to fulfil their fundamental rights for their harmonious development. An orphan is defined as a child who has lost one or both parents.

referrals and reporting. Committees are required to meet at least once a month at the Imudugudu and cell levels, every 3 months at the sector and district levels, and submitting reports at the same time. According to an evaluation by the MIGEPROF, the GBV/CP committees are not fully operational and there is a need for capacity building in most of the Districts.

In partnership with UNICEF, MIGEPROF has initiated the establishment of these committees in all sectors in selected 3 Districts.

Mechanisms for implementing child protection programmes, such as community based structures and their links with various service providers and law enforcement agencies as well as mechanisms for coordination from community level to the national level needs to be strengthened. Laws related to child protection need to be harmonised and a system for efficient monitoring, investigation and redress needs to be established.

Orphan and vulnerable children: Setting up community based protection mechanisms is listed as an important strategy under the National Policy on OVC. With regard to protection of children, the SPOVC, plans for explicit prohibition of corporal punishment, protection of children from sexual exploitation and trafficking, and capacity building at various levels for child protection- Police, protection volunteers, child protection networks and community-based peer support groups.

Child labour and street children: Rwanda has ratified the ILO Convention on Minimum age (ILO C 138) in 1983 and on Worst Forms of Child Labour (ILO C 182) in 2000. Minimum age for working has been set at 16 years of age vide Law N° 13/2009 and the National Employment Policy (2007). Current interventions on child labour in the country are guided by the National Five Year Plan of Action on Child Labour (2007-2011) that aims at eliminating child labour in general and combating worst forms of child labour, through awareness campaigns, intensification of access to education for child labourers, etc. In addition, “catch-up” education programs of the MINEDUC provides education for approximately 9,000 children who had missed all or part of their primary education due to involvement in child labour, through over 80 centers across the country. In 2010, the Cabinet approved a Ministerial Order determining the list of worst forms of child labour, their nature and categories of institutions not allowed to employ children.⁵³

Development partners have also been active in addressing child labour in Rwanda. Since 2009, Winrock International in association with Forum for African Women Educationalists (FAWE) and SNV Rwanda, has been implementing project REACH for combating the Worst Forms of Child Labour in agriculture in Rwanda. A Rwanda National Child Labour Survey (2008) is available with key statistical details.

⁵³ Republic of Rwanda, Cabinet Affairs Minister (2010): Statement On Cabinet Resolutions Of 13/01/2010, Kigali.

The National Strategic Plan on Street Children (2005) guides intervention on street children in Rwanda and calls for prevention and reintegration efforts. Guiding principles of the strategic plan include, that there should be no street children in Rwanda, parents should be sensitized against sending their children to the streets and would be liable to legal action if they continue to do so; children with no natural families would be placed with a substitute family or in orphanages. So far there are 30 centres for street children hosting 1,327 children, most of whom are boys.

Children in Armed Conflict: Presidential order # 155/01 (National Police); Presidential order # 72/01 (Army) and Law # 25/2004 (Local Defence Force) prohibit the use and recruitment of children under 18 years of age. Rwanda has also ratified the UN CRC Optional Protocol on the involvement of children in armed conflict.

In 2002, the Rwanda Demobilization and Reintegration Commission (RDRC) was established, by Presidential Order N° 37/01 of 09/04/2002. The Commission has established the Muhazi Rehabilitation Centre for ex-child combatants, which provides ex child combatants with skills and vocational training. The Commission also has a special socio-economic reintegration project for ex-child combatants, implemented in partnership with the African Union Commission.

Refugee children: Refugee camps have been established in Rwanda since 1996 subsequent to the war in DRC, which toppled President Mobutu regime. According to the UNHCR, in 2010, there were about 70,000 refugees, including 10,000 Rwandan returnees and the number of Rwandans who live as refugees in various countries⁵⁴. The GoR ratified the 1951 Convention Relating to the Status of Refugees, as well as the 1967 Protocol. Humanitarian assistance, including child protection and education programmes for refugee children are provided by UNHCR and its partner organisations. Refugee children attend basic education (nine years) and follow the national curriculum in the camps, to be oriented to public schools outside the camps. With collaboration between the GoR and UNHCR, World Food Programme, the refugees are given humanitarian assistance, especially in nutrition, health, education, drinking water, firewood, hygiene and small income generation activities.⁵⁵

In order to enhance the protection system for children living in refugee camps, UNICEF and UNHCR in collaboration with MIGEPROF, and NGOs have established ECD Centres for children in the refugee camps. Future interventions include provision of nutrition, stimulating learning and ensuring protection for children aged 5 and below⁵⁶.

Social Protection: Vulnerable children, including children who are exploited, abused or victims of violence, along with orphans, have been identified as beneficiaries for various social protection measures by the GoR. The National Social Protection Strategy (2005), lists orphans and vulnerable children as a specific category of beneficiaries for social protection

⁵⁴ UNHCR (2010): Statistical Snapshot. As at January 2010. <http://www.unhcr.org/pages/49e45c576.html#>

⁵⁵ MIGEPROF, 3rd and 4th periodic report on the implementation of the CRC, Kigali, December, 2009, p.55.

⁵⁶ Interview with Germain Maxime, Child Protection Specialist at UNICEF Rwanda, Kigali, April 26, 2010.

measures. The National Strategic Plan for OVC (2006-2011) aims to provide for basic needs of vulnerable children through appropriate social protection measures and has a specific budget line for the same. Cash transfers for 100,000 households hosting MVCs, including child headed households and shelter support for 100,000 MVCs have been planned under the NSPOVC.

b. Situation Analysis

Abuse and violence: Though there are no updated and complete data related to child sexual abuse and exploitation in Rwanda, there is a general agreement that the magnitude is worrisome. Regular records from hospitals, for instance, indicate that 5 girls under 18 are raped every day⁵⁷. In 2005-2006, among police records of reported rapes, 78% (out of 3000) victims were girls aged under 18 and of these 33.7% were girls under the age of 10⁵⁸. Police records from January to September 2008 indicated 1,652 cases of rape of children under 18⁵⁹.

According to MIGEPROF, orphans and children from the poor areas are particularly vulnerable to sexual abuse⁶⁰. According to UNICEF, sexual abuse is on the rise and children heads of families, especially girls, are increasingly forced to sell sex in exchange for money, basic goods, or protection⁶¹. Previous studies have also shown that selling sex has been an important survival strategy of OVCs⁶².

Domestic violence, although directed towards women, is also directed against children, with police records alone indicating that 75% of all cases of domestic violence reported to the police between May and July 2006 were those committed against children in the age group 8-18 years⁶³.

Though there is lack of data on corporal punishment, assaults and battery in Rwanda, several sources indicate that this practice is widespread in the country - within family environment, at school and by law enforcing agencies⁶⁴. In a recent study, children reported being subject to different forms of violence, including corporal punishment, both at home and at school⁶⁵.

⁵⁷ Save the Children Sweden, Child rights situational analysis for Eastern and Central Africa. The rights to education, the right to protection and the role and capacity of civil society, May 2008, p. 65.

⁵⁸ MIGEPROF, *National Policy on Gender Based Violence and Violence Against Children*, Kigali, 2009.

⁵⁹ UNDP (2010): Tackling gender-based violence in Rwanda. 06 April 2010

<http://content.undp.org/go/newsroom/2010/april/lucha-contra-la-violencia-de-gnero-en-rwanda.en>

⁶⁰ MIGEPROF, 3rd and 4th periodic reports of Rwanda on the implementation of the convention on the rights of the child, Kigali, December 2009, p. 63.

⁶¹ UNICEF Country Programme Document 08-12 http://www.unicef.org/about/execboard/files/07-PL-38-Rwanda_Final_adoc.pdf, consulted on April 16, 2010.

⁶² MINALOC/UNICEF (2001): *Struggling to survive: orphan and community-dependent children in Rwanda*, Kigali, 2001, p. 95.

⁶³ National Police Records, October 2006

⁶⁴ Report of the Committee on Child Rights, 2004. See also the UN Secretary General/UNICEF study on the assessment of violence against children in the Eastern and Southern Africa region, May 2005.

⁶⁵ Save the Children Sweden, *Baseline survey on child rights in Eastern and Central Africa (Draft report)*, Nairobi, December 2009, p. 47.

Exploitation: According to the Census of 2002, 352,550 children in the age group 5-17 years of age were active in the labour force. Of these over 83% were engaged in agriculture alone and over 11% in domestic work⁶⁶. Available records indicate that there are about 7000 children living and/ or working on the streets of Rwanda⁶⁷. According to one report, most street children are boys and more than half of them have never been to school⁶⁸.

Orphans and children heads of households: Following its history marked by wars and genocide and due to HIV/AIDS Rwanda has one of the largest numbers of orphans in the world. According to the 2005 Demographic and Health Survey, 20.5 % Rwandan children have lost one or both parents. Rwanda may number currently more than a million orphans. According to UNICEF estimates, there are about 101,000 children heading 42 000 families in Rwanda in 2010.⁶⁹ It is expected that the total number of orphans under the age of 15 will reach 1,500,000 persons this year.⁷⁰ Orphans, including child heads of households and the siblings they care for, are at greater risk and vulnerability to abuse, violence and exploitation.

Children in Armed Conflict: The war that started in 1990 and the genocide against the Tutsi have deeply affected Rwandan children. Some of them were involved or are still involved in armed groups . There were initially genocide survivor children who joined RPF in search of security and then Rwandan children belonging to armed groups in DRC⁷¹. The GoR began demobilisation of these children in 1997 with children who had taken refuge in RPA and since 2001 extended repatriation, demobilization and reintegration to children belonging to armed groups operating in DRC.

According to estimates from Rwanda Demobilisation and Reintegration Commission and UNMIC, the number of Rwandan children who were involved in armed conflicts is estimated at 4,864. This includes 2,364 children who belonged to Rwandan Patriotic Army (RPA) and have all been demobilised and socially reintegrated. The remaining 2,500 children belonged to armed groups in DRC. By 2008, 702 of the later children had been repatriated⁷². and 661 of them had been reintegrated with their families or in foster families. 41 continued to live at the Muhazi Centre⁷³.

⁶⁶ Census 2002

⁶⁷ Republic of Rwanda, Prime Minister's Office (2005): Strategic Plan for Street Children. Minister in the PMO in charge of Family Promotion and Gender. Kigali, November 2005.

⁶⁸ Save the Children, *Refuge in the city: the lives of separated children. Study on the immediate and root causes of child separation in Rwanda (focus on children of the streets)*, Kigali, 2004.

⁶⁹ UNICEF, http://www.unicef.org/infobycountry/23867_20292.htm, consulté le 15/04/2010.

⁷⁰ UNICEF, *The State of the World's Children*, 2004, quoted by MIGEPROF (May 2009).

⁷¹ Republic Of Rwanda (2008): Initial Report On The Optional Protocol To The Convention On The Rights Of The Child, On The Involvement Of Children In Armed Conflicts. (As part of reporting to the Committee on the UNCRC)

⁷² Republic Of Rwanda (2008): Initial Report On The Optional Protocol To The Convention On The Rights Of The Child, On The Involvement Of Children In Armed Conflicts. (As part of reporting to the Committee on the UNCRC)

⁷³ Ibid.

Refugee children: According to latest reports, 31,504 children under the age of 17 were living in 3 refugee camps in the country (excluding in Kigali). Of these slightly over 51% are girls and 9,277 are children under 5 years of age⁷⁴.

c. Plan of action

To improve prevention and redress of abuse, exploitation and violence against children and to put in place a comprehensive national child protection system the following strategies will be applied:

National Child Protection Systems: Review and assess current structures, policies and laws, identify gaps, lessons learned, good/promising practices and needs for capacity building. Develop a strategy and a plan to streamline the national child protection system This will be based on the assessment (above) and developed through a series of consultations with civil society organisations, communities and children.

Pilot testing of streamlined system in 5 selected Districts (one per Province and Kigali City) where already some work has been done in this area by GoR and civil society organisations. Piloting would include setting up of the various structures at various levels (imidugudu, cell, sector, district and national) and establish linkages with stakeholders and service providers (police, lawyers, courts, hospitals, schools). Developing terms of references for each structure, including for the GBV/CP committees, building capacities of functionaries, provision of grant for operations. By the end of this strategic plan period, model child protection systems will be put in place in 13 districts, including at least 2 refugee camps, based on lessons learned from the pilot districts.

Documentation of processes, challenges and good practices from the pilot and subsequent expansion will be documented for improvement and expansion of this programme (ongoing, final report by early 5th year)

Scale up one-stop centres for children in need of protection and care. Establish at least 1 one-stop centre per province in 5 years.

Create awareness among communities on child protection rights, laws and services available through campaigns and user-friendly IEC materials. for communities and schools.

Strengthen demobilisation: Review existing demobilisation strategy for effectiveness and improve efforts for reunifying children with families or their placement in well monitored alternative care arrangements.

Comprehensive intervention to eliminate child labour: Use findings from surveys on child labour to plan time bound elimination programmes, including interventions related to catch-up education, provision of vocational training and social protection for child labourers and or their families (direct support to child labourers without families). Support MIFOTRA in implementing National Action Plan on Child Labour.

⁷⁴ Based on data from National Council for Refugees (2010), *Situation of the refugees and the repatriated in Rwanda*, Kigali, April 29, 2010.

Strengthen National Task Force on Child Labour. Review roles and terms of reference for task force, assess and fill gaps in efficiency and effectiveness of the task force, including provisions of training and support structures for its functioning.

Conduct a study on the street children phenomenon Develop reintegration programs for street children in cooperation with stakeholders and decentralized authorities.

Develop minimum standards for the care and protection of children in street children centers

Engaging with men and boys to eliminate GBV: Develop a programme and training packages including IEC materials for promoting ‘positive masculinity’ and engaging with men and boys in the communities to address gender based violence.

Develop training packages for adult men in communities, young boys in schools and train relevant officials, trainers, CHWs/ community based social workers in engaging with men and boys to eliminate GBV. All community based workers should be trained in this by the end of 5 years, a group of 20 men and boys in at least 100 villages will be provided with training on positive masculinity.

6. Justice

a. Current policy framework

Current policy framework for juvenile justice in Rwanda is fragmented and the need for a comprehensive system for juvenile justice has been expressed for sometime. Existing provisions include fixing of age of criminal majority at 14 (Art. 77 of Decree-Law N° 21/77, 1977); stipulations for trial of minors accused of offense by specialised juvenile chamber of Intermediate Courts (Art 75. Organic Law N° 51/2008); provisions for safety supervision and education measures for sentenced minors (Art. 76. Organic Law N° 51/2008); provision against detention of minors below the age of 12 in custody, except for investigation purposes for a maximum of 48 hours (Art. 184, Law N° 20/2006). BAR associations are also required to provide legal assistance to children in conflict with law. Although capital punishment has been abolished in Rwanda since 2007, capital punishment for minors was already prohibited. Law N° 38/2006 of National Prisons Services provides for special protection measures for incarcerated children and for supervision of prisoners between 14 and 18 years of age by competent authority.

Further, in order to improve the impact and effectiveness of legal aid, it is important to sensitize the population on their rights. The national legal framework should serve as first point of orientation for the general public and undertaking training and monitoring of “*Abunzi*” (community conflicts mediators) and Courts bailiffs. The Ministry of Justice has instituted “Maisons d’Accès à la Justice”, MAJ (Bureau of Access to Justice)⁷⁵. By October 2010, MAJ were operational in each of the 30 districts although the recruitment of officer in charge for gender based violence and child rights is pending⁷⁶.

According to the African report on child wellbeing 2008, Rwanda is ranked 6th best performer in Africa in establishing appropriate legal and policy framework to protect children against abuse. However the country does not have child-friendly courts, or a juvenile justice system.⁷⁷ Concerns regarding existing laws include: children in the age group 14-18 are liable to 20 years imprisonment for offenses where adults would be sentenced with life imprisonment; (Art 77, Penal Code). Information from field studies indicate that children in detention at police stations and imprisoned children are put together with adult detainees and prisoners and that young children are incarcerated with their mothers. Field reports also indicate that there is a long waiting period before juvenile offenders are tried given that there is only one intermediate court for every 2-4 districts. Many children in conflict with the law lack legal representation. They largely rely on pro-bono services by the Bar Association, which is unsustainable since the lawyers give little priority to these cases⁷⁸.

⁷⁵ Official website of the Ministry of Justice, www.minijust.gov.rw, accessed on September 10, 2010.

⁷⁶ According to information shared by MINIJUST via interview in October 2010.

⁷⁷ African Child Policy Forum (2008). The African Report on Child Wellbeing: How child-friendly are African governments? Addis Ababa: The African Child Policy Forum

⁷⁸ Interview with MINIJUST, Field Visit Report (2009)

On the positive side, a new Presidential Order directs the setting up of special rehabilitation centres to receive minors who have committed offenses. One such rehabilitation centre (Nyagatare) is being established by the National Prisons Service, in partnership with UNICEF and DIDE⁷⁹.

b. Situation Analysis

There is little documentation on children in conflict with law or children seeking justice in the country. Available information from the National Prisons Service indicates that there were a total of 441 children in the age group 14-18 in prisons in Rwanda (as prisoners and defendants)⁸⁰

c. Plan of action

To improve access to justice for children and to operationalise a national Juvenile Justice Act the following strategies will be applied.

Comprehensive Framework on Juvenile Justice: Develop a comprehensive policy and framework for Juvenile Justice, A Juvenile Justice Act, that adheres to various international conventions and norms for the same⁸¹. The comprehensive framework for juvenile justice will be marked by the three pillars of ‘diversion’ (directing children away from judicial proceedings and towards community solutions); ‘restorative justice’ (promoting reconciliation, restitution and responsibility through the involvement of the child, family members, victims and communities) and ‘alternatives to custodial sentencing’ (counseling, probation and community service).

A review of existing framework and gaps and lessons learned will be conducted to inform the new framework. Good practices from the region and internationally, will be reviewed for adaptations to the Rwandan context. A consultative process involving legal experts, children’s organisations, NGOs and other technical experts will guide the development of this framework.

One focal person on Gender Based Violence /Child Protection will be appointed at each of the 30 Bureau of Access to Justice (MAJ). These focal persons will be trained on children’s rights, existing laws, comprehensive juvenile justice system and on child friendly administration of justice for children. They will be linked with the structure for child protection at various levels, including the GBV/CP committees, through exposure visits and joint meetings.

Improvement of legal aid for children: Advocate with the Cabinet for allowing every qualified law graduate to provide legal assistance / serve as lawyer for children at the sector

⁷⁹ National Prisons Service (2010): National Prisons Service Signs Partnership Agreement With Dide (Dignité en détention). November 4, 2010. <http://www.nps.gov.rw/spip.php?article32>

⁸⁰ Data as of 19 April 2010, provided by Muvunyi Ulimubenshi, National Service for Prisons, April 2010.

⁸¹ The UN CRC, UN Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the UN Guidelines of the Prevention of Juvenile Delinquency (the Riyadh Guidelines), the UN Rules for the Protection of Juveniles Deprived of their Liberty and the Vienna Guidelines for Action on Children in the Criminal Justice System.

levels so that the dependence on pro bono limited services of the BAR association maybe reduced. This way, legal assistance will become more accessible to children in their own communities, cells or sectors.

A legal aid fund for children will be established to finance costs incurred by children in accessing justice. This fund will be financed through various options including an annual cess levied on every commercial practicing lawyer/ firm except those providing pro bono legal aid to a set number of children per year. This fund would be disbursed through the MAJ.

To organize a one-week for juvenile justice with free legal assistance to deal with outstanding caseload

Improve care and protection for imprisoned children: Establish at least 2 new rehabilitation centres for juvenile offenders within 5 years of this strategic plan. Improvement of the quality of care standards at the rehabilitation centre for juvenile offenders at Nyagatare. Provision of training to care givers and managers/ supervisors at the centre to make it child friendly and meet standards of care for children in institutions (as developed under the comprehensive policy/ guidelines/ standards on alternate care and as per provisions in new comprehensive framework for juvenile justice, 6C1 above).

7. Child Participation

a. Current policy framework

Children's right to express their opinion and be heard in matters affecting their lives has been increasingly promoted by the GoR. The Constitution guarantees the freedom of thought, opinion and conscience to all Rwandans (Art. 33). Although not explicitly referring to children, this Article is applicable to all children in Rwanda as well. Explicit provisions for children's right to participate are found in Law N° 27/2001 which recognises the right of children to express their opinion freely (Art. 9 and 11).

Since 2004, the GoR has been organising an Annual National Children's Summit, which provides an opportunity for dialogue between children, officials, parliamentarians, civil society, partners in development and UN agencies. The summit provides children with an opportunity to express their views and make recommendations to the GoR and its partners in respect of the realization of their rights. The views expressed by children in the Summit in 2006 were reflected in the Economic Development and Poverty Reduction Strategy (EDPRS).

National Fora for Children have been established at all levels. However, lack of budget poses severe challenges to the functioning of these fora

Finally, the National Unity and Reconciliation Commission, recognising the important of children's participation in nation building have developed a Children's Peace Strategy. which aims at building sustainable peace in Rwanda in which children and the youth can play a role..

At the international level, the GoR has facilitated participation of children in several important events, including at the World Ministerial Forum on the Environment (Nairobi, 2001); the Pan-African Forum on Children (Cairo, 2001); the special session of the United Nations General Assembly on the child (New York 2002).

b. Situation Analysis

The right to participation enables children to have an active role in their family, school and community, especially as regards decision related to their development. The right to participation includes the right to freedom of opinion, access to information, and the freedom of thought among others. Children's participation in this sense is being promoted in Rwanda, albeit with slow progress. Field reports indicate resistance within families to the concept of children's participation, with some parents perceiving it as a breach of their traditional prerogatives: *"It is not up to children to educate parents!"*⁸² Similarly, respect for the child's view is limited in the school system and children's participation is also not provided for in the functioning of the village council. Field reports also indicate that children's participation is nominal in the GBV/child protection committees where they have been incepted.

Children's associations and clubs are being promoted although in small numbers by civil society organisations and one such association has been active in national and international events - Association of Working Children and Youth (Association des Enfants et Jeunes Travailleurs: AEJT). Member of African Working Children and Youth Movement (Mouvement Africain des Enfants et Jeunes Travailleurs),⁸³ AEJT's objectives are to protect and promote children's rights and to promote the participation of children in all decisions and process which concern them. It has participated twice (2010 and 2011) in the Civil Society Forum on African Charter on the Rights and Welfare of the Child in Addis-Ababa. Financial means and the adult-oriented nature of many international fora affect the participation of children. There is also a need for national guidelines to ensure meaningful child participation.

c. Plan of action

To empower children to participate in the development processes at various levels, the following strategies will be applied:

Mainstreaming children's participation in development processes: Develop guidelines for children's participation in development planning processes at all levels of governance and planning (cell, sector, province, national, regional and international). These guidelines will be provided to all ministries and government departments who will use them in their planning processes. (Year 1)

⁸² Iradukunda Blandine, Children Forum President, Kageyo sector, (Gicumbi), Focus group discussion with Kageyo Child Protection Committees, Gicumbi, May 11, 2010.

⁸³ MAEJT is currently represented in 22 African countries.

Establish a centre for children, in each District, that is equipped with library, playground, space for conducting meetings, etc. This centre will be developed in partnership with local communities and children, who will contribute as possible. , labour, land, creative ideas and so on. It would function as a space for children to convene, hold meetings, obtain information, as well as, for development planners and government officers to organise local consultations with children. By the end of 5 years of this strategic plan, 15 districts will have such centres. These centres will be managed and supervised by the local children's association, forum or club and linked with the local school for support. (Starting year 2)

Radio/ TV programmes that specifically address children's issues, will be promoted in partnership with radio stations and various TV channels and service providers. A quarterly children's magazine that provides specific information to children and where children will be invited to share their views will be developed and disseminated. (Starting Year 2)

Annual National Summits will continue to be organised every year. As children's participation in the local levels and in different forums is strengthened, children will play an increasing role in deciding on topics of the National Summit and its organisation. The National Summit will be linked with radio/TV programmes and to children's magazines to increase the coverage of children who are able to benefit from and contribute to the summits. (Every Year)

Capacity building: Develop a training package for government representatives, civil society organisations and others on promoting children's participation and implementation of the guidelines (Year 1).

Train all government officials at the province (5) districts (30) and sectors (416) in promoting children's participation in development planning processes. Refresher trainings would be organised every 2 years. (Starting Year 2)

District level Children's Forums will be established in all 30 districts in a phase wise manner. Children members of these forums will be provided training in organisation, participation, life skills, rights and development processes. These forums will be facilitated by a team of government and non government experts, who will hold regular meetings with the forums and ensure their integration in the development planning processes. (Year 2 onwards)

A mapping study of stakeholders facilitating children's participation in Rwanda will be undertaken. Their capacities and training needs will be assessed and specific training will be provided to at least 2-3 organisations every year, starting second year of this strategic plan. By the end of this strategic plan, capacities of at least 10 organisations across the country, in promoting children's participation, will be strengthened. (Year 1)

IV. Institutional roles and coordination mechanisms

Distribution of responsibilities

The overall responsibility and accountability for the implementation of this strategic plan rests with MIGEPROF. Specific thematic areas belong to the area of work of various Ministries and several of the activities listed in this strategic plan are already planned for by sector specific strategic plans. In those cases, the primary responsibility of the specific activity rests with the respective Ministry. For the other thematic areas where MIGEPROF is the Ministry responsible, MIGEPROF will take on the primary role of implementation, while seeking support as required from related Ministries.

Table 3: Roles and responsibilities of ministries in implementing the Strategic Plan

<i>Thematic Area</i>	<i>Primary Responsibility</i>	<i>Supportive Role</i>
1. Identity and Nationality	MINALOC	MIGEPROF, MINIJUST
2. Family and Alternative Care	MIGEPROF	MINIJUST, MINALOC
3. Health, Survival and Standard of Living	MOH	MIGEPROF, MINALOC, MINECOFIN
4. Education	MINEDUC	MIGEPROF, MINICYOUTH
5. Protection	MIGEPROF	MINIJUST, MINALOC, MIFOTRA, MININTER, MIDMAR
6. Justice	MINIJUST	MIGEPROF, NPS, MININTER
7. Participation	MIGEPROF	MINALOC, MINEDUC, MINAFFET

Supportive roles include, participation in consultations, making recommendations, providing support in capacity building support, including conducting research, mobilising resources and piloting innovative interventions.

Implementation Structure

In order to ensure attention to children's rights as enshrined in the ICRP and as listed in this Strategic Plan, the following ministries and units will be responsible:

MoH: Special unit/ officer on children, responsible for ensuring harmonisation with the ICRP and for the implementation of health related commitments under ICRP and this strategic plan.

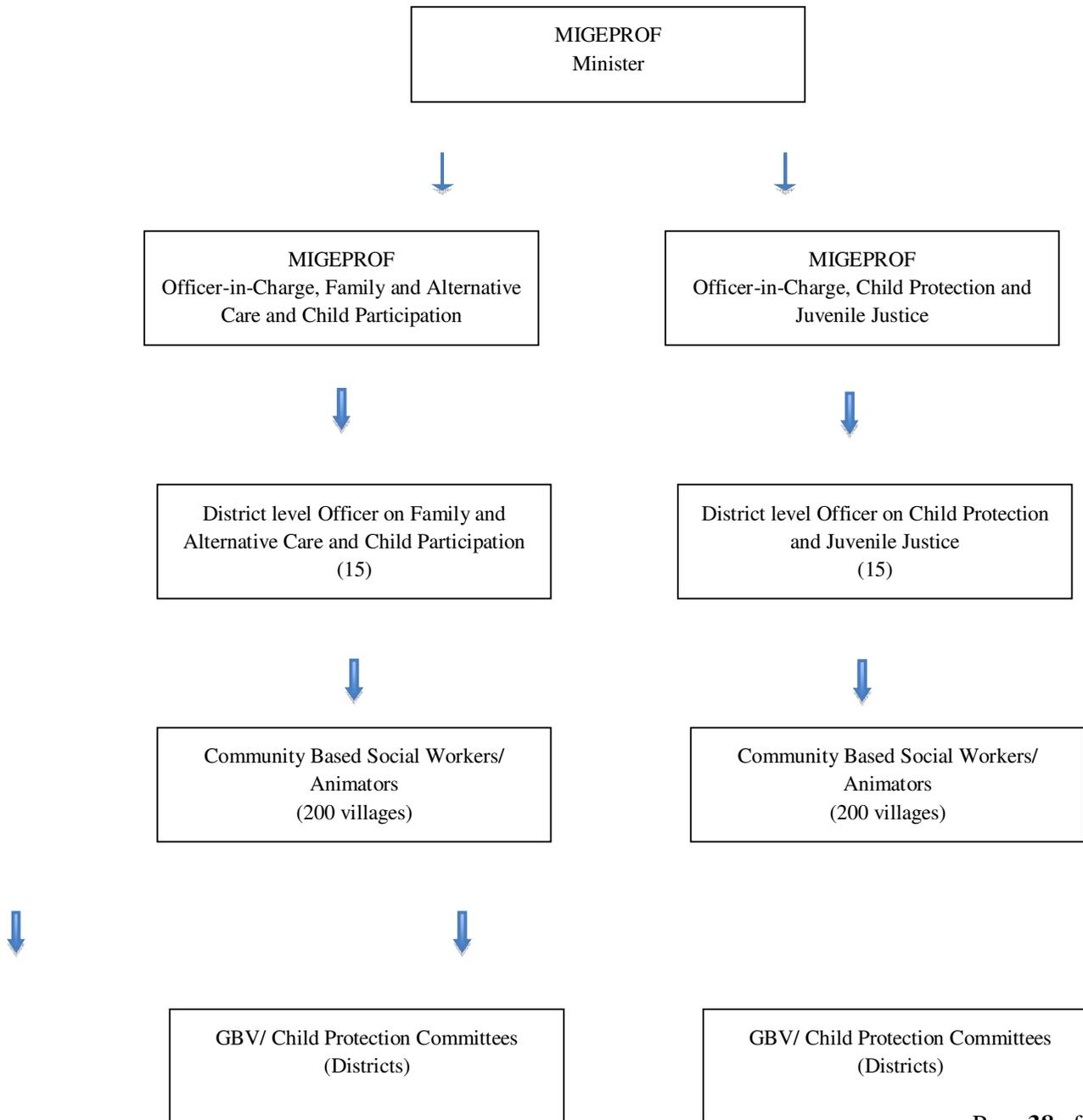
MINEDUC: Special unit/ officer for ensuring harmonisation with the ICRP and for the implementation of health related commitments under ICRP and this strategic plan.

MINIJUST: Special unit on Juvenile Justice for supporting the development of Comprehensive Juvenile Justice Framework. This unit could eventually transform based on the requirements of the comprehensive framework that will be outlined. This unit will initially be co-managed by MINIJUST and MIGEPROF.

MIGEPROF: The primary areas of focus for MIGEPROF will be: Family and Alternative Care, Protection and Participation. Until the time a Juvenile Justice Framework is put in place, Justice will also be under the purview of MIGEPROF line departments.

In order to be able to implement its strategy of community based interventions that are horizontally linked with services and vertically with different levels of governance, MIGEPROF will require its own line department that will focus on these 3 thematic areas.

Implementation Structure for MIGEPROF



Oversight and monitoring compliance

The ICRP and its Strategic Plan involve the participation of various ministries and non-state actors. Upholding the spirit of the policy, across all policies and programmes of the GoR, involves many partners and cooperative efforts.

In order to coordinate this initiative and to monitor its progress, an Inter-Ministerial Committee on Children's Rights will be formed, involving Ministers from all ministries involved in the implementation of this Strategic Plan as well as other key ministries that have relevance to it, for instance, MINECOFIN. This committee will be convened by MIGEPROF and its members will include, in addition to the Ministers, officers in charge of the various activities in the various ministries. This Committee will meet once for the launching of the ICRP and its SP and once a year thereafter to assess progress. (see Chapter VI for M&E).

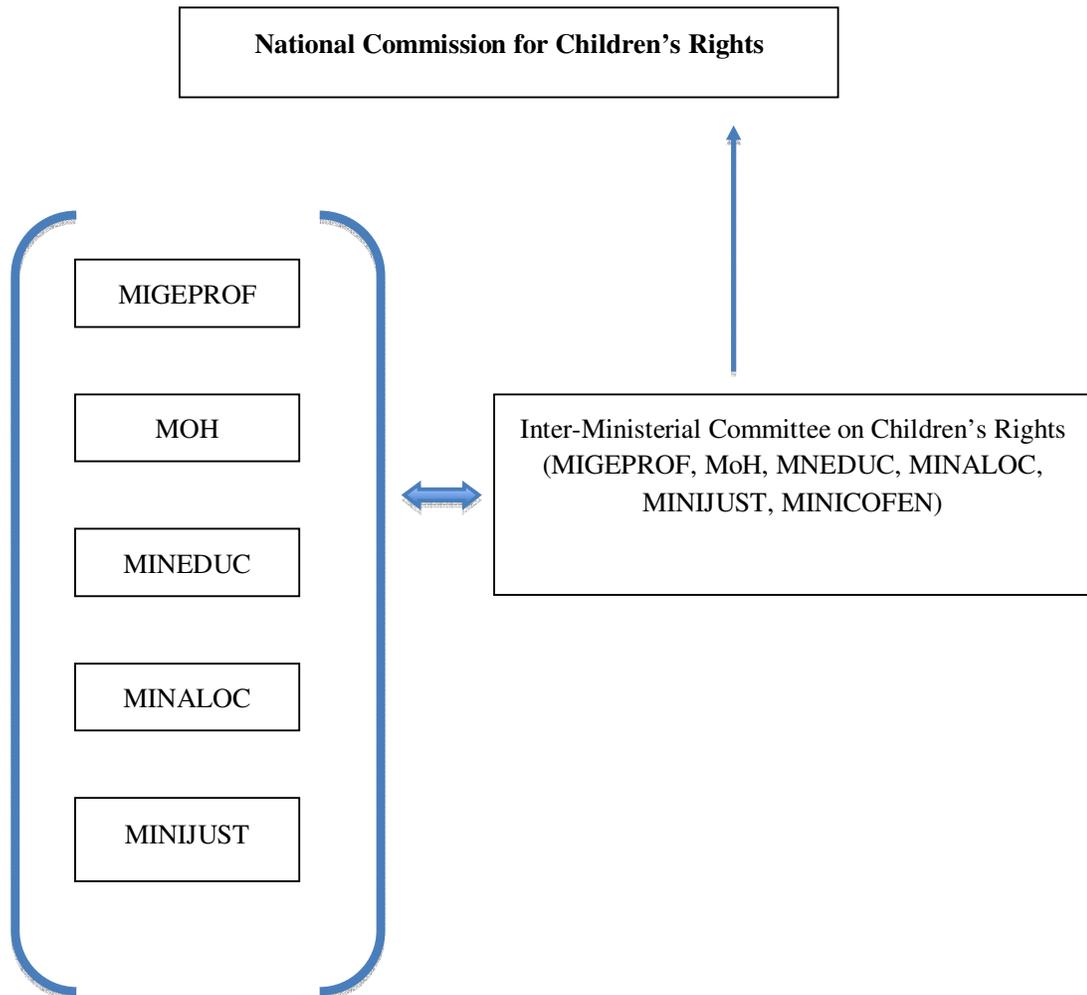
In addition to this Inter-Ministerial Committee on Children's Rights, the National Commission for Children will be responsible for overseeing the ICRP and Strategic Plan. This Commission will be responsible for ensuring that all government policies and programmes are aligned with the ICRP and that children's rights are being promoted across board. It will oversee the child rights data gathering and management along with MIGEPROF and NISR. The Commission will develop, in partnership with the NISR, a data management system for regular status reports on children and their rights. A comprehensive situation analysis of children in Rwanda will be undertaken, every 5 years. All data generated will be widely disseminated to support policy, plans and programme interventions at all levels.

This Commission will monitor compliance with child rights and commitments by all relevant ministries. It will support ministries with ideas, information and resource mobilization. It will be responsible for mainstreaming child rights concerns in the budget and planning process.

Any complaints on violation of children's rights at the local levels or that involve non-compliance by the state and its agencies, will be received at the Children's Commission.

Children's organisations and associations will have linkages with the Commission, which is expected to regularly consult with children.

Coordination Structure for THE ICRP and Strategic Plan



V. Partnerships, funding approach and mobilising resources

Inter-Ministerial Partnerships: The ICRP and its Strategic Plan involve various wings of the GoR that need to work together in order to meet its provisions. Various ministries and departments will require forging effective partnerships to achieve the vision of the policy and the objectives of this plan. The nature of these partnerships and their requirements shall be outlined within the first few months after approval of this strategic plan.

Partnerships with NGOs: All NGOs working on the thematic areas under this plan and all those working on children's issues will need to support the GoR in the implementation of this policy and strategic plan. NGOs can support in mobilising resources, in implementing activities, in suggesting good practices and innovative approaches. They will be involved in stakeholder consultations and development planning and review processes.

Partnership with international donor community: A large part of resources for the implementation of activities for children have been provided by international donor community – this has included both technical assistance and grants for specific programmes and projects. The implementation of this strategic plan would also require financial and technical support from the international donor community. A child rights sector based donor support will be explored, whereby donors could offer to support form a basket of programmes.

Partnership with the private sector: Several initiatives planned under this strategic plan call for contributions from the private sector: e.g., TV and Radio channels will be called upon to offer air time for educational and informational programmes for children; lawyers and law firms to contribute to the **legal aid fund** for children; private companies to donate ambulances; a citizen-funded grant will be developed to provide scholarships (cash transfers) to poor and vulnerable children and/or their families; and a system of capacity-to-pay will be explored to subsidise the costs of insurance premiums (*Mutuelle*) for poor families and children. This plan calls for active participation of the private sector and Rwandans in general to contribute to ensuring children's rights in the country.

VI. Monitoring and Evaluation

Given that comprehensive data on the situation of children in Rwanda and indicators for children's rights are not yet available in the country, under this strategic plan, a comprehensive M&E system will be developed. National surveys will be required to collect data for monitoring progress against children's rights and regular analysis of the situation of children in Rwanda will be undertaken every 5 years.

As baseline for this strategic plan, existing data will be used. As data collection, management and assessment is improved, progress will be made against newly emerging data and indicators.

MIGEPROF will be responsible for coordinating reporting against the implementation of the Strategic Plan and the following exercises will be undertaken:

1. An Inter-Ministerial Committee on Children's Rights convened and organised by the MIGEPROF and chaired by the National Commission for Children will meet once a year. The first meeting of the year will focus on plans for the year. The Ministry responsible for specific thematic area will develop annual work plans to be shared with the Inter-Ministerial Committee on Children's Rights at the first annual meeting of the year.

The ensuing meetings will focus on progress and for any corrective actions, support plans. Progress reports will be submitted by the Ministry with primary responsibility for specific thematic area and progress reports will be compiled by the National Commission for Children and submitted to MIGEPROF.

2. Child rights indicators will be mainstreamed into national data collection systems (EMIS, DHS, Census, Labour Surveys, Prison and Court data and so on) and every five years, a situation analysis of children in Rwanda will be undertaken. These activities will be commissioned and monitored by the National Children's Commission.

3. A mid-term evaluation of the Strategic Plan will be conducted by mid third year. The evaluation will include internal as well as external evaluators, to ensure understanding of the plan as well as objectivity in evaluating. Findings of the mid term evaluation will be shared at a national consultation, involving various stakeholders, including NGOs and donors. Any corrective measures recommended by the evaluating team will be considered and adapted by the Inter-Ministerial Committee on Children's Rights.

4. An end of period evaluation of the Strategic Plan will be conducted against all the 7 specific objectives by a team of internal and external consultants. The findings of the evaluation will inform the Strategic Plan for the next five years.

VII. Communication strategy

The ICRP and its Strategic Plan will be widely disseminated to various stakeholders. Electronic versions of the ICRP and Strategic Plan in English, French and Kinyarwanda will be made available on the various websites of the MIGEPROF.

Children: As a first step, an easy to understand and child friendly version of the ICRP, will be published in Kinyarwanda for dissemination to children. This version, in brochure and poster format will be distributed through schools and centres that children attend, hospitals, police stations, government offices and significant places where children convene. These versions will be also be made available in communities through the community based social workers/ animators/ health workers.

Discussions on the ICRP and the Strategic Plan will form part of training programme on children's participation for children's organisations.

TV and Radio spots on the ICRP will be developed and aired regularly to inform children and communities.

Communities: A simple Kinyarwanda version of the policy will be published in the form of posters and brochure and disseminated to local communities via community based social workers, schools, hospitals and other government offices. Every member of the GBV/CP committee will have this material and will disseminate it at the community level.

Government bodies and NGOs: All ministries, departments and organisations of the GoR as well as NGOs will be provided with the full text of the ICRP and the Strategic Plan.

ANNEX 1: Logical Framework

Overall Objective: To ensure children's rights to identity, survival and development, education, protection, justice and participation through improved access to quality services and strengthened institutions and systems.

Strategic result: All children's rights in Rwanda are met and children live to their full potential							
Outcome 1: Children's right to identity and nationality met							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Output 1.	Identity of every child in Rwanda ensured through birth registration	% of children registered % of birth certificate holders on entering primary school	82% (2010)	100%	MINALOC, NISR, MINIJUST, NCC	Birth registration records, birth certificates, national surveys	
Activity 1.1	Conduct a comprehensive assessment of birth registration	# of assessments conducted	NA	By end of (2012)	MIGEPROF/NCC, NISR, MINALOC, MINIJUST	Assessment report	73,557
Activity 1.2	Conduct a comprehensive assessment of systems and procedures for national identity cards, to ensure they are accessible to all children in the age 16 to 18 years	# of assessments conducted	NA	By end of (2012)	MIGEPROF/NCC, ID Project, MINALOC, MINIJUST,	Assessment report	9,000
Activity 1.3.a	Conduct sensitization campaigns to incite parents to register the birth of their children on time	Number of campaigns conducted	NA	Twice a year (2013)	MINALOC,	Sensitization tools	137,813
Total cost of all activities							220,370

Outcome 2 Children without parents are cared for in family like environment							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Output 2	Family and alternative care systems for children without parents strengthened	# of children without parents: 1. living with other families 2. Living in alternative/ family-like institutional care	EICV 2012 Report	25%	MIGEPROF/NCC, MINALOC, MINIJUST.	Survey Report, Reports from Districts,	
Activity 2.1	Conduct a comprehensive situation assessment for alternative care	# of Assessments conducted	NA	Yes (2012)	NISR, MIGEPROF, MINALOC,	Assessment report	11,420
Activity 2.2	Develop and operationalize a comprehensive, and community-based system for alternative care (law, standards and rules)	1. Alternative care system in place	No	(2013)	MIGEPROF, Districts,	MIGEPROF monitoring reports,	17,254
		2. Proportion of Districts implementing the system	NA	100%	MINALOC, MINIJUST, CSOs		
Activity 2.3	Advocate for the establishment of ECD centers in all prisons with more than 10 children under 3 years of age who are imprisoned with their mothers	# of prisons with more than 10 infants having ECD Centers	70%	100% (2013)	NPS, MININTER, MINIJUST, MINEDUC, MIGEPROF, CSOs	Field visits and reports on the situation	342,250
Activity 2.4	Recruit and train community-based social workers (C-BSW) in all VUP, on children's rights, good parenting, family and alternative care for children	# of trained C-BSW VUPs	NA	120 (2014)	MIGEPROF/NCC MINALOC, Districts, CSOs	Training module, Training Report, Report on recruitment and field visits	10,080
Activity 2.5	Develop IEC materials to be used by community-based social workers in sensitization approaches for parents, caregivers and service providers as well as for children.	Types of IEC materials available on:	NA	5 (2013)	MIGEPROF, Ministry/Entity in charge of information	Copies of types of IEC materials	29,500
		1. children's rights for children 2. children's rights for caregivers 3. good parenting, 4. Family and alternative care for children					
Activity 2.6	Advocate for support to households/children without families and for mobilization	1. # of semi-annual reports by VUP 2. Proportion of VUP covered	NA	240 (2013)	MIGEPROF MINALOC	Reports by Community Based Social Workers and supervisory reports	30,000,000

	events by C-BSW	3. # of annual mobilization events	NA	30 (2013) 2 (2013)	PARTNERS NGOs		
Activity 2.7	Identify young parents who grew up without any parental care and advocate for psychosocial support in parenting for them	1. # of young parents identified 2. # of workshops on parenting held with young parents.	NA	100% (2016)	MINALOC, DISTRICTS MIGEPROF/NCC, Partner NGOs	Identification Reports and Workshop reports	85,062
Total cost of all activities							30,495,566

Outcome 3		Uptake of health services for children improved through innovative schemes					
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Output 3	Universal access and coverage for health services for children ensured.	% of children accessing health care	EICV 2012	25%	MOH, MIGEPROF, NISR	DHS 2017	
Activity 3.1	Identify children less than 5 years of age and pregnant and lactating mothers from poor families who are unable to afford user fees and premiums for health insurance	1. # of identified children unable to afford user fees 2. # of identified pregnant women unable to afford user fees 3. # of identified lactating mothers unable to afford user fees	EICV 2012	50% of identified people	MOH, MIGEPROF, MINALOC, Partner NGOs	Reports from Community-based health workers about identifications	3,261,000
Activity 3.2.a	Organize consultations and small researches of good practices to inform strategic shifts.	1. # of consultations organized 2. # of researches conducted	Check with MoH	5 (1 per year) 1 (2012)	MoH MIGEPROF/NCC,	Reports on consultations and on researches	9,000
Activity 3.3	Mobilize resources for scaling up ambulance services for transporting critical patients	# of new ambulances in place	Check MoH	30% of Health Centers (2015)	MoH,	Report on ambulances and on their use	-
Activity 3.4	Expand school feeding program to nursery and primary schools in Rwanda.	1. # of nursery schools implementing the feeding program 2. # of primary schools implementing the feeding program	MINEDUC report (2010-2011)	25% (2015)	MINEDUC , MINALOC, MIGEPROF, NGOs	Reports from schools	112,582,080
Activity 3.5.a	Expand Community-based day care centers across the country	# of Community-based day care centers (DCC) established.	MINEDUC Report	25% (2015)	MINEDUC	National consolidated report on Community-based DCC	1,500,000
Activity 3.6	Reinforce community/ family education on family planning, nutrition, reproductive health, hygiene, etc by community based social workers.	# of Imidugudu covered by community education by CHWs	14843	14843	MoH	Reports from Community-based social workers	
Activity 3.7	Develop and disseminate age appropriate IEC materials on sexual health and rights, and on reproductive health in schools and communities	# of IEC materials developed and disseminated		14843, all 9YBE	MoH, MINEDUC, MINALOC, MIGEPROF	Copies of IEC materials developed by MoH	29,500
Total cost of all activities							117,381,580

Outcome 4 Improved access to education for all children with particular attention to poor and other vulnerable children through innovative and inclusive approaches.							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Output 4	Enrolment and retention in pre-primary, primary and lower secondary schools among poor and vulnerable children is improved.	# of poor and vulnerable children enrolled in pre-primary, primary and lower secondary schools	NA	100%	MINEDUC MIGEPROF/NCC	Reports from MINEDUC about enrolment rates	
Activity 4.1	Scale up the national program for the establishment and strengthening of a one model ECD center per Sector	# of new ECD established or strengthened	MINEDUC	416 (2015)	MINEDUC MIGEPROF PARTNER NGOs	1. Annual Reports from MINEDUC; 2. Reports from MIGEPROF field visits	660,760
Activity 4.2	Conduct an assessment on the barriers to basic education, specifically focusing on hidden and opportunity costs.	# of assessments conducted	NA	1 (2013)	MIGEPROF/NCC, PARTNER NGOs	Research Report	9,000
Activity 4.3	Develop a model of alternative education to bridge older out of school children with the basic education program	The developed Module is available	NA	1 (1)	MINEDUC	Copy of the Module	9,000
Activity 4.4.a	Pilot the alternative education model in 2 existing facilities and assess its effectiveness (Development of the model itself)	# of existing facilities # of reports on the effectiveness of the program in the 2 facilities	NA	2 5 (1 per year)	MINEDUC MIGEPROF/NCC	Report on the effectiveness of the model	9,000
Activity 4.5	Reinforce the citizen funded scholarship grant scheme for poor and vulnerable children.	# of poor and vulnerable children receiving scholarship grant	2011 OVC identified (correct figure required)	80%	MIGEPROF	Record on grant disbursed	137,813

			from SFAR)		MINEDUC (SFAR), MINALOC,PARTNER NGOs,PSF	List of beneficiaries	
Activity 4.6	Develop a document on quality education indicators/norms	One document available	NA	1	MINEDUC MIGEPROF PARTNER NGOs	Copy of the document (This activity is not clear should be omitted)	29,500
Activity 4.7	Support the strengthening of school governance and management	# of consultations with MINEDUC on these issues	NA	Annual consultation	MIGEPROF MINEDUC PARTNER NGOs	Reports on the Consultations	109,040
Total cost of all activities							964,113

Outcome 5 Child abuse, exploitation and violence against children eliminated.							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Output 5.1	Mechanisms for prevention and redress of abuse, exploitation and violence against children improved.	Mechanism in place	NA		MINALOC		
					MINIJUST,		
					MIGEPROF/NCC		
					RNP		
					MIFOTRA		
Activity 5.1.1	Assess current protection system and structures, policies, laws and interventions by stakeholders, identify gaps, lessons learned, good/promising practices and needs for capacity building.	1 assessment launched	NA	1 (2012)	MIGEPROF/NCC UNICEF Partner NGOs	Assessment Report	-
Activity 5.1.2	Develop time bound programs to eliminate child labor	Programs developed	Check with MIFOTRA	3 [1]	MIFOTRA		9,000
Activity 5.1.3	Establish a National Task Force on Child Labour.	National Task Force on Child Labor established	ToR	1 Task Force	MIFOTRA	Report from the Task Force on its activities	3,230
Total cost of all activities							12,230

Output 5.2	A comprehensive national child protection system established						
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead partner	Means of verification	Budget (USD)
Activity 5.2.1	Develop a strategy and a plan to streamline the national child protection system and test it in 5 Districts (1 per province)	1 Strategic Plan developed	NA	1 Strategic Plan (2012)	MIGEPROF/NCC	Copy of the Strategic Plan	6,214
		# of districts in which the system is streamlined	NA		UNICEF Other governmental bodies, service providers,	Reports on effectiveness of the system	
				5	Partner CSO		
Activity 5.2.2	Scale up one-stop centers for children in need of protection and care.	# of one-stop centers established	2	5	RNP	Records about the users from one-stop Centers	13,650
					MoH		
					MINALOC		
					MIGEPROF/NCC		
Activity 5.2.3	Conduct community-based awareness campaigns on child protection rights, laws and available services	# of awareness campaigns conducted	NA	1 Campaign per year	MIGEPROF/NCC	Reports on campaigns,	137,813
		# and types of IEC materials produced		One set of IEC materials	Partner NGOs	Copies of IEC materials	
Activity 5.2.4	Review existing demobilization strategy for effectiveness and monitor alternative care arrangements	Existing demobilization strategy revised and care arrangements monitored	Existing strategy	1 revised strategy	Demobilization Commission	Report from the Demobilization	3,000
Activity 5.2.5	Conduct a study on the street children phenomenon	1 Study conducted	NA	1 Study	MIGEPROF/NCC	Report of the study	29,840
Activity 5.2.6	Develop and implement reintegration programs for street children in cooperation with stakeholders and decentralized authorities	# of children reintegrated	2011	500	MIGEPROF/NCC	Reports on reintegration programs	22,372
					Partners NGOs		
					Districts		
Activity 5.2.7	Develop minimum standards for the care and protection of children's institutions	Standards of protection developed	NA	One set of standards	MIGEPROF/NCC	Document on Standards	2,000
Activity 5.2.8	Develop IEC materials for promoting 'positive masculinity' and engaging men and boys in the communities to address gender based violence.	Types of IEC materials available on 'positive masculinity':	NA	1 package	MIGEPROF/NCC,	Copies of IEC materials	48,400
					MININFOR		
Activity 5.2.9	Train adult men in communities including government officials and community-based social workers and young boys on positive masculinity in order to eliminate GBV	# and categories of persons trained	NA	2000	MIGEPROF/NCC	Training reports	40,132
Total cost of all activities							303,421

Outcome 6 Children access justice through a comprehensive framework of juvenile system including a national Juvenile Justice Act							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead Partner	Means of verification	Budget (USD)
Output 6	Access to justice for children is ensured	A Juvenile justice system is established	10 Judges for children	30	MINIJUST, MIGEPROF	1. National Juvenile Act 2. Records from juvenile courts	
Activity 6.1a	Conduct a situation analysis on juvenile justice	One study on the /situation concerning juvenile justice in Rwanda	NA	1 study	MINIJUST MININTER MIGEPROF	Report on situation analysis on juvenile justice in Rwanda	28'300
Activity 6.1b	Develop a policy and framework for Juvenile Justice	Juvenile justice framework in place	NA	Juvenile Justice Act and system (2015)	MINIJUST CSO Bar Association	Text of the law	21,670
Activity 6.2	Train GBV/CP focal at all 30 MAJ who will link with child protection systems and evaluate their contribution using available frameworks for measuring volunteer work	# of focal persons trained	NA	30 (2013)	MIGEPROF MINIJUST, MINALOC	Reports on the training	6,060
Activity 6.3.a	Advocate for the Cabinet to establish a legal aid body for children	Body in charge of legal aid to children established	NA	1 Body of 416 aid lawyers (2014)	MINIJUST, MINIJUST	Document about Cabinet decision Reports from the legal aid body	5,060
Activity 6.3.b	Establish a legal aid body for children (Running cost) including representatives of the civil society organizations	Body in charge of legal aid to children established	NA	1 Body of 416 aid lawyers (2014)	MINIJUST MIGEPROF CSO Bar Association	Courts' records	533,000
Activity 6.4	Establish a legal aid Fund for children	Fund available	NA	1 Fund (2015)	MIGEPROF MINIJUST CSO Dvpt Partners	Documentation related to the fund and its management	3,000
Activity 6.5	Organize an annual one-week for juvenile justice with free legal assistance to deal with outstanding caseload	Annual one-week for juvenile justice with free legal assistance organized each year	1	5 (2015)	MINIJUST, MIGEPROF Bar Association Legal Aid Forum Dvpt Partners	Court proceedings	4,629
Activity 6.6	Establish rehabilitation centers for juvenile offenders	# of rehabilitation centers established	1	3 (2015)	MININTER, MINIJUST	Records of rehabilitation centers and numbers of children hosted	1,154,000
Total cost of all activities							1,727,419

Outcome 7 Children are empowered to participate in the development processes at all levels							
Outputs and Activities		Indicator	Baseline (2011)	Target (2015-2016)	Lead Partner	Means of verification	Budget (USD)
Output 7	Participation of children at all levels, and for both boys and girls is ensured	# and freq. of children's consultations at each level (Village, Cell, Sector, District and national)	(1) Annually	(4) Quarterly Annually	MIGEPROF/NCC; Districts	Reports on the consultations	
Activity 7.1	Develop guidelines for children's participation in development planning processes with related training module for GoR representatives and CSOs	Guidelines document and training module developed	NA	1 (2012)	MIGEPROF/NCC	Copy of the \Guidelines document and training module	42,400
Activity 7.2	Establish a centre for children, in each District, that is equipped with library, playground and a space for holding meetings	# of Centers established and equipped at District levels	2	30 (2015)	Districts; Partners; MIGEPROF	Infrastructures	2,842,800
Activity 7.3.a	Produce and promote Radio/ TV programs that specifically address children's issues,	# of TV/Radio broadcasts and produced	1 weekly TV broadcast national	Weekly national and community radio programs; 1 magazine quarterly	MIGEPROF/NCC; ORINFOR; Community Radios, Other Radios News papers	CDs with broadcasted messages	67,200
Activity 7.3.b	Produce and promote a children's magazine that specifically addresses children's issues,	# of magazine produced	NA	3 annual publications	MIGEPROF/NCC	Copies of the magazine	98,400
Activity 7.4	Organize a National Summit for children each year.	# of Children's Summit organized	1	1 (annually)	MIGEPROF/NCC; Partners	Report on the Summit	453,400
Activity 7.5	Train GoR officials at the province (5) districts (30) and sectors (416) in promoting children's participation in planning processes	# of GoR officials trained	NA	451 (2015)	MIGEPROF/NCC; MINECOFIN,	Training Reports	73,802
Activity 7.6	Train and support members of Children's forums in organisation, participation, life skills, rights and development processes	# of children forums members trained	10	30 (2015)	Districts and Partners	Training Reports	40,956
Activity 7.7	Provide training to selected organizations specifically in promoting children's participation	# of organizations trained	0	10 (2013)	MIGEPROF/NCC Partner NGOs	Training reports	9,400
Total cost of all activities							3,628,358
Total Plan Cost							154,733,057

ⁱ **Alternative Care**

Article 20(2) of the CRC accords to children temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, the right to “alternative care.” State parties are required to ensure alternative care for such children in accordance with their national laws. Article 20(3) of the CRC provides that alternative care could include, inter alia, foster placement, kafala of Islamic law, adoption, or if necessary placement in suitable institutions for the care of children.¹

With respect to its juridical nature, alternative care may be:

Informal care: A private arrangement in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care). The initiative is that of the child's, the child's parents, or another relevant person. The arrangement is not ordered by an administrative or judicial authority or a duly accredited body.

Formal care: Care provided in a family environment that is ordered or authorised by a competent administrative body or judicial authority. This includes all care provided in residents, including private facilities, regardless of administrative or judicial measures.

Alternative care situations include:

Kinship care: Family-based care in the child's extended family or with family close friends who are known to the child, whether formal or informal in nature.

Foster care: A competent authority places the child with a family other than the children's own family. The family is selected, qualified, approved and supervised for providing such care.

Residential care: Care provided in a non family-based group setting (discussed below).

Residential care: “A group-living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society.” Today the definition of residential care is more inclusive. It includes “children's homes” that are run as family-type group homes, and accommodate a number of children of no relation to the person running the home. The staff may be volunteers or related to the person in charge. Some of these homes are not registered with a government department.

Adoption: A judicial process that conforms to statute in which the legal obligations and rights of a child toward the biological parents are terminated, and new rights and obligations are created between the child and the adoptive parents. Adoption involves the creation of the parent- child relationship between individuals who usually are not naturally related. The adopted child is given the rights, privileges, and duties of a child and heir by the adoptive family. Under the draft United Nations Guidelines on Alternative Care, adoption is understood as permanent care.

Kafala: Under Islamic law, kafala is an alternative means of child care for children deprived of their family environment (for example abandoned or orphaned children). Under kafala, a family may take a child to live with them on a permanent, legal basis, but that child is not entitled to use of the family's name or to inherit from the family.

ⁱⁱ In South Africa, **Foster Care Grants (FCG)** are paid to families and currently reach 449,009 children at the rate of Rand 620 a month (US\$80). The grant is limited to six children per household. Courts determine grant recipients with a ‘in need of care’ test, and social work supervision with a ‘care order’ that is renewable every two years. In effect, this system formalizes informal family placements for children.

In Swaziland, **Public Assistance/Family Support Grant** for people under 60 years old (by cheque E240/US\$34 per quarter). Recipients are identified by Ministry of Health and Social Welfare (MoHSW) as destitute families, most frequently child-headed households and under-60 year old grandmothers and female carers looking after children.

(Source: *Alternative Care for Children in Southern Africa – Progress, Challenges and Future Directions*,

Working Paper, UNICEF- Eastern and Southern Africa Regional Office, September 2008).

ⁱⁱⁱ Abbott, P. and Rwirahira, J. (2010) Millennium Development Goals Rwanda Country Report 2010, Kigali, UNDP (quoting interview with Ministry of Health, April 2010)