Rwanda Country Profile

Compiled by Transform Alliance Africa

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Laws, Policies and Guidelines Related to Care for Children

Key international policy instrument | Country response
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Key national legislation, policy instruments and frameworks

The Constitution of Rwanda. The Constitution clearly states that the family is the natural foundation for society and the raising of children. It clearly spells out different laws that promote family-based care for children.


Policy frameworks in place related to child care and protection include the National Integrated Child Rights Policy (ICRP, 2011). This provides an operational plan and guidelines for laws and policies related to children.

Other policies include the National Social Protection Strategy, 2011, and the National Policy for Family Promotion, 2005. Rwanda also has a ‘Justice for Children Policy’ 2014, which protects the rights of children in conflict with the law.

Key Figures and Statistics

According to a situation analysis by the Government and UNICEF published in 2008¹, Rwanda in 2007 was estimated to have 3.4 million children with 2.8 million orphaned and vulnerable children.

¹ Prime Minister’s Office in Charge of Gender and Family Promotion, A Situation Analysis of Orphans and other Vulnerable Children in Rwanda, 2008

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The total number of orphans was 825,000. 15.4% were maternal orphans and 58.5% paternal orphans. 26.1% were ‘double orphans’ (in the UNICEF definition of a child who has lost both parents).

In 2012 a study conducted on institutionalised children found that there were an estimated 33 institutions in the country accommodating 3,323 children².

As of June 2018, however, there were 892 children and young adults still living in 26 orphanages across the country³.

According to the national assessment of centres caring for children with disabilities in Rwanda, the total number of institutions for children with disabilities is 59. The number of children with disabilities living in institutions is 4,339⁴.

Social Protection and Alternative Care Options

The Government of Rwanda has improved its social protection system to address the problem of poverty. Embedded in the Social Protection Strategy 2012 is Vision 2020 Umurenge Program – a major programme focussed on accelerating poverty eradication, rural growth and Social Protection through cash transfer. The programme primarily targets vulnerable families and communities.

Family strengthening interventions are in place including ‘mutuelle de sante’ – a health insurance scheme that extends to about 90% of the population⁵. Additionally, Rwanda has put in place a fund for Genocide Survivors, ‘Genocide Survivors Support and Assistance Fund’, which makes up 5% of the national budget and supports more than 300,000 victims of the 1994 genocide. Through this fund, many families at risk of separation receive a monthly economic allowance, livelihood support, educational scholarships and/or medical assistance.

Investing in Care Reform

Rwanda is one of the leading countries in Africa in reforming child protection and care systems.

For the period of 2012–2013, for the first time the Rwandan national budget allocated 900,000,000 RWF (USD 1,426,130) to the National Commission for Children (NCC) to support alternative family care.

During the same period, the government also dedicated USD 332,958 to contribute to the achievement of its childcare reform strategy.

Family and community based care is at the heart of Rwanda’s child protection and care initiatives and the country’s President has been instrumental in prioritising and reinforcing family and community based care for children. He has been quoted as saying, “children belong in the family” and the government has emphasised a

² National Survey of Institutions for Children in Rwanda, 2012
³ Report - progress made in implementation of the strategy for national child care reform in Rwanda, 2018 (unpublished)
⁵ A Makaka BA, A Binagwaho MD, S Breen MSc, (Ministry of Health of the Republic of Rwanda, Kigali, Rwanda) Universal health coverage in Rwanda: a report of innovations to increase enrolment in community-based health insurance, 2012

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community-based social-cultural way of caring for children without adequate parental care in families, through informal foster care and kinship care.

The First Lady has continuously supported and reinforced care reform efforts through a project called ‘Malayika Mulini’ (Guardian Angel). This project advocates for foster care for children without adequate parental care. Children are placed with foster parents in families and communities as opposed to institutions. Additionally, the government through Tubarerere mu Muryango (TMM) initiative which means “let’s raise children in families” has continued to reintegrate children who have been living in institutions into families.

One particularly significant step is that the country is no longer registering orphanages and through the care reform initiative robust steps have been taken to eliminate the institutionalisation of children. Current data shows that 52% of children in households are living with their biological parents, 32% in foster care, 14% children in kinship care, and 2% adopted.

Rwanda does not have Alternative Care Guidelines, however the country is in the process of developing Foster Care and Adoption Guidelines.

It is worth noting that in September 2017 the government lifted the temporary suspension on intercountry adoption, in force since August 31 2010, however this was to enable Rwanda to align fully to the Hague Adoption Convention. Local adoptions have been on-going, in spite of the suspension.

**Fast Facts and Latest Developments**

- To inform the care reform process and strategy, a National Survey of Institutions for Children in Rwanda 2012 was conducted, in collaboration with partners, by the Ministry of Gender and Family Promotion (MIGEPROF).
- In March 2012, the Cabinet of the Republic of Rwanda approved the National Strategy for Child Care Reform. The strategy is focussed on transformation of the child care system from institutional care to a system of family and community based care.
- Rwanda has established a community-based services initiative to ensure prevention of institutionalisation and sustainable reintegration of children into families: a total of 29,674 people are voluntarily part of this programme.
- There are two Inshuti z’Umuryango (IZU) (meaning Friends of the Family). One man and one woman per Village ensure regular monitoring of the welfare of reintegrated children and prevent and respond to other child protection issues.
- The government has trained 68 social workers and psychologists who remain operational with orphanages in 19 Districts to ensure safe placement and reintegration of children in family based care and follow-up.
- 3,127 children and young adults from institutions have been placed into family and alternative family-based care from 2012 up to June 2018.

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6 Report of ‘Tubarere mu Muryango’ Programme Evaluation (not officially released) 2018
7 Report - Progress made in Implementation of the Strategy for National Child Care Reform in Rwanda, 2018
• 25 out of 33 institutions (orphanages) have so far managed to reintegrate all children who were living in them back into communities.
• In 2016 The Commission for People with Disabilities and the National Commission for Children conducted a national assessment of centres for children with disabilities to review service delivery. Their report reinforced the need to protect and support children in families and communities.⁹

**Recommendations**

• **Enhance child protection and care systems** for effective identification of vulnerable and at-risk children. Improve the referral and support mechanism.

• **Establish a national community-based child protection system** through Inshuti z’Umuryango for prevention of and effective response to issues affecting children.

• Continue the current effort towards a family and community based care system which **includes children with disabilities** for them to grow up in a family environment, receive appropriate care, and prevent the need for their placement in residential care.

• **The government should strengthen child protection systems** by paying particular attention to increasing and building the capacity of the social workforce to sustain current care reform efforts.

• **Increase access and support** to the Tubarerere Mu Muryango programme⁹; ensure there is continuous resource mobilisation for the Tubarerere Mu Muryango programme

• **Ensure accurate and up to date national data of children with disabilities in residential care** facilities to inform care reform efforts towards family and community based care.

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