FUTURE THINKING
ISSUES RELATED TO ORPHANS AND VULNERABLE CHILDREN
APPROPRIATE RESPONSES FOR CARE AND PROTECTION

WORKSHOPS

DATE: March 28 – 31, 2001

PLACE: Hotel Mille Collines, Kigali, RWANDA

PURPOSE:
The goal of the workshop is to initiate a collaborative process to support policy
implementation promoting the safety, well-being and development of orphans and
vulnerable children.

SPECIFIC OBJECTIVES:
• Review and enrich existing policy guidelines.
• Begin building consensus among key actors on policy implementation (identifying
critical policy issues, current and potential actors, potential roles and responsibilities,
and current and needed capacity resources).
• Reinforce policy implementation by establishing an effective mechanism for
collaborative work and future monitoring and evaluation.

HOSTED BY: Ministry of Local Government and Social Affairs (MINALOC)

PARTICIPANTS INCLUDED:
International Rescue Committee CARE International Handicap International Concern AJOCM
Save the Children-UK Catholic Relief Services Ministry of Justice AVSI Refugee Trust
Social Services International UNICEF World Vision Office of the President
National Assembly Office of the Prime Minister ORINFOR Caritas Displaced Children and
Orphans Fund FHI Gtarama
ULK Red Cross-Rwanda Center Carrefour CNJR ASOFERWA Diocese de Kabgauyi
I. Background to the Situation

Opening statements for the workshop were given by the General Secretary in the Ministry of Local Government and Social Affairs, and delegates from UNICEF and USAID. Highlights of the three addresses:

- (See annexed speeches)


He began by noting that while there are three factors leading to vulnerability among children – genocide, AIDS and poverty – his speech will focus on the impact and effects of AIDS. The problem of AIDS orphans, he remarked, continues to worsen in Rwanda and globally. A main factor is the long delay between infection and illness, meaning that orphan populations affected by AIDS does not peak until 10 years after infection rates have peaked – and infection rates are still rising in Rwanda. Therefore, AIDS orphans are a long-term problem for the country.

In Africa today, he noted, 25.3 million people are living with HIV/AIDS, out of a global population of 36.1 million. Further, an estimated 17 million AIDS deaths have occurred in Sub-Saharan Africa alone. Infection rates in Rwanda are currently estimated to be 14.6%, and the pandemic is undermining two decades of hard won gains in child health and survival, as well as having other, far reaching impacts on social structure, economic development and human productivity. By 2010, it is predicted that Sub-Saharan Africa will have 39.8 million orphans of AIDS and other causes; in Rwanda, 30.1% of all children under age 15 are currently orphaned. Even if new infections level by the year 2000, infection rates will remain high through at least 2010, deaths will not level until 2020 and the proportion of children orphaned will be unusually high through at least 2030.

When devising a strategy to cope with this problem, he provided the following considerations:

- The scale of orphaning is enormous and the problem is long-term.
- We have to hit a moving target, as the orphan situation is continually changing.
- The impacts on children are unprecedented and responses must be developed and sustained at scale.
- Collaboration, between the government, inter-governmental agencies, international and national NGOs and most of all between communities and households, is essential.
- Affected families and communities are the first line of response.
- Institutional care cannot solve the problem.
- This is a humanitarian, human rights and social stability issue.
- Care and prevention activities must be integrated.

That being said, he offered five strategies for dealing with the orphan crisis:

- Strengthen the capacity of families to cope with their problems.
- Mobilize and strengthen community-based responses.
- Strengthen the capacity of children and young people to meet their own needs.
- Ensure that governments protect the most vulnerable children and provide essential services.
• Create an enabling environment for affected children and families.

The next speech was given by Tsegaye Chernet, of PACT Ethiopia, entitled “The Ethiopian Experience and Relevant Lessons for Rwanda.”

Tsegaye began by emphasizing that if interventions are not correct and appropriate for their situations, then the result is often disastrous. For example, an NGO in Ethiopia, didn’t know what to do with orphans in orphanage, and decided to provide the children with fishing equipment. All of the children, save for one, agreed to sell the equipment and divide the proceeds. The one child who refused to go along with the plan was drowned in a lake and killed by the other group members. Therefore, while needs must be addressed, they must be addressed properly.

Some statistics on Ethiopia:

• Total population of 62 million with an annual pop. growth rate, 2.8 – 3%.
• Estimated number of street children, 150,000 – 200,000, with an additional million urban poor children at high risk of becoming street children.
• 500,000 orphaned, abandoned and destitute children in Ethiopia.
• Ethiopia is one of least developed and most affected by wars and manmade calamities.
• 9% of the population, between 15-49 years, is HIV positive (3.2 million people infected, which is 10% of the total world infected population).
• Estimated AIDS orphans – 750,000 and will increase to 980,000 by 2002 and to 2.1 million by 2014.
• Other factors leading to displacement and orphans: internal war for three decades, and a series of droughts.

Institutions, he noted, were established as a quick response, and they were never given a proper plan. The government rushed to open centers in order to save as many lives as possible. Eventually, the government realized that it was not on the right track and identified specific institutional problems, including:

• Inadequate funding to support programs;
• Shortage of trained personnel;
• Inadequate skills training resulting in extended care – children in centers not provided with skills training, only focusing on providing food, shelter and medical care, but ignoring psychosocial needs of children;
• Lack of long term planning/strategic thinking

Resulting problems for the children:

• Feelings of loneliness and hopelessness;
• Dependency on the adult population for all needs;
• Low self esteem (feeling of inferiority);
• Failure of center children to understand the role that an individual can play as a father, mother, sister, brother, etc.
How did the shift from institutional care to family and community-based services come about? First, for nearly 10 years, various workshops, seminars and debates took place on the merits and constraints of institutional care. Selected alternative care programs like SKIP, RRC, SC-US, UK, Sweden and Norway were examined, introduced and popularized, who emphasized community-centered care and development versus building permanent institutions. Some of the more prominent initiatives: SKIP’s Integrated Child-Based Community Development Project and Jerusalem Association Children’s Home (JACH).

The SKIP Project began in 1987 and emphasizes that children should live in the same style of housing, clothing, feeding and engage in the same mode of agricultural work as their home communities. Schooling is provided within the community, skill training is provided in different fields and loans are even provided for incentive. Most of all, the project’s central principle is respect of the culture and religion of the home community in all aspects of the center’s undertakings. As a result, SKIP had successfully reunited/reintegrated 98% of the children by 1995, and the project is now focusing on assisting the larger community.

The Jerusalem Association Children’s Home was founded in order to respond to the needs of orphans from the 1984-85 drought. In 1994 it came up with a five-year strategic plan focusing on community development. The current direction of JACH focuses in five areas:

- Social Development – including tutorial support and strengthening community-based orphan support;
- Environment, Sanitation and Health – such as latrine construction and STD awareness;
- Income Generation – including vocational training for youth and micro-credit for women;
- Agricultural Activities and Community-Based Rural Development – encouraging all homes to undertake agricultural activities;
- Integrated, Community-Based Rural Development Program.

Finally, PACT’s approach includes: improving the enabling environment for orphans, enhancing the enabling environment and networking. The government has now moved away from institutionalized care and is looking for alternatives. As a result, institutionalization is regarded as a last resort option.

The third speech was given by Sayyid Bukenya, Ministry of Social Affairs, Uganda. The presentation was entitled, “The Ugandan Experience and Relevant Lessons for Rwanda.”

Currently, the number of institutions and orphans in Uganda is decreasing. In 1980, institutions were established, in the first place, to address the rising orphan population, resulting from inadequate education, malnutrition, poor parenting, AIDS and disease, and poverty. Because of suffering people went through and the perceptions of time, people believed the best option for children would be to place them in institutions.

1991 the government undertook a comprehensive survey of unaccompanied children’s centers and found there were 76 centers across the country housing over 3,000 children (currently, there are 42 centers with less than 1,500 children). Additionally, the survey ascertained that 50% of the children in institutions had two parents who were alive, 25% of the children in institutions had one parent who was alive, 20% of the children in institutions had no contact with the community and 5% of the children in institutions had some form of disability.
Stemming from the survey, the government realized it would have to take action. First, it established “values and principles for good childcare practice.” Second, it ratified the UN Convention on the Rights of the Child. Third, it ratified the OAU charter on the rights and welfare of the child. Therefore, Uganda decided it had to review national laws protecting children. In order to review existing laws, the government set up a Child Care Law Review committee.

Resulting from the committee’s recommendations, the government took two steps: 1) Began a reunification/reintegration program, and 2) Enacted a “Babies and Children’s Home Rules,” that governed the operation of all centers. Between 1992 and 1998, over 7,000 children were reunited with their families, with an overall 80% success rate. In 1996, the government created the Children Statute, which aims to better protect children in Uganda by establishing laws concerning child care and rights of the child.

To sustain the gains so far in regard to the de-institutionalization of children, families, communities, local authorities and the central government must change their attitudes towards children and provide such facilities and conditions that will enable children to receive care and support within the family and community context. Experience shows that this is possible, and that it can be sustained with increased understanding and implementation of the policy and legislative framework. Further, in order to consolidate gains, full participation, willpower and an attitudinal change are necessary.

The fourth presentation was given by Jill Donahue, DCOF, and was entitled, “Economic Support to Orphan Affected Families.”

The well-being of children depends on the well-being of families, which itself depends on how much support/assistance can get from extended families and communities, especially in times of crisis. First safety net for child – families, and first safety net for families, extended families/communities. Safety nets already weakened from war and genocide and now new threat from AIDS. Triple threats could provoke a new wave of children coming to centers. Instead of being completely discouraged, it is necessary to think deeply and seriously about how Rwanda can cope – must develop strategies that will take into consideration lessons others have learned.

These little changes in perspective is where we need to start. As a West African proverb goes, “Don’t climb a tree by starting with the branches, start with the trunk.” Every job has its tool, but must define the job before choosing the tool; the best strategies are based on what already exists and practices people already use.

Minimize risk by:

- Engaging in economic activities where revenues are modest but stable;
- Diversifying agriculture activities and number of economic activities;
- Building up savings and assets (i.e. business capital, animals, jewelry, household goods);
- Staying in good relations with extended family.

After a loss has occurred, three phases:

- Reversible mechanisms
Strategies: migration to find work, liquidate savings and small household goods and ask help from neighbors and extended families, borrow from informal/formal sources of credit, reduce consumption, reduce spending on education and health.

- Selling productive assets
  Strategies: sell land, sell business capital, equipment, tools, borrow credit at high interest rates, reduce consumption and agricultural production.

- Severe poverty with very few options
  Strategies: depend on charity, household breaks up, migrate out of pure distress.

How people avoid stage three depends on avoiding stage two, depending on phase one options and depends on how successful in minimizing risk. If everyone in community is destitute, no one to help and community is helpless. Minimizing number of families that fall into poverty reduces chance that community will become destitute, or people with no productive capacity.

Micro-enterprise services can protect assets of those very poor – to keep them from selling productive assets and prevent from falling into destitution. Programs of development and micro-enterprise divided into two aspects:

1. Micro-finance – facilitates access to financial services, loans, insurance, savings, etc. distributed by decentralized financial structure (DFS).
2. Services of development enterprises (everything not financial) – trainings, market access, improved technology.

Must offer sustained services, small loans, and if do not require repayment becomes a grant, not credit, which ruins the whole structure. **Good practices:**

- Respond to market demands;
- Offer (permanently/sustainable) services close to clients and convenient;
- Recover interest rates;
- Ensure reimbursement (95 – 100%);
- Achieving economies of scale (for minimizing costs for the clients of an institution).

Micro-enterprise:

- Reduce vulnerability to economic downturns among the poor;
- Maintain/increase sources of revenue for a family;
- Offers opportunity to save and accumulate assets;
- Creates alternatives to strategies that are difficult to reverse, and that threaten future productive capacity of a household.

For every job, a correct tool; micro-finance will not pull extremely poor out of poverty. It is necessary to foster a partnership between the economic and social – applying expertise to the same community that is operationally separate but mutually reinforcing; there is an overlap. Finally, communities must put their hands together and create new partnerships.
The final speech was given by Straton Nsanzabaganwa, Director of Social Security and Vulnerable Groups Protection in the Ministry of Local Government and Social Affairs. The presentation was entitled “Situation of Orphans in Rwanda.”

The number of orphans and other vulnerable children requiring support and care after the 1994 genocide has stretched traditional responses, such as the capacity of extended family networks to absorb orphans. In 1995, the total number of orphans from all causes was 767,368 or 8.6% of the total number of children under the age of 15.

Creating institutions in the aftermath of the genocide was considered a quick, temporary solution. Unfortunately, the number of orphans and vulnerable children is likely to increase as a result of the impact of HIV/AIDS, with an estimated infection rate of 4.3% among children between 12 and 14 years of age.

Factors contributing to children’s vulnerability:

- Lack of parental care or a familial environment as a result of death, exile, imprisonment, illness, marital breakup or parental incapacity.
- Poverty and lack of access to survival and development rights, such as food, shelter, education or income generation opportunities, and protection from abuse and exploitation.
- Destruction of social fabric has generated mistrust, isolation and suspicion in communities.
- Weak community structures due to increased poverty, weakened extended family systems and increased dependency ratios.
- Limited awareness and understanding of the spread of HIV/AIDS and preventative practices and stigmatism of those living with HIV/AIDS.
- Lack of integrated policy and a legal framework for orphaned children.
- Lack of a follow-up system after fostering, reinsertion and reunification.


Achievements:

- To date, 65,469 children have been reunified with their natural or extended families, thousands more have been fostered through organized or spontaneous procedures.
- In 1995, the government released from prison all children under the age of 14 years.
- Over the past few years, the government has been developing grassroots structures called Social Development Committees (SDCs), established as community structures to serve as a community forum to promote the social development, care support and protection of children and vulnerable families.
- In many areas, decentralized committees have set up funds for orphans and vulnerable children, essentially for education.
- In 1997, the government set up a Genocide Survivors Fund, beneficiaries include vulnerable children and orphans whose school fees are covered.
- The government has established “Le Programme National de Lutte Contre le Sida” (PNLS) to organize prevention and care towards HIV/AIDS.
• In 2001, the government has set up a Poverty Reduction Program.

Constraints include three main factors: centralization and lack of coordination, weak collective will and capacity in communities, and a hierarchical responsibility structure which handicaps the development of grassroots voluntary or community-based initiatives.

Conclusions

• Even though community capacity has been greatly reduced as a result of the 1994 genocide and war, we are developing community-based support programs for orphans and vulnerable children.
• We are reviewing a number of policy initiatives to protect the interests of orphans and vulnerable children including inheritance rights, access to education, medical services and accommodation.
• We continue to improve and develop a sector-wide training approach for professionals involved in the care of orphans and vulnerable children. This training includes representatives of local authorities and leaders.
• We are conducting a review and evaluation of all organizations involved in the provision of services to orphans and vulnerable children for better coordination in program implementation.
• Mechanisms in place to develop more appropriate forms of intervention and assistance for orphans and vulnerable children in the area of HIV/AIDS.

We hope that adopting a child-centered behavioral approach will contribute to community healing.
II. The Workshops

In order to initiate a collaborative process to support policy implementation promoting the safety, well-being and development of orphans and vulnerable children, the seminar then broke up into two workshops to analyze, discuss and come up with policy strategies.

- Report for Group I, Unaccompanied Children’s Center Workshop

The objective of this working group was to strategize how to empower communities to care for and responsibly reintegrate unaccompanied children and youth, and thereby reduce the number of unaccompanied children’s centers in the country.

In order to accomplish this objective and come up with future community care and center reduction strategies, the working group first established a historical framework of the origin and development of unaccompanied children’s centers in Rwanda. Then, the group analyzed and discussed the current situation of UAC centers in the country and what sort of strategies and conditions are occurring presently. Finally, the group discussed recommendations for future center strategy and direction.

Past
It was found that in the past (1980s and 1990s,) child care centers did exist in Rwanda. There were 29 childcare centers in the country with 3,224 children. Most of these institutions were church-sponsored. The childcare staff were not trained, but were local volunteers who sympathized with children in difficult circumstances. The Government allocated some money in its annual budget to the childcare centers as well. Two main types of children were found to exist: children whose mothers had died during childbirth, and children who had been abandoned. There was no distinction by age of which children were allowed into the centers. The children who lost their mothers, normally rejoined their family or relatives by the age of three or four. Most of the children were in these institutions due to social-economic reasons. It was also found that alternative childcare systems did exist, i.e. substitute families for HIV/AIDS orphans (Caritas, 1993). Children were always in contact with their families and relatives, and centers followed up on children who had returned to their families and communities.

In 1996, the number of childcare centers rose to 86, accommodating approximately 14,000 children, due to the war and genocide of 1994 and the November 1996 repatriation from the Goma camps.

Present situation
Today, there are 28 children’s centers/orphanages officially accepted by the government with an estimated 3,700 children. Childcare centers are run by churches, private individuals, NGOs and churches. Various types of children live in these centers, including: homeless children, orphans, abandoned children and newly repatriated children whose families are being traced. A large percentage of children living in childcare centers in Rwanda are considered to be there due to socioeconomic reasons, although some children live in the centers primarily for educational purposes.

HIV/AIDS also has a big impact on the number of children living in the centers today, with 11% of the adult population in Rwanda said to be HIV positive (according to reports from the Ministry of Health).

Most centers in Rwanda today run family reunification and reintegration programs, but very few children are reunified and reintegrated due to poor NGO coverage within the country and resistance from childcare staff. The NGOs that work in the centers collaborate and provide an intermediary role in the processes, especially during repatriation. The Government undertakes occasional follow-up and
visits to centers. The challenge that the Government and its partners are facing today is the unclear future of the children who are living in the centers.

It is widely agreed, though unwritten, that *Unaccompanied Children’s Centers cannot be opened*, though the authorities may accept those in other categories, like street children.

Standards of care in Rwanda differ from center to center. Some centers have good standards of care, while others are appalling. In 1995, the Government of Rwanda, with its partners, embarked on a program of setting up official standards of care in the country. These were drafted but never officialized. They were used by the Government later on to close some of the children’s centers in the country that did not meet these standards. It remains the responsibility of the Ministry of Local Government to monitor the standards of care in these centers and to control the activities of children’s centers in Rwanda. To this effect, childcare centers send monthly reports to MINALOC and the authorities responsible for social affairs where they are operating.

**FUTURE**

In the future there should exist appropriate forms of care for children who lack acceptable family care.

- There should exist *clear and acceptable procedures, policies, laws and standards*, that are consistent with the United Nations Universal Declaration of Human Rights and the African Charter on Human Rights, that will guide the setting up and running of childcare centers in Rwanda.

- Institutional placement in the future should be a last resort and a temporary measure, instead of being looked upon as a long-term solution.

- In the future, reintegration programs should have *national coverage*, including extensive tracing for children who can still benefit.

- Availability of capacity and resources will be the key to implementing established policies and programs together with effective mechanisms for monitoring and evaluation.

- A situation analysis for children living in institutional care must be done.

- Each form of care should include adequate *provision for the socioeconomic integration of children* (long-term focus integrated from the beginning of care).

**OPPORTUNITIES**

In order for the above recommendations to be accomplished, the following factors must take place:

- Political will & governmental commitment to decentralization.

- Continued socioeconomic stability & security in the country.

- The existence of experienced international and local NGOs specializing in childcare issues.

- The availability of resources & support from donors & NGO’s (i.e. DCOF, SGF, UNICEF, USAID)

- Traditional practices & cultural beliefs that will support community-based childcare.

**CONSTRAINTS**

The following are potential obstacles that should be taken into consideration:
- Lack of capacity;
- Information gap & limited information;
- Limited resources & number of trained staff;
- Minimal research;
- Negative attitudes;
- Unmonitored & unregulated donor support to traditional centers;
- Resistance from the centers (to accept reintegration of the children, to change programs, accountability to government);
- Resistance from the children (to integrate into the community);
- Poverty (at family and community levels);
- Break-down of the social fabric;
- Large number of orphaned children infected with HIV/AIDS;
- Change of responsibility & jurisdiction at the Ministerial level;
- New priorities (i.e. – if there is a famine or other emergency);
- Insufficient intervention agents (from NGO community);
- Independent centers (operating outside governmental framework).
Group II Report, Community Care Workshop

The objective of this working group was to strategize how to empower communities to care for and responsibly reintegrate unaccompanied children and youth, and thereby reduce the number of unaccompanied children’s centers in the country.

In order to accomplish this objective and come up with future community care strategies, the working group first analyzed and provided a description of traditional (pre-1994) traits of Rwandan communities. Then, present aspects of Rwandan communities were examined, before future recommended directions and strategies were analyzed.

Past
It was determined that historically, Rwandan communities were characterized by large extended families as well as a great degree of familial – community solidarity. Unaccompanied children living on their own or in centers were unheard of – if, for example, a child’s parents passed away, the child’s extended family, or if necessary his home community, would take care of him. Either way, a vibrant support network was in place. Most of all, having and raising children was looked upon as an honor, and families welcomed the opportunity to take in a child who needed care.

The concept of orphanages originated with the missionaries. The missionaries established medical centers for disease and malnourishment, reeducation centers, orphanages and training centers. However, the number of centers was limited and were not nationally prevalent, as today. With the coming of the missionaries, a change in mentality began to take hold in communities. Specifically, Rwandan families began to share responsibility of their children with others – for example, instead of taking primary responsibility for their children’s education, they began to send their children to formalized schools. Soon, communities decided that they could no longer care for children with severe handicaps, and they began sending them to special centers. Even the traditional practice of taking in orphans started to decrease, as bringing orphans to centers began to be looked upon as an act of charity.

The traditional structure of the community encompassed four levels. First, came the initial family unit, comprised of the mother, father and child. Second, was the extended family unit, including the father, mother, brother, sister, aunts and uncles. Third, came the overall community unit, made up of the extended family plus neighbors. Fourth, was the overarching state organization, consisting of formal structures such as Prefectures, Communes, Sectors and Cells.

Present
Following the 1994 genocide, Rwandan society and communities were irretrievably changed. The fabric of communities were shattered, unity and solidarity dissolved. Families, willingly or not, became increasingly mobile. As a result communities were rendered fragmented and disjointed and oftentimes displaced, as well. In 2001, the sense of family and community is no longer the same. Communities no longer act in solidarity in guiding the development of children and families operate with an uncharacteristic degree of individual selfishness. The government has taken over many of the responsibilities formerly entrusted to the local level – and the country has witnessed a substantial augmentation of national government institutions. Concurrently, the cost of living has increased, placing additional economic and material demands on families (education needs, for example). Finally, the genocide has given rise to
new familial structures – child-headed households are a widespread phenomenon that exist across the country, and a new and burgeoning street children population has developed as well.

While the genocide was the most significant factor leading to these changes, there are other equally important causes as well. Perhaps AIDS has had one of the largest impacts towards Rwandan communities. It has directly led to poverty, displacement, discrimination and an increase in the orphan population. Other factors: continued war and conflict in the region, and the modernization of society characterized by increased individualism and monetarism.

That is not to say that all changes have been for the worse. Rwandan communities and society have also made significant strides in a variety of areas. The number of voluntary associations encompassing a range of subjects, from agriculture to business collectives, has dramatically increased. Political decentralization and community development has meant that new leadership has emerged at the local level, challenging the traditional top-down governance structure. Greater amounts of mobility and displacement has necessitated improved communication, and communities’ isolation has decreased. In the seven years since the genocide, UAC center populations have exploded, leveled-off and are now being significantly reduced – reunifications and fostering have, as a result, increased. Finally, deep-seated cultural traditions remain in place that have provided a necessary counterbalance to all the changes affecting Rwandan communities – they have helped mitigate the worst effects and allowed policies like decentralization to take root and succeed.

**Future**
The workshop identified six areas for emphasis in the next five years. First, families need to be empowered, both economically and socially, to become responsible bodies that are able to provide for their children and themselves. Second, community capacity must be reinforced to ensure the well-being of children. This entails promoting the continued creation of volunteer associations, sustained, coordinated community action (i.e. if a child is identified as being in a particularly vulnerable position, taking concerted steps to rectify the situation), and alternative care possibilities. Third, responsibility must continue to be transferred from the state to communities. Fourth, social security and family protection must be written into the law to ensure compliance and prevent abuse and negligence. Fifth, alternative sources of revenue must be found beyond the traditional agriculture sector, both for families and children, in order to combat extreme poverty and allow a greater number of economic options. Sixth, a culture of peace, unity, non-violence and reconciliation needs to be fostered.

In order to accomplish these six conditions, a number of factors must be in place. Children must continue to be loved, respected, cherished and nurtured. Good governance initiatives leading to effective management of resources must be maintained. Communities need to be continually reinforced – socially, economically and culturally. The government must maintain the will to strengthen the situation of children. The spontaneous creation of associations at the base level must continue, and community-based reconciliation efforts must be implemented.

Further, communities need to resolve how to responsibly and effectively implement community-based care of children. Several options have been discussed, among them: establishing youth centers (such as Rafiki), where vocational training will be made available, engendering community transit families that will train adolescents in community living, and
creating community-managed training centers, supported through decentralized community funds.

It is essential to consider constraints as well. HIV/AIDS will continue to be a major problem affecting a large percentage of the population. Population growth continues at an explosive pace, leading to poverty concerns and property issues. A large segment of the population remains mired in conservatism and is resistant to any sort of change – this includes not only the general population but many local government officials. Family instability is an unfortunate reality; many persons are constantly in flux because of poverty and conflict within families. Finally, absence of economic innovation and access to opportunities is another constraint that must be considered.
### Five year Strategic Plan Proposed by Group I on Children in Centers

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<th>STRATEGIC ORIENTATIONS</th>
<th>ACTIVITIES</th>
<th>INDICATORS</th>
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<tr>
<td><strong>1. Promote the existence of appropriate forms of care for children who lack acceptable family care</strong></td>
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<td>Report produced and disseminated</td>
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<td>Collaborative Situation Analysis of children without parents and children not receiving acceptable care of parents (spontaneous foster, formal foster; Centers; community care; program inventory / collection of existing documentation; response and coverage...)</td>
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<td>Identify of model care adapted to Rwanda</td>
<td>Model care are identified in Situation Analysis</td>
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<td>Develop a national Plan of Action for care and protection of children without appropriate care</td>
<td>National Plan of Action developed and disseminated</td>
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<td>If needed piloting new forms of care</td>
<td>Existence of pilot projects</td>
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<td>Promoting model care</td>
<td>Knowledge and understanding of alternative care</td>
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### STRATEGIC ORIENTATIONS

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<th>ACTIVITIES</th>
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<td><strong>2. Existing of clear procedures, policies, laws and standards consistent with CRC (Awareness and Acceptance).</strong> Specific issues: Specification that</td>
<td>Clear policies, laws, procedures, standards are produced, diffused and implemented</td>
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<tr>
<td>Collect and analyze existing documents</td>
<td>Improved condition of children in substituted care</td>
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<tr>
<td>Produce policy statement on appropriate family care based on values and principles</td>
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1 Guide principles:
- Institutional care is a last resort and temporary measure in most cases;
- All children have access to reintegration services.
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<th><strong>all type of alternative care includes adequate provision for socio-economic integration / reintegration.</strong></th>
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<td><strong>Specification of criteria of admission of children into each type of alternative care.</strong></td>
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<th><strong>(participatory approach)</strong></th>
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<tr>
<td><strong>Develop and implement clear policies, procedures, laws and standards</strong></td>
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<td><strong>Develop a bill of low and regulations; advocate for the low (participatory approach)</strong></td>
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<td><strong>Build Ministry capacity to monitor, evaluate and implement (i.e. training, human and financial resources...)</strong></td>
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<th><strong>Functioning of a monitoring Team</strong></th>
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<th><strong>3. Ensure national coverage of all reintegration efforts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promote sensitization and awareness for reintegration programs, rules and regulations to center directors</strong></td>
</tr>
<tr>
<td><strong>Sensitization and training of local authorities</strong></td>
</tr>
<tr>
<td><strong>Design, test and implement IEC campaign for reintegration of children and prevention of separation</strong></td>
</tr>
<tr>
<td><strong>Put in place a task force for reintegration and prevention of separation</strong></td>
</tr>
<tr>
<td><strong>Advocate with donors, NGOs and other actors to support reintegration activities [also for #1]</strong></td>
</tr>
</tbody>
</table>

<p>| <strong>Decreased number of children in centers</strong> |
| <strong>Increased number of reintegrated children</strong> |
| <strong>CDC confirm the children have the access to reintegration program</strong> |
| <strong>Number of local authorities trained</strong> |
| <strong>Existence and regular meetings of task force</strong> |</p>
<table>
<thead>
<tr>
<th>STRATEGIC ORIENTATIONS</th>
<th>ACTIVITIES</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Economic reinforcement of the families</td>
<td></td>
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<tr>
<td></td>
<td>- Technical training:</td>
<td>Number of children going to primary school</td>
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<td></td>
<td>Increase agricultural production;</td>
<td>The family has adequate food (quantity and quality of meals to measure with children)</td>
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<td></td>
<td>Cattle breeding;</td>
<td>Access to health care (primary and prevention)</td>
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<td></td>
<td>Handcrafting;</td>
<td>Adequate shelter (quality of roof, number of rooms)</td>
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<td></td>
<td>Resources management;</td>
<td>Capacity to buy clothes (children’s uniform)</td>
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<td></td>
<td>- Alphabetization</td>
<td>Productive assets</td>
</tr>
<tr>
<td></td>
<td>- Micro finance (credit and saving)</td>
<td>Number of productive activities</td>
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<tr>
<td></td>
<td>- Appropriate technology (added value)</td>
<td></td>
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<td></td>
<td>- Access to growing markets</td>
<td></td>
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<td></td>
<td>- Approaches harmonization and orientation to good practices</td>
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<tr>
<td>2. Social reinforcement of families</td>
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<td></td>
<td>- Participatory discussions awareness campaigns (value of children; disadvantage of centers; parents and community responsibility</td>
<td>Children stay in the family</td>
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<td></td>
<td></td>
<td>Children and families participation to community activities and decentralization</td>
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<td></td>
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<td>Families are stables</td>
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<td></td>
<td></td>
<td>Family awareness of HIV/AIDS dangers and consequences</td>
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<tr>
<td>Community Groups</td>
<td>Mobilize community groups to assist vulnerable families (umuganda, care of children, advice, moral support)</td>
<td>Decreasing of births / family size</td>
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<td>------------------</td>
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<tr>
<td></td>
<td>HIV/AIDS awareness campaign</td>
<td>Access to family planning</td>
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<tr>
<td></td>
<td>Family planning and reproductive health</td>
<td>Decrease of street children number</td>
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<td></td>
<td>Legislature for care (protection of children, family and civil society)</td>
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<td></td>
<td>Empowerment of children to participate in activities for their benefit</td>
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<td></td>
<td>Counseling for reunified children and families</td>
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<td></td>
<td>Training social worker (counseling, family mediation)</td>
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</tbody>
</table>

3. **Reinforce community mechanism and structures responsible for well being of children (vulnerable)**

<table>
<thead>
<tr>
<th>Training in:</th>
<th>Training in: children rights, community participation, resource mobilization, planning (management)</th>
<th>Number of community managed mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participatory approach to community mobilization (awareness)</td>
<td>Protect children’s rights</td>
<td></td>
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<td></td>
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<td>Helps vulnerable families</td>
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<td></td>
<td></td>
<td>Specialized structures for the care</td>
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<td><strong>tracing, advocacy, discussion with local leaders and resource people in community)</strong></td>
<td>of children in difficulty</td>
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<tr>
<td>Public forums</td>
<td>Number of children in centers decreased</td>
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<tr>
<td>Identifying and building on costing</td>
<td>Number of centers decreased</td>
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<tr>
<td>Promote codes or lows (early marriages, forced marriages, heritage…)</td>
<td>Reduction of traumatized children</td>
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<tr>
<td>Promote the Code for Children</td>
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<tr>
<td>Promote the role of women and children in community</td>
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<thead>
<tr>
<th><strong>4. Culture of peace, unity, reconciliation, non violence and justice for all</strong></th>
<th><strong>Less conflicts in families and communities</strong></th>
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<tbody>
<tr>
<td>Sports with accent on how to resolve disagreements</td>
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<tr>
<td>Promote solidarity camps, conferences, workshops on conflict management and reconciliation</td>
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<tr>
<td>Promotion of Gachacha concept</td>
<td>F</td>
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<tr>
<td>Reinforcement of Gachacha structures</td>
<td>C</td>
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<tr>
<td>Public awareness campaign against domestic violence towards women and children</td>
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<td>Human/child right council in the schools</td>
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Media

Human Rights Commission

Commission of Unity and Reconciliation

MINIJUST