

Republic of Rwanda

National Child Development Agency

Assessment of the **Child Protection** System in Rwanda

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Forward

The Assessment of the Child Protection System in Rwanda was conducted by the National Child Development Agency with support from Maestral International and UNICEF Rwanda.

This assessment report presents the detailed findings on the functioning and effectiveness of existing components of the child protection system in Rwanda and the experiences of children and families in contact with the system. This is crucial for expanding the knowledge and understanding of the current child protection system and identifying services and capacity gaps and workforce development needs focusing on case management pathways. It also analyzed the existing laws, policies, institutional arrangements for administration of policies and programs, mandates, structures and processes related to child protection, with an emphasis on case management procedures.

The assessment methodology adopted multiple approaches including collection of primary data and use of secondary data (structured desk review, structured legal and policy analysis and business process analysis) including data collection at the national level and sub-national levels. Findings from all methods were triangulated to provide detailed information on the strengths and weaknesses of the existing child protection system.

I sincerely hope that this Assessment of the Child Protection System in Rwanda will become an important resource for the gradual improvement of the Child Protection System of Rwanda in line with the laws, policies, guidelines and national plans, including the Integrated Child Rights Policy. It is my hope to receive useful comments and feedback from multiple stakeholders and engage with them to improve the child protection system in Rwanda for the betterment of all children in the country, based on this important evidence and findings.



INGABIRE Assumpta
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This assessment report was written for National Child Development Agency and other government and non-government actors in Rwanda supporting children and families. The document was written by Maestral International, with significant inputs from MIGEPROF/NCDA and UNICEF Rwanda.

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Acronyms

AJO	Access to Justice Office
COP	Child Online Policy
CPWO	Child Protection and Welfare Officer
DHS	Demographic and Health Survey
ECD	Early childhood development
FGD	Focus Group Discussion
FP / ASRH	Family planning and adolescent sexual reproductive health services
GFPO	Gender and Family Promotion Officer
ICRP	Integrated Child Rights Policy
IOSC	Isange One Stop Centre
IZU	Inshuti z'Umuryango
JADF	Joint Action Development Forum
JRLO	Justice, Reconciliation, Law and Order Sector
KII	Key Informant Interview
MAJ	Maison d'Accès à la Justice
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MIGEPROF	Ministry of Gender and Family Promotion
MINALOC	Ministry of Local Government
MOH	Ministry of Health
MINIJUST	Ministry of Justice
MIFOTRA	Ministry of Public Service and Labour
MINICT	Ministry of Information Communication and Technology
MYCULTURE	Ministry of Youth and Culture
NCDA	National Child Development Agency
NCHR	National Commission for Human Rights
NGOs	Non-governmental organizations
NRS	National Rehabilitation Service
OVC	Orphans and Vulnerable Children
RIB	Rwanda Investigation Bureau
SSAO	Social Sector Affairs Officer
SGGO	Social Good Governance Officer
TMM	Tubarere Mu Muryango
VAC	Violence Against Children
VUP	Vision 2020 Umurenge Programme
WASH	Water, sanitation and hygiene

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Executive Summary



Introduction

The Republic of Rwanda has demonstrated strong commitment towards meeting the rights of Rwandan children. This is well-reflected in Rwanda's national policy and legislative framework. When considering government priorities for children, it is imperative to highlight the Integrated Child Rights Policy 2011 (ICRP), which is aligned to the United Nations Convention on the Rights of the Child. The ICRP includes a 'whole child' perspective, recognizing issues of protection, care, justice, education, and health. The policy notes the responsibility of the government to support families to provide good care for their children and the responsibility to establish a national child protection system.

To support the Republic of Rwanda to continue making important strides in strengthening its child protection system, the National Child Development Agency (NCDA), with support from UNICEF Rwanda, contracted Maestral International to assess the national child protection system. The assessment recognizes Rwanda's strong existing institutions and a growing social service workforce, representing a strong foothold for strengthening the child protection system that underpins the ICRP.

The findings will inform the development of recommendations for strengthening Rwanda's national child protection system with a particular focus on developing a standardized and contextualized framework for integrated child protection case management. More specifically, the results of this assessment will provide information to Ministry of Gender and Family Promotion (MIGEPROF), NCDA, UNICEF and other key actors to:

- Establish standards for a national child protection case management framework, and
- Build consensus on priority recommendations for the Republic of Rwanda to strengthen the child protection system.

Assessment methods

The assessment was approved by the National Ethics Committee of the Republic of Rwanda in May 2021. A total of 113 documents were reviewed, including 50 national and international laws and policy documents. A total of 183 respondents (57 from national level, 60 district, 12 sector and 54 from community levels) from six districts (Gicumbi, Ruhango, Gisagara, Karongi, Nyagatare, and Gasabo) were identified by the study team in conjunction with NCDA and UNICEF. The overall response rate was 68% (56% for national respondents and 79% response rate for subnational respondents). In addition, a total of 22 households who had experience with the child protection system were interviewed (out of 24 selected for an interview) and a total of 32 respondents from the National Children's Forum and its decentralized affiliates participated in six focus group discussions (FGDs). All interviews were qualitative, and as such, data was analysed using Nvivo, a qualitative analysis software.

Key Findings

In addition to the below, a comprehensive Legal and Policy Analysis: Child Protection System Assessment and Case Management in Rwanda is available as a supplement to this report and provides very specific details on gaps and recommendations for laws and policies. Select key findings are the following:

- The existing legal and policy framework is strong and includes concrete provisions on children's right to survival, development, protection and participation. The Integrated Child Rights Policy sets a strong foundation and there are strong national policies that support children such as the national care reform strategy.
- Government mandates cover a range of responsibilities related to child protection services, however not all child protection issues are explicitly included in government mandates.
- Further, while NCDA is the leading government agency, child protection in Rwanda would benefit from more autonomy and authority to effectively coordinate and hold other government Ministries and agencies accountable for child protection.
- Government mandates are not clear on details about each actor's specific role in supporting certain types of child protection issues. It is also not clearly defined as to where government authority to coordinate service delivery across sectors through a standard integrated child protection case management approach is definitively vested.

- There is a general gap in a shared understanding of how an integrated child protection system should work, suggesting a need to focus on strengthening capacity of not only actors in mainstream child protection but all relevant sectors.
- Frontline staff who are directly working with children and families require additional training and supportive supervision on child protection laws and policies and case management principles.
- Delivering prevention and response services could be better coordinated across sectors and Child Protection and Welfare Officers (CPWOs) would need to play a central role in all child protection cases, which is crucial for delivering integrated, multi-sectoral services that are in the best interest of children.
- Across Ministries involved in prevention and response, there is currently limited joint action planning or budgeting to coordinate approaches and services. Similarly, despite the ICRP intent, non-governmental actors involved in child protection are often not operating through a government-led coordination framework.
- The current capacity of one CPWO per district who is not a formal civil servant is insufficient to support prevention of and response to child protection issues.
- Currently, some frontline staff, namely CPWOs/GFPOs, SSAOs, SGGOs and IZU are implementing aspects of case management, although not in a comprehensive nor systematic fashion. There are no standards or policy to guide frontline staff on handling each case type, including assessment, triaging, referrals and monitoring.
- There is not currently a government mandate for one lead in child protection case management who is responsible to coordinate and engage across sectors and recognized with such authority.



Summary of recommendations

Legal & Policy Framework

The full assessment report includes very precise details of revisions to laws and policies for the following cases: sexual abuse and violence against children, family conflict, adolescent pregnancy, protection of children with disabilities, children connected to the street, child labour, children who are abandoned, and children in conflict with the law.

- ***Recommendation: Revise and/or improve implementation of relevant laws and policies***

  To fully realize children's basic rights, there is need to ensure holistic implementation of relevant laws and policies. There is need for NCDA to focus on strengthening capacity of not only actors in mainstream child protection but all actors in all sectors. There is also need for NCDA to emphasize and hold actors accountable for effective implementation.

- ***Recommendation: Streamline processes in government institutional mandates related to child protection***

  All existing laws and issues related to child protection should be supported by Ministerial Orders identified in the different laws. Additionally, the government could consider empowering NCDA to lead and facilitate joint government budgeting, planning, and monitoring for child protection related activities across MIGEPROF, NCDA, MINIJUST, MOH, MINEDUC, MINALOC and other relevant actors. Each government Ministry should revise their service standards/guidelines to align with the Integrated Child Rights Policy and forthcoming national child protection case management framework.

Governance & Coordination

Overall, mandates related to child protection span across several government ministries and agencies, warranting the need for coordinated approaches.

- ***Recommendation: Operationalize child protection coordination mechanisms***

  There is need for NCDA and other government ministries dealing with child justice, health and education to shift attention from the current approach which is predominantly holding meetings and sharing workplans to strengthen discussions on decisions at national and subnational levels about child protection strategies, and strengthening coordinated prevention activities and service delivery through case management. NCDA should be supported to bring all sector Ministries together to coordinate across Ministries at national and subnational levels and have oversight and enforce an accountability mechanism for integrated services.

- ***Recommendation: provide a national framework and guidance for child protection case management***

  Despite the government's commitment to integrated services for children, the government mandates lack details about each actor's specific role in supporting certain types of child protection issues. Each government Ministry should develop guidelines/standards for provision of child protection services and for support for child protection case management that aligns with the forthcoming national framework for child protection case management.

Continuum of Services

Government workers did mention awareness raising activities but did not readily mention several other types of prevention services, including those described in the Integrated Child Rights Policy (e.g. Mutuelle de Santé, sanitation and hygiene/WASH programs, food security, education support, etc.). This indicates that service delivery is not yet integrated across sectors to support the continuum of prevention to response services. Further, households interviewed found the support they received to be beneficial but only partly meet their needs.

- ***Recommendations related to disability services:***

  - *Build service provider capacity in sign language, disability rights and other disability related aspects*
  - *Enhance mechanisms to improve government care and support for children with disabilities and their families*

  MIGEPROF and NCDA should work with NCPD and other sectors to advocate for increased funding to improve availability

and access to services to support children with disabilities and their families, including health care, inclusive education and psychosocial support.

Given the unique needs of children with disabilities in schools, laws and policies should provide for the Learning Support Assistant (LSA) and psychological services in schools and MINEDUC should make provisions to recruit for this support.

- ***Recommendation: Establish additional measures to prevent family conflict and provide psychosocial support to both parents and children***

  The law is more emphatic on the legal dimensions of the family conflict (divorce specifically) than the psychosocial aspects that surround such cases. NCDA should make more provisions for psychosocial support to children in divorce proceedings. It may be helpful for MIGEPROF and NCDA to evaluate local family conflict solving mechanisms (e.g. family evenings, Umugoroba w'Umuryango), to see if they could be enhanced with more support.

- ***Recommendation: Improve child protection service delivery through awareness raising and multisector collaboration***

  Awareness raising activities are conducted by many different actors. Yet the assessment revealed the need for enhanced awareness raising/capacity building at all levels about child protection to create environments which protect and uphold children's rights. This suggests the need for NCDA to coordinate with other sectors on awareness raising activities that address the basics of child protection alongside specific thematic awareness raising activities (e.g. about child online abuse).

- ***Recommendation: Expand services to children who are victims of abuse, violence, exploitation, neglect and related to adolescent pregnancy***

  While the law defines what constitutes an offence of sexual violence, it should be more pronounced on community-based response services for victims of all types of abuse beyond services that are of legal justice nature and those provided in Isange One Stop Centers. Adopting a multifaceted strategy which advocates for abstinence; and underlines promotion of protected sex by creating a favourable environment that enables access to contraceptives to all young people who are sexually active will specifically help address sexual abuse, exploitation and adolescent pregnancy.

- ***Recommendation: Align mechanisms for rehabilitation and reintegration for children connected to the street***

  NCDA and NRS to develop and implement national standards for managing cases of children connected to the streets. These standards should include the division of labour between the two institutions and the minimum qualifications of personnel to offer the needed rehabilitation to these children. In addition, there is need to develop Identification, Documentation, Tracing and Reunification (IDTR) procedures for children living and working on the streets to allow the children to be case managed by professional social workers and reduce cases of recidivism.

- ***Recommendation: Strengthen services to prevent and respond to children who have been abandoned and child labour***

  For services related to child labour

  Social welfare officers are guided on preventing child labour under the Ministerial Instructions No 01/2017 of 17/11/2017 Relating To Prevention And

Fight Against Child Labour as well as by the National Policy on the Elimination of Child Labour. However, this guidance ought to be translated by MIFOTRA and MIGEPROF into tangible interventions, to make the prevention of child labour a reality. For cases of child labour, MIFOTRA and MIGEPROF should follow the standard case management processes that will be established in the forthcoming national case management framework, ensuring that child labour is responded to from CPWOs and labour offices.

For services related to abandonment

The community-based initiatives proposed by the ICRP are particularly prevention-oriented. MIGEPROF and NCDA should consider investing in interventions such as parenting education/training for parents and caregivers which are equally an important component of response services for parents that have abandoned their children and more broadly in the community. Additionally, other social norms change interventions through community engagement and media should be considered.

Human resources

The assessment included interviewing CPWOs/GFPOs, SSAOs and IZU, however recommendations should be considered across workers from all sectors and at all levels of the system.

- ***Recommendation: Capacity strengthening for all actors involved in child protection and development***_

  NCDA supporting a shift in how child protection is conceptualised by the workforce will help strengthen the child protection system overall, as well as reduce the demand for response interventions in the long term. For case management standards to work effectively, MIGEPROF, NCDA, MINIJUST, MOH , MINEDUC, MINALOC, etc. workers as well as informal workers including IZU, will need more training and support to be able to be confident in their skills and to instill confidence among communities in workers' ability to provide case management support. Improving supportive supervision should be considered as one approach to ongoing capacity building.

- ***Recommendation: Shift CPWOs from contractual status to civil servant under one general statute***

  Social workers are a key, if not central component of any child protection primary service provision and case management. Currently there is only one social worker/ psychologist per district with a primary child protection role. There is need for MIGEPROF and NCDA to increase the number of social workers at district level. Further, CPWOs should be mandated by the government to be involved in all child protection cases across sectors, as a central figure in case management, to assess cases, develop plans and coordinate with all the actors for comprehensive, integrated services and to legally act on behalf of the child in the absence of parental/guardianship care, or if they are there but as perpetrators.

- ***Recommendation: Build capacity and specialize justice sector actors on child-friendly approaches***

  Juvenile justice should ideally be characterized by interface between the justice and the childcare and protection/ social services sectors. For example, Law 71/2018 requires the judge in sentencing a child to indicate the behavior and antecedents that marked the child's personality which justify the sentence

given. In most cases, children are being sentenced without inputs from competent professionals on the children's social backgrounds. Necessary legal and administrative instruments are needed to allow admission of district social workers (CPWO) as officers of the court whose social investigation and social enquiry reports would be considered in all juvenile justice cases.

Child Participation

There are strong legal and policy provisions in Rwanda that support child participation, including through the ICRP. Most respondents mentioned child participation as only occurring through formal committees and clubs.

- ***Recommendation: Provide guidance in the legal and policy framework on the minimum age of which children are involved in decisions that affect them.***

  The minimum age of which to involve children in decisions is not specified in the legal and policy framework. It is important for MIGEPROF and NCDA to set this standard to guide caseworkers in at what age children should be engaged, as well as to provide age-appropriate approaches to engage children in decisions that affect them through the case management process.

- ***Recommendation: Evaluate functionality and effectiveness of existing child participation structures (e.g. children's forums/committees)***

  Existing formal child participation structures, such as children's forums/committees should be further evaluated by MIGEPROF and NCDA to assess their functionality and effectiveness.

Data Collection & Monitoring

The ICRP calls for the government to put in place a monitoring system with mechanisms for data management, formal reporting, referral, and response.

- ***Recommendation: Improve child protection data collection and establish interoperability with existing national data systems related to children***

  There are currently plans underway to develop a national child protection Information Management System, under MIGEPROF. Such a system should consider integration of child protection data from various data sources (places in which cases are identified/reported), including the various hotlines/toll free numbers managed by different agencies. Such a system also needs to consider how data will be integrated and/or interoperability with other systems across sectors, namely social welfare, education, justice and health.

- ***Recommendation: Increase access to, and usability of child protection related data and evidence for decision-making***

  Sector actors are not currently routinely sharing data related to child protection nor using such data to strategically plan for services/programs related to children. Data sharing practices and platforms should be formalized through proper government authorities so that sector actors are routinely sharing relevant data. This process should be led by MIGEPROF but enforced by all relevant government institutions.

2

Introduction

Rwanda has a young population with almost half of the population under the age of 16.[1] The government of the Republic of Rwanda recognizes that children are the future of Rwanda. The government also recognizes the importance of children growing up safe, protected and within family-based care, and through various policies, legislative and program initiatives.

The Republic of Rwanda has demonstrated strong commitment towards meeting the rights of the children of Rwanda. This is well-reflected in Rwanda's national policy and legislative framework. Chief among the laws and policies include the Constitution of the Republic of Rwanda (2003), revised in 2015), the National Integrated Child Rights Policy 2011 and the Strategic Plan for the Integrated Child Rights Policy (2019 - 2024), as well as the Law Relating to the Protection of the Child (2018), the revised Family Law (2016) and its amendment (2020), and the Strategy for National Child Care Reform. Rwanda is also signatory to numerous international conventions, declarations or treaties on human rights, education, labour, disabilities and refugees that oblige the government to commit itself to ensuring the rights of children in the country.[3] Collectively, these legal and policy commitments demonstrate that improving children's care is seen as a policy priority[3] and the government has registered indispensable strides in enacting laws and developing policies that protect and safeguard children.[4]

When considering government priorities for children, it is imperative to highlight The Integrated Child Rights Policy (ICRP, 2011), which is aligned to the Convention on the Rights of the Child. ICRP includes a "whole child" perspective recognizing issues of protection, care, justice, education, and health.[5] ICRP was adopted in 2011 to coordinate and align policy provisions relating to children and provide a framework for the development and implementation of policies promoting child rights by bridging gaps in existing policies and laws.[6] The policy notes the responsibility of the government to support families to provide good care for their children and the responsibility to establish a national child protection system[7] that prevents and responds to child protection incidents, a monitoring system including mechanisms for data management, formal reporting, referral and response.[8]

This responsibility to oversee and coordinate policies and programs related to the care and protection of children is a mandate of Ministry of Gender and Family Promotion (MIGEPROF), through the National Child Development Agency (NCDA). Specific priorities in the ICRP include children's identification and birth registration, family based and alternative care placements, child survival, health and standards of living, education, protection of violence against children and child labour,

child participation, and justice, including making the justice system more child-friendly. [9]Implementing these priorities and an integrated child protection system goes beyond NCDA to involve the (MIGEPROF), Ministry of Education (MINEDUC), Ministry of Health (MOH), Ministry of Justice (MINIJUST) as well as the Ministry of Local Government (MINALOC), Ministry of Public Service and Labour (MIFOTRA), Ministry of Youth and Culture (MINICULTURE) and Ministry of ICT and Innovation (MINICT).

Despite these efforts, the child protection system in Rwanda is faced with demands that exceed the system's current capacity. [10]For example, violence against children (physical, sexual and emotional) continues to be a significant child protection concern that can contribute to suicidal thoughts, mental distress and substance abuse.[11] Adolescent pregnancy is also an area of concern and therefore sometimes inability of mothers to adequately provide care for their children,[12] child labour,[13] child trafficking,[14] children living/working on the streets,[15] children on the move including refugees,[16] support for children with disabilities[17] are also main areas that continue to affect children's wellbeing in Rwanda. In 2020 many of these highlighted issues were confirmed as issues children continue to face, when the Committee on the Rights of the Child mentioned concerns over, the widespread corporal punishment in schools and homes, need for integration of children with disabilities, mistreatment of children in street situations, child trafficking and sexual exploitation of children, asylum- and refugee-seeking children, among others.[18]

[1] Child Online Protection in Rwanda. Ministry of ICT and Innovation. 2019.
[2] National Integrated Child Rights Policy. MIGEPROF. 2011.
[3] Gillian Mann and Emma de Vise-Lewis, Who Cares? Child and family perspectives on effective care, who provides it and why it matters. 2019.
[4] Maestral child protection legal and policy analysis. 2021-2022.
[5] The Role of Social Service Workforce Development in Care Reform. BCN. 2015.
[6] Situation Analysis of Children in Rwanda.
[7] This assessment considers the following components of a child protection system: legal & policy framework, coordination, continuum of services, government mandates, workforce, data and evidence and child participation. In addition, financing is an important part of the child protection system but was not part of the scope of this assessment.
[8] National Social Protection Policy. Ministry of Local Government, Rwanda. 2020.
[9] Strategic Plan for the Integrated Child Rights Policy 2019-2024. National Children's Commission, Rwanda.
[10] UNICEF Rwanda website
[11] The National VAC Survey (2015/16) found that violence against children is widespread, affecting children from all backgrounds. The survey found that perpetrators are primarily those responsible for the care of children or with whom the children interact frequently.
12 Justice for Children Policy. 2014.
[13] 5.2% of children 6-14 are working; 69% of those are working in agriculture, 22.3% in 'services' (domestic work, auto repair, street vendors, etc.) and 8.7% in 'industry' (construction, mining, laying bricks, crushing rocks etc). Findings on the Worst Forms of Child Labour in Rwanda (2017).
[14] Children in Rwanda are trafficked internally for domestic work. Some Rwandan children are externally trafficked, primarily to Uganda, Democratic Republic of the Congo, and in East Africa for commercial sexual exploitation and forced labor in domestic work and in agricultural and industrial sectors. Findings on the Worst Forms of Child Labour in Rwanda (2017).
[15] MIGEPROF recently reported that 2,882 children were documented to be living on the streets in Rwanda, a third of which are in these districts: Kigali, Gasabo, Nyarugenge and Kicukiro.
[16] Over recent years there has been a growing number of unaccompanied refugee children from Burundi and the Democratic Republic of Congo. Bridging the Humanitarian-Development Divide for Refugee Children in Eastern Africa and the great lakes region (UNHCR, 2018) and Rwanda Country Care Review (Better Care Network, 2020).
[17] Children with disabilities face barriers to the enjoyment of the right to quality, inclusive education in mainstream schools, especially children with disabilities in refugee camps and institutions. More than 40,000 children with disabilities remain out of school owing to long distances, insufficient mobility aids, and lack of accessibility and of reasonable accommodation, especially in remote or rural areas. Review by the Committee on the Rights of the Child.
[18] Country Care Review: Rwanda. 2020. BCN. https://bettercarenetwork.org/international-framework/countrycare-reviews/country-care-review-rwanda

Introduction to case management for child protection[19]

This report presents findings from an assessment of the child protection system that aims to understand the current structure, identify priorities to strengthen Rwanda's child protection system, and specifically, to develop national standards for the management of child protection cases.

Case management is a systematic process which can be used to deliver child protection programmes and services. When case management is used effectively, it provides children with age and culturally appropriate information and relevant, holistic, multi-sectoral, coordinated, child-friendly support. Case management provides a framework for relevant service providers (e.g., social services, health, education, justice, etc.) to work together in a coordinated and accountable manner with the ultimate goal of protecting the best interests of children.

Case management is comprised of a standardised, globally recognised sequence that promotes the following:

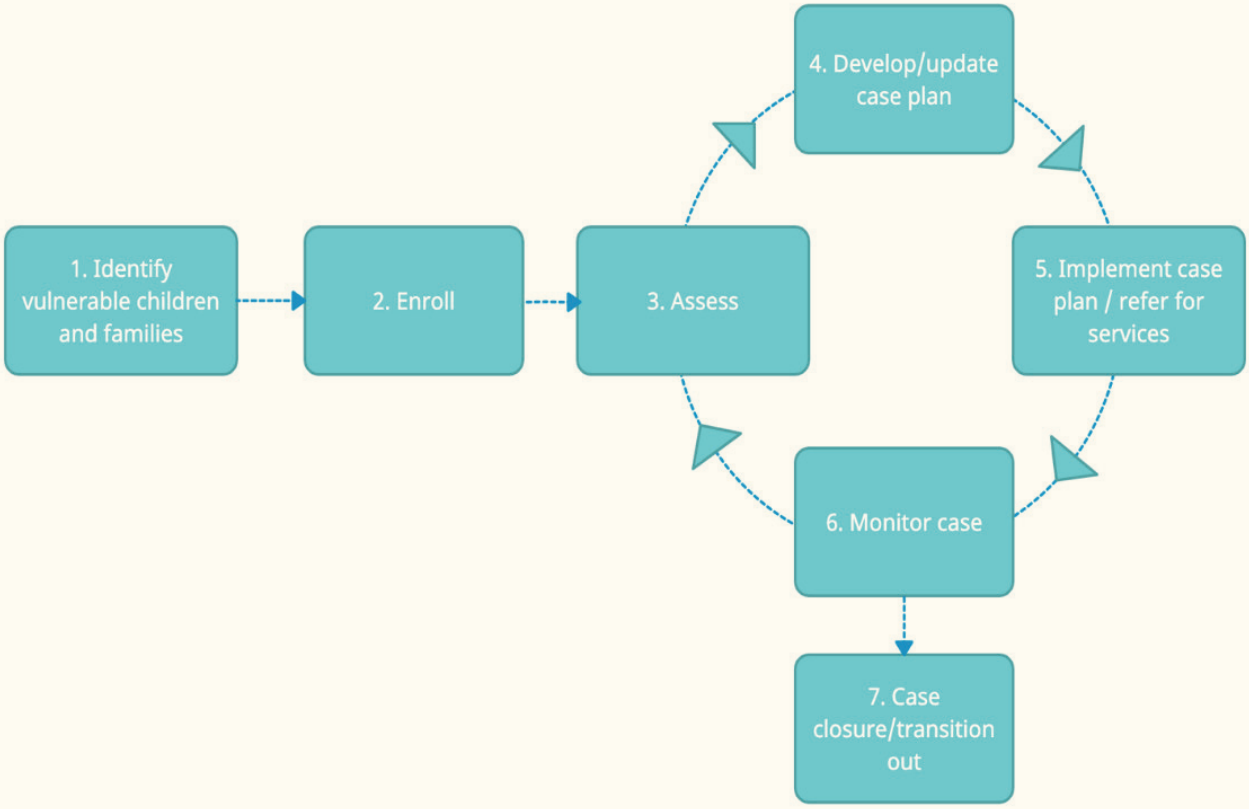
- Support should be relevant to, and target, the unique needs of **individual children** and their families
- Decisions about how children are cared for should always be made collaboratively and aim to serve the **best interests of the child**
- A child is better cared for when they **participate in decisions that affect them**
- The holistic wellbeing of a child is contingent on the child accessing a range of opportunities and services; this requires **referrals and specialized support**
- The needs of a child will be better addressed when there is a**n assigned lead case worker** with responsibility to collaborate directly with the child and family, follow the case as it progresses, advocate on the child and family's behalf, and hold all actors accountable to support the child
- The case worker will adopt a **strengths-based approach** to managing the case, identifying acknowledging and leveraging child-, family-, and community-level strengths/protective factors to **enhance resilience**

Further, just as it is important to understand what case management is, it is also important to recognize what case management is not. Case management is not a programme or intervention, but rather it is an approach to working with children and families. It is not a linear process but rather the steps to case management are inter-linked, and build upon each other (i.e. in some cases something may occur that triggers re-assessment and/or revising the care plan, which will then be implemented and monitored). Lastly, but critical to success, case management is also not a quick and easy solution; its success relies on trained case workers who are consistently supported through supervision.

The standardised steps of case management are presented in Figure 1. These are globally recognized steps which can be used (with adaptation) in any context. Each child who is supported via case management will require tailored interventions. The findings from the assessment in this report will support MIGEPROF/NCDA to tailor and develop a standardised case management framework that is built on the unique circumstances of children in Rwanda.

[19] This summary of case management is a short synthesis of information paraphrased from the Interagency Guidelines for Case Management and Child Protection.

Figure 1: Standard steps in the case management process



Point 1: Identify children & families vulnerable to protection risks

This assessment did not emerge in a vacuum. In 2016 the National Children's Commission (what is now NCDA) developed case management standard forms and procedures for reunification and reintegration of children from residential to family- and community-based care. While the tools have been used widely during child care system reform effort, they remain in draft form and require further institutionalisation across the child protection system. Further, the assessment responds to the gaps identified by previous ICRP and NCDA assessments and the UNICEF Situation Analysis of Children in Rwanda, which call for an aligned, coordinated and more integrated response to the protection of all children in Rwanda. It also builds off recommendations to develop standard operating procedures for case management from various national documents including the ICRP, the National Social Protection Policy and its Sector Strategic Plan (2018/19-2023/24) the Violence Against Children (VAC) Survey (2015/16).

Objectives

The assessment recognizes Rwanda's strong existing institutions and a growing social services workforce, representing a strong foothold for strengthening the child protection system that underpins the ICRP. This report is supplemented by the Legal and Policy Analysis: Child Protection System Assessment and Case Management in Rwanda report. Together these two documents intend to identify the strengths, gaps, and opportunities within the existing Rwanda child protection system by obtaining views

and experiences from agencies/organisations providing services for children, law and policy makers, other pertinent government entities and beneficiaries of the system.

The overall objective of the assessment is to better understand the existing child protection system and provide recommendations to strengthen different aspects of the system, including a specific focus on the development of child protection case management standards. More specifically, the study has the following objectives:

1. To assess current child protection services, service providers and staff, focusing on case management pathways.
2. To assess existing laws, policies, institutional arrangements for administration of policies and programmes, mandates, structures and processes related to child protection, with an emphasis on case management procedures.

The findings from this assessment will inform the development of recommendations for strengthening the child protection system in Rwanda with a focus on developing a standard and contextualized framework for an integrated child protection case management. More specifically, the results of this assessment will provide information to MIGEPROF/NCDA, UNICEF and other key actors to:

- Strengthen national standards for a case management framework
- Build consensus on priority recommendations for the Republic of Rwanda to strengthen case management within the child protection system and estimate the cost of these key recommendations
- Strengthen any identified gaps in the legal and policy framework for child protection

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Assessment Methods

To meet its objectives the assessment applies multiple approaches including collection of primary data and use of secondary data when feasible and appropriate, described as follows:

- Structured desk review of pre-existing research, assessments, policies and program documents.
- Structured legal and policy analysis that reviewed relevant legal and policy documents to provide information specific to the legal mandates and provisions specifically related child protection and case management.
- Business process analysis: mini workshops with frontline staff involved in caring for children to map the pathways of main types of child protection cases and analyse how they are currently being managed and how services are being delivered in order to identify strengths and gaps.
- Key informant interviews and focus group discussions with actors involved in child protection, as well as select beneficiary households to provide information on current strengths and gaps in the child protection system and provide perspectives and recommendations from those involved in and benefiting from the system.

The assessment was approved by the National Ethics Committee of the Republic of Rwanda in May 2021. Five data collectors were selected based on their experience in data collection and their expertise in child protection and supported by one supervisor and one coordinator. All data collectors completed a 3-day training focused on the objectives of the assessment, data collection tools, data management, data security and research ethics. All data collection tools were provided during both the training and field data collection in both English and Kinyarwanda. Prior to starting data collection, NCDA issued an invitation letter to all respondents.

COVID-19 affected data collection in a few ways. The team continuously adhered to domestic travel restrictions and prevention measures throughout the assessment. At the start of data collection, domestic travel was authorized and prevention measures (masks, social distancing, hand sanitizer, etc.) were put in place. Before the end of the second day in the field, however, all data collectors were called back to their residence and data collection proceeded virtually using Zoom and phone calls. Interviews with household members and frontline staff were paused until in-person interviews were permitted again.

A total of 63 documents were reviewed during the desk review. Findings from the desk review were categorized into themes related to child protection issues and/or the child protection system. Fifty law and policy documents were reviewed as part of the legal and policy analysis. The legal and policy analysis identified provisions for specific child protection principles, specific child protection issues (aka case types) and coordination and implementation mechanisms.

Respondents for key informant interviews (KIIs) and focus group discussions (FGDs) were purposively selected based on their connection to the child protection system. This includes government ministries, departments (at national and subnational level), non-governmental organizations, multilateral or bilateral organizations, civil society representations, the National Children's Forum, community-based frontline staff/ volunteers and caregivers from households who have interfaced with the child protection system. A total of 183 respondents were identified by the study team and in conjunction with NCDA and UNICEF. This included representatives from the national (57), district (60), sector (12) and community (54) levels. The overall response rate was 68% (56% for national respondents and 79% response rate for subnational respondents).

Six districts across each province were selected for primary data collection. These were selected based on diverse child protection considerations including types and prevalence of child protection issues and interventions. This includes Gicumbi (Northern Province), Ruhango, Gisagara (both in Southern Province), Karongi (Western Province), Nyagatare (Eastern Province) and Gasabo (City of Kigali). Four households per district were selected by Child Protection and Welfare Officers/ Gender and Family Promotion Officers (CPWOs/GFPOs) who know the cases based on the following criteria:

- >18 years of age and their experience with the child protection system.
- To avoid retraumatising respondents, households that interacted with the child protection system because of known sexual or physical violence were excluded, as well as other extreme cases of trauma.
- Adults from households whose cases were closed in the 6 months prior to data collection or are near closure were prioritized so that households who participated were likely stable and able to easily recall their experiences. Adults were excluded if they are known to have any mental illness or are child headed households (caregiver is less than 18 years old).
- All adults from households with experience interfacing with the child protection system were selected by the relevant district officer who are familiar with the details of the household and their case.

Data was not collected directly from children within the households selected.

A total of 22 households were interviewed (out of 24 selected for an interview). All interviewed household respondents have at least a child (s) he is taking care of. About one in ten of the sampled household respondents have only one child to take care of. However, a third of the respondents had four children to take care of. About 1 in 5 of the children being cared for by respondents were either fostered or adopted children. On average, every interviewed caregiver has 4 children to care for.

A total of 32 adolescent respondents from the National Children's Forum and its decentralized affiliates participated in six FGDs. Such interviews did not ask questions of youth that pertain to their specific life circumstances but asked youth for insights into child and youth issues in the country more broadly and their recommendations for the future. Prior to data collection the assessment team and NCDA agreed on a referral protocol in case any issues of concern were raised during interviews with households or youth.

Prior to data collection all data collectors signed Maestral's code of conduct and child protection and safeguarding policies, as well as completed both the UNICEF Prevention of Sexual Exploitation and Abuse online training

course and the UNICEF Introduction to Ethics in Evidence Generation online training course. Informed consent was obtained from all interview respondents. Interviews were audio recorded only if consent was provided from the respondent to record. Data collectors also documented interviews through written notes, including using audio files to provide more detailed notes. Interviews conducted in Kinyarwanda were translated into English for analysis, which were uploaded to Nvivo data analysis software for analysis. All personal details of respondents were removed prior to uploading to Nvivo. All interviews were analysed in Nvivo using deductive coding. Codes were reviewed to identify themes and key findings, which are summarized throughout this report.

4

Assessment Findings & Recommendations

Assessment findings and recommendations are organized into the following categories:

i. Legal and policy framework
ii. Institutional mandates
iii. Coordination
iv. Continuum of child protection services
v. Workforce
vi. Child participation
vii. Data, evidence and reporting

Each of these sections includes a summary of findings, followed by recommendations related to that section. Recommendations across all sections are then summarized at the end of the report. This report includes key findings from the Legal and Policy Analysis report, however additional child protection issues and details about laws and policies are included in the full report, which is a supplement to this document.

I. Legal and policy framework

The Republic of Rwanda has registered indispensable strides in enacting laws and developing policies that protect and safeguard children. This section synthesizes results from an analysis of key national laws and policies and international treaties/conventions, while delineating provisions on child protection and management of specific child protection cases. Annex C includes a list of all laws and policies included in the analysis and thus constituting what is called the "legal and policy framework" in this report. The analysis also takes stock of whether and the extent to which the national laws and policies are aligned to the international treaties. This report is structured into: Legal and policy provisions on basic children's rights and child protection principles; legal and policy provisions on managing cases of especially vulnerable children; framework for coordination of child protection; professionalization of child protection and practice regulation; regulations on safeguarding children's data, conclusion and recommendations.

Legal and policy provisions and gaps related to child protection principles

Basic child rights

National laws and policies provide for the four categories of children's rights: survival, development, protection and participation. Provision of these four principles is included in key national laws and policies such as LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child, The Justice for Children Policy (2014) and The Integrated Child Policy (2011), suggesting umbrella provisions for basic rights. Additional laws and policies provide much more specific details about each principle.

Children's right to protection

The Constitution, the Integrated Child Rights Policy (2011); the LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; the LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties; LAW Nº32/2016 OF 28/08/2016 Governing Persons and Family; the Justice for Children Policy (2014); the Early Childhood Development Policy (2016); the Child Online Protection Policy (2019); the National Policy of Persons with Disabilities (2021), Law N°71/2018 of 31/08/2018 Relating to the Protection of the Child; LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure; and LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties in General, are among the national legal frameworks that emphasize children's protection rights.

The Integrated Child Rights Policy (2011) provides for the institution of a national child protection system, a monitoring system including mechanisms for data management, formal reporting, referral and response. Under Guiding Principle 5, the Integrated Child Rights Policy (2011) shields children from abuse, exploitation, violence and neglect. These are all intolerable. The policy provides for protection of children from abuse, exploitation and violence in a range of settings including in their homes, be it with or without parents; in schools, in communities; in their place of work (for children ages 16 but below 18); in prisons; in institutions; on the streets, online wherever they may be. In addition, the Integrated Child Policy (2011) provides that both children born in Rwanda, of one or both Rwandan parents and those who find themselves in Rwanda without parents and without known nationality of parents do have the right to Rwandan nationality. It also provides for undertaking specific measures for providing age-appropriate sexual and reproductive health education to children.

Children's right to survival

Children's survival rights are provided for in: the Rwanda's Constitution of 2003 with Amendments through 2015; The LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; the National Health Insurance Policy (2010); National Food and Nutrition Policy (2013 – 2018); the Integrated Child Policy (2011); the National Community Health Policy (2008); the Health Sector Policy (2015); the Maternal New-born and Child Health Strategic Plan (2018-2024); The National Social Protection policy (2020); the Early Childhood Development Policy (2016); and the National Gender Policy, 2010. The LAW N°71/2018 of 31/08/2018 Relating to the protection of the child provides for special rights of the Rwandan child and foreign child, being a refugee or asylum seeker staying in Rwanda including survival rights.

The Integrated Child Rights Policy (2011) provides a framework for realization of children's survival rights and needs with a focus on appropriate dash pre-natal, ante-natal and post-natal interventions; comprehensive health programme that focuses on wellness and absence of disease; health insurance scheme (Medical insurance); clean and safe drinking water for all children in their homes, communities (including for homeless/ street children), schools, ECD centres and other institutions; sanitation and hygiene at homes, communities and institutions; food security; and prevention and treatment for chronic and acute malnutrition of children. The government through this policy commits to provide supplementary food and nutritional supplements for all children in the age group 3-6 years, at every village or cluster of villages (Priority Strategy 4. 2).

Children's right to development

In respect to developmental rights, the constitution (Article 20), the Integrated Child Policy 2011 (Policy Strategy 4.1); the Special Needs and Inclusive Education (SNE) Policy and the Law 03/08/2003 - ORGANIC LAW N° 20/2003 of 03/08/2003 Organising Education (Article 35) all provide for Rwandan children's right to education compulsory and free at primary level in public schools and in government subsidized schools. The LAW N°71/2018 of 31/08/2018 relating to the Protection of the Child; the Ministry of Education Girls' Education Policy (2008); and the National Gender Policy (2010) all provide for children's developmental rights.

The Integrated Child Policy 2011 makes reference to Government guarantees for every child in Rwanda to have the right to free and compulsory education for the first 9 years of basic (primary and lower secondary) education. It further declares as the obligation/ commitment of the government to provide free and compulsory pre school education including supplementary food and nutritional supplements for all children in the age group 3-6 years, at every village or cluster of villages. In addition, the Early Childhood Development Policy (2016) provides for early learning and development opportunities including acknowledging the interconnectedness of all the child's development needs and the need to develop them simultaneously including early learning, physical, psycho-social, emotional and cognitive development. And the Revised Special Needs and Inclusive Education Policy (2018) promotes equal opportunity to education for children with special needs, including increasing enrolment, participation and completion of school.

Children's participation rights

Children's participation rights are safeguarded in the: National Constitution; Integrated Child Policy (2011); Strategic Plan for the Integrated Child Rights Policy (2019-2024); Justice for Children Policy (2014); the LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; the LAW Nº32/2016 OF 28/08/2016 Governing Persons and Family; and the National Community Health Policy.

The Integrated Child Policy (2011) is very explicit that "In a manner consistent with the child's age, maturity and ability, every child will have the right to participate in all spheres of the society". It provides for: the integration and mainstreaming of children's perspectives into planning and decision making; creating opportunities and enabling environment for ensuring that children are informed and consulted in the development of policies and programmes in all matters that affect their lives directly and indirectly (judicial, administrative, social, economic, etc.); developing national guidelines for the participation of children and facilitating the creation and strengthening of platforms for children and young people participation at all levels (local, national, regional and international).

Legal and policy provisions and gaps by case type

This section describes the legal and policy provisions and their gaps as they pertain to the prevention and management of specific child protection issues. These findings are the result of the legal and policy analysis conducted as part of this assessment.

Legal and policy framework related to sexual abuse of children

LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties in General; the Constitution; the Integrated Child Rights Policy (2011), the LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; the Revised National Gender Policy (2021); and the National Policy for Orphans and Other Vulnerable Children (2003) are some of the

legal and policy frameworks on protection of children from sexual exploitation.

The legal and policy framework provides for prevention and response services. This includes provisions that recognize and address persistent cultural norms, gender stereotypes, and imbalances as means to prevent violence and abuse from occurring. In addition, sexual violence is prohibited and criminalized with penalties vary depending on the specific type of abuse, the age of the child and the age of the perpetrator. While the law defines what constitutes an offence of sexual violence, it is less pronounced on community-based response services for victims beyond services that are of legal justice nature and those provided in Isange One Stop Centre.

Responsible Ministries

The National Policy for Orphans and Other Vulnerable Children (2003) mandates the Ministry of Gender and Family Promotion as the primarily responsible ministry for protection of children against sexual abuse through prevention and timely response. However, the Ministry of Education bears an indispensable role cognizant that children not only spend a lot of time in school during which their protection lies with schools but also schools are one of the sexual abuse settings. Thus, the Ministry of Education has a key role to protect these children from sexual abuse. The Ministry of Health has the duty to prevent sexual violence through providing age appropriate sexual and reproductive health information. The ministry is also obliged to support in timely response through offering medical examination of children suspected of sexual abuse, providing post-exposure prophylaxis in case the perpetrator is HIV positive and counselling for psychosocial support. The Ministry of Justice is responsible for ensuring that child victims of sexual abuse and their families' access justice. The Ministry of Finance and Economic Planning is charged with the responsibility of making resources available.

Implementation framework

Prevention and response of child sexual abuse is a cross-cutting issue. Different sectors and actors have the responsibility to prevent and respond to cases of sexual abuse. Thus, the responsible ministries are from the Ministry of Gender and Family Promotion, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Local Government, Ministry of ICT and Innovation, other ministries and their affiliated agencies and departments.

Legal and policy framework related to children who have dropped out of school for any reason

It is acknowledged that when children drop out of school it is often due to issues like child labour, physical and sexual abuse, adolescent pregnancy, poverty, etc. In this way the legal and policy framework addresses the root causes through prevention, as well as how to support children who have dropped out of school for any reason.

Rwanda's Constitution of 2003 with Amendments through 2015 (Article 20); Education Sector Policy (2003); Law 03/08/2003 - ORGANIC LAW N° 20/2003 of 03/08/2003 Organising Education; the Integrated Child Policy (2011); the Girls' Education Policy (2008); and LAW N° 01/2007 OF 20/01/2007 Relating to Protection of Persons with Disabilities and the Revised Special Needs and Inclusive Education Policy (2018) all provide a framework for planning and delivery of education that guarantees access, enrolment and retention, particularly in public schools.

The legal and policy framework sets a strong foundation to foster access to and enrolment of children in school and to prevent school dropouts. Barriers to children's access to and retention in school (cost, hunger, disability and quality of education) are addressed, as well as non-discrimination. The laws and

policies demonstrate the government's commitment to ensure all children receive good quality education, including addressing gender inequities to promote girls' access, achievement and retention in school. Further provisions are provided to safeguard children whose parent/caregiver is incapacitated (e.g. has a mental disability) and to protection children with disabilities from school dropout.

There are, however, gaps to consider when it comes to preventing and managing cases of school dropout. The prevention intervention of school feeding programmes require a family contribution, however the legal and policy framework do not provide for exceptions such as from child-headed households and elderly-led households where breadwinning responsibilities shift to children themselves. Further, the framework falls short of guiding on someone agrees to take care of a child whose primary caregiver is mentally ill this, automatically implies carrying on the education burden of this child or it only means offering custody while the education responsibility lies elsewhere (e.g. with the biological parents or the State). If it lies elsewhere, this ought to be defined. Otherwise, the case worker presiding over the case of school dropout due to separation of this child from his/her primary caregiver is left unguided or even stranded with the child as potential third parties (foster care families) may be reluctant to offer the needed support. Lastly, attitudinal barriers at family level, community and school level play a central role in making children with disabilities drop out of school (or never accessing it). To this effect, while the legal and policy framework contribute measures to addressing the institutional, physical, legal and policy barriers, little can be achieved practically without addressing attitudinal barriers. This ought to be prioritized like the other barriers.

Responsible Ministries

The Ministry of Education is primarily responsible for the prevention of children from dropping out of school. However, a number of other ministries have a duty to perform. The Ministry of Gender and Family Promotion has the duty to addressing parenting gaps and gender-based violence in families as well as household economic vulnerability. The ministry of Public Service and Labour works hand in hand with MIGEPROF and has the responsibility to prevent child labour including the worst forms of child labour. A combination of Ministry of Education, MIGEPROF, Ministry of Health, Ministry of Justice, and Ministry of Local Government has to do all it takes to protect girls from adolescent pregnancy.

Implementation mechanism

According to the Girl Education Policy and other policy frameworks on child education in Rwanda, the actors responsible for ensuring retention/completion of the education cycle include: The Ministry of Education, Education Institutions, Police and the civil society. However, we infer that since the factors for drop out are multi-dimensional, so are the structures and actors for prevention of school dropout. For instance, the Ministry of Gender and Family Promotion and its structures have a role to play in family strengthening and guaranteeing the capacity and functionality of the community structures that work with the family to protect the children.

Legal and policy framework related to family conflicts

The National Policy for Family Promotion (2005) and the Law N° 001/2020 of 02/02/2020 Amending Law N° 32/2016 OF 28/08/2016 Governing Persons and Family render a framework for prevention of and response to family conflict. The National Policy for Family Promotion (2005) considers family conflict to take such forms as: women and girls

being denied the right to family advantages such as inheritance and succession; outright violence meted predominantly at women and girls by men amidst a culture of silence. The Principal Law N° 32/2016 OF 28/08/2016 Governing Persons and Family includes provisions for cases relate to guardianship and divorce.

A synthesis of the above provisions points to a number of strengths of the legal framework but also gaps. For instance, the law is more emphatic on the legal dimensions of the family conflict (divorce specifically) than the psychosocial aspects that surround such cases. The process and final decision whether in favour or against awarding divorce can be psychologically draining and damaging to the children but also the spouses involved. To the children, the psychological harm can greatly affect their attendance and concentration in school, sleep pattern, relationship with parents and peers, and their identity in community. For the parents, this can greatly affect their public image, status, performance at work, and general health and wellbeing. Provision of services and reporting such issues are typical case management issues that the law is less focused on. The law is silent about the place and role of the social welfare officer in the whole divorce case process and decision.

Responsible Ministries

The Ministry of Gender and Family Promotion is primarily responsible for preventing and responding to cases of family conflict. The Ministry of Justice has a role to play in handling legal cases related to family conflict.

Implementation framework

According to the National Policy for Family Promotion, the responsibility to protect the family including prevention and response to family conflict is the business of all Rwandans including the government and other institutions at all levels. The policy calls for an inter-ministerial approach. At the national level, the ministries earmarked include: The Ministry of Gender and Family Promotion; Ministry of Finance and Economic Planning (MINECOFIN); Ministry in charge of Agriculture and Animal Resources; Ministry of Health; Ministry of Local Government; Ministry of Education; Ministry of Justice; Ministry of Youth, Culture and Sports. At the decentralized level, Provinces, Districts, Sectors, and Cells are specified to have a role to play. In addition, the national and international civil society organisations and donors are identified with a role to perform.

Legal and policy framework related to adolescent pregnancy

The Revised National Gender Policy (2021), The National Health Sector Policy (2015), the National Reproductive Health Policy (2003) and the National Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan (2018-2024) provide for services related to the prevention and response of adolescent pregnancy. Further, Article 113 of LAW Nº32/2016 of 28/08/2016 Governing Persons and Family sets the age of majority at eighteen (18) years and considers "A person having attained that age, is fully qualified for all acts involving civil life", however marriage is excluded from the legalized acts of civil life until age twenty-one (21) (Article 168).

The Constitution of 2003 and other laws and policies outline various forms of preventing adolescent pregnancy, with a focus on empowering girls and educating and raising awareness of girls and boys on gender-related social norms and family planning and reproductive health. There are also provisions for responding to adolescent pregnancy through a comprehensive set of health services, and, if the pregnancy was a result of sexual violence, related criminal penalties would apply.

An analysis of the health-related policy provisions illuminates several areas for improvement to prevent adolescent pregnancy and manage such cases. The realisation is that many young girls are at risk of getting pregnant appears to be the reason for provisions concerning access to contraceptives for "women of childbearing age." However, it is more critical to adopt a multifaceted strategy which on one hand, advocates for abstinence; and on another, one that underlines promotion of protected sex by creating a favourable environment that enables access to contraceptives to all young people who are sexually active. Ultimately, efforts that combine wider access to information including sensitisation on the need for abstinence and the necessity to engage in protected sex should be considered as the more efficacious longer term strategies.

Special measures to target high risk groups such as the street children and domestic workers need to be prioritised. While there are provisions for addressing negative social norms related to ASRH, the need to shift attitudes was not given much attention. For example, there is need to target change of attitudes of service providers that stigmatise the youth through finger pointing, discrimination, and characterising those who present with STIs and pregnancy as "promiscuous" or "too young to engage in sex" among others. Parents or caregivers also need mentorship on how to handle SRH needs of young people including counselling, and supporting them to access the critical services. Lastly, when it comes to safe motherhood and child health services, policies do not define the human resource cadres and their minimum qualifications to provide such services, which may leave case workers unguided on who to work with in a multi-professional team around cases of adolescent pregnancy. As a matter of priority, case workers need training incorporated within the child protection training curriculum that addresses the SRH needs of young people.

Responsible Ministries

The Ministry of Gender and Family Promotion is primarily responsible for protecting children from adolescent pregnancy. It is mandated to ensure that: children are not married off until age 21; girls in particular access sexual and life-skills education to empower them with right decision; girls access educational opportunities; and guarantee support mechanisms for girls. This ministry further has the responsibility to build the household economic capacity to ensure girls are supported in school (do no dropout) and not married off. Very important, shifting sociocultural and gender norms that drive adolescent pregnancy is a responsibility of this ministry. The Ministry of Education has the role to design mainstream education and co-curricular curricula that empower both boys and girls with the right knowledge, skills and attitudes for prevention of adolescent pregnancy. The Ministry of Health in collaboration with MIGEPROF and Ministry of Education has the duty to provide age-appropriate and child/youth-friendly sexual and reproductive health information and services. Financing of these interventions implies the role of Ministry of Finance and Economic Planning.

Implementation mechanism

The responsibility for the implementation of the 2018 National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan (2018–2024) is vested with the Rwanda Biomedical Center (RBC), in coordination with internal Ministry of Health entities, other Ministries and development partners. The civil society is invited to join these efforts. The overall implementation of the Reproductive, Maternal, Newborn, Child

and Adolescent Health (RMNCAH) policy is coordinated by RMNCAH Technical Working Group.

Legal and policy framework related to taking care of children with disabilities

The LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; LAW N° 01/2007 OF 20/01/2007 Relating to Protection of Persons with Disabilities; Ministerial Order N°007/2016 of 01/03/2016 Determining Modalities for Special Treatment of Persons with Disabilities in Schools; the National Policy for Orphans and Other Vulnerable Children (2003); and the Education Sector Policy (2003) constitute the regulatory framework on caring for children with disabilities.

The laws and policies related to supporting children with disabilities provides for promotion and response services, as well as considers prevention of early childhood disabilities when possible. The legal and policy framework is particularly pronounced in provision for integrated and accessible education.

There are, however, various areas for improvement that will specifically improve how cases of children with disabilities are supported. First, the responsibility to care for a child with disabilities is the responsibility of the parent and the government steps in when necessary, however determining necessity on the issue is not well provided for. This includes a lack of guidance on who determines necessity, who assesses disability and recommends if support is required and what type of support the child/family needs, and if an assessment is reasonable, who bares the cost to complete it. In addition, there is a lack of regulation and guidance on the different categories of disability and hence what kind of support and protection may be beneficial. Lack of standard categories and ways to determine types of disability hinders' case workers ability to support specific services, especially when their professional background is not on disability. Lastly, while there are policy provisions for provision of specialized education facilities when a child cannot be integrated into mainstream schools, it should also provide for for school-based Learner's Support Assistant (LSA) and psychologists to facilitate children with disabilities.

Responsible Ministries

Various Ministries have a responsibility to care for children with disabilities. The Ministry of Education is to provide inclusive education. Ministry of Gender and Family Promotion is responsible for determining grounds for placement of a child in the custody of a third party in case the parent, guardian or any other person legally responsible for the child in case they are incapacitated to provide the child with education following mental disability; enforcing parental responsibility and supporting as needed for taking care of the child with disability; to see to it that the Government takes care of a child with special physical or mental disabilities where deemed necessary and to oversee their special care and treatment where necessary. Ministry of Health (when it comes to assessing physical and mental disability; and rehabilitation; and provision of general specialized healthcare). Ministry of Finance and Economic Planning (MINECOFIN) is to coordinate with concerned organizations to implement and mobilize resources necessary to finance the implementation of necessary interventions. Ministry of Local Government is in charge of social protection including the disability grant provided to persons with severe disabilities according to the severity or level of disability.

Implementation mechanism

As provided under Article 6 of Law N°03/2011 of 10/02/2011 Determining the Responsibilities, Organization and Functioning of The National Council of Persons With Disabilities, the National Council is mandated to assist the Government to implement programmes and policies that benefit persons with disabilities. The Council is also mandated "to especially monitor the respect of laws which protect persons with disabilities" (Article 6 (8°)). As per the Ministerial Order N°007/2016 of 01/03/2016 Determining Modalities for Special Treatment of Persons With Disabilities in Schools, a number of responsibility centers are created. The responsibility to implement the stipulated modalities is distributed across: The State (Article 2); the Ministry of Education as well as the public agency in charge of bursary and loans (Article 3); teachers (Article 4); teacher training institutions (Article 5); districts, public organs in charge of curricula, and the organ in charge of higher education (Article 6). That side, the Integrated Child Rights Policy (2011) underlines a multi-sectoral responsibility for the protection of and provision for children including children with disabilities. Both government and non-governmental actors focusing particularly on the rights of children with disabilities are mandated.

Legal and policy framework related to children connected to the street

Street children are entitled to all children's survival, developmental, protection and participation rights as articulated in the various legal and policy instruments presented in this report. However, it is possible that children in street situations are invisible or relegated to the periphery of service planning and provision. Cognizant of such, the National Policy for Family Promotion (2005); National Policy for Orphans and Vulnerable Children (2003) and the Integrated Child Policy (2011) explicitly provide for the protection of street children as a unique category of vulnerable children in Rwanda.

The National Policy for Family Promotion (2005) classifies street children among children in critical situations that must benefit from actions carried out to support vulnerable groups. And the National Policy for OVC and the ICRP both advance worthwhile measures for street children, there are a few gaps. First is that, generally speaking, the policies are more reactive, addressing the symptomatic aspect of the problem rather than the cause. The policies also offer little guidance if at all, about the rehabilitation services that these children should benefit from. For instance, there is no guidance on the kind of rehabilitation facilities these children ought to be taken to. A case in point, are they taken to the same rehabilitation centres as child offenders. There is no guidance on the minimum care standards to be met in rehabilitation centres (whether private or public) for street children let alone the minimum qualifications of personnel to offer the needed rehabilitation to these children.

Responsible Ministries

The Integrated Child Rights Policy indicates that the National Rehabilitation Services (NRS) is responsible for facilitating reintegration of children living/working on the street into their respective families or alternative families. However, the responsibility for protecting street children does not fall exclusively on the National Rehabilitation Services. A number of ministries by virtue of their mandates have a role to play including: the Ministry of Gender and Family Promotion, Ministry of Local Government and other ministries and organs of the government with a role to play in the provision of schooling, life skills and skills training; and reinforcing the capacity of decentralised structures and community based associations that ought to

play a duo role of preventing child separation from families and supporting the necessary reintegration. Impliedly, the NCDA, the Ministry of Education, Ministry of Finance and Economic Planning, Local Government/ Decentralised entities, and Ministry of Health, all have a role to play.

Implementation mechanism

This is partly implied above. Nonetheless, the National Policy for Orphans and Vulnerable Children (2003) guides that NGOs have a role to provide centre and street based assistance to street children; the Ministry of Local Government has the duty to support its decentralized entities to provide assistance to street children in their jurisdiction.

Legal and policy framework related to child labour

Children are protected against child labour under: the National Policy on the Elimination of Child Labour, LAW Nº32/2016 of 28/08/2016 Governing Persons and Family, LAW N° 13/2009 of 27 May 2009 Regulating Labour in Rwanda, the Integrated Child Policy, the Ministerial Order Nº06 of 13/07/2010 Determining the List of Worst Forms of Child Labour, Their Nature, Categories of Institutions That Are Not Allowed to Employ Them And Their Prevention Mechanisms; the National Policy for Orphans and Other Vulnerable Children (2003); and The Ministerial Instructions NO 01/2017 of 17/11/2017 Relating To Prevention And Fight Against Child Labour.

The laws and policies related to child labour provides a solid framework for the prevention, protection, and progressive elimination of child labour in the country. While there are provisions to sensitize communities about the laws and policies that govern child labour, the regulations are quite specific, and it is therefore reasonable to question the extent to which employers and parents know the details of the regulations. For example, children under five years of age are prohibited from performing work, even as apprentices, while children aged 5-12 are permitted to perform non-renumerated household chores not exceeding 20 hours per week, but not allowed to be involved in family income generation (outside the family environment) until they are aged 13 or old where light work, such as domestic chores (not exceeding 40 hours per week) is permitted but hunting, fishing and alcohol brewing is not. Due to the specific legal requirements, although there are provisions for activities to raise awareness on the issue, it is likely some children are engaged in child labour because parents, employers and/or government staff involved in managing such cases do not know it is prohibited.

While child work is encouraged and it is important for child upbringing, child labour and in particular the worst forms of child labour are highly discouraged if not explicitly prohibited. It is important for policies to support case workers in distinguishing the differences between these, and to be further guided on how to implement interventions that prevent child labour.

Responsible Ministries

The government entity responsible is primarily Ministry of Public Service and Labour who is responsible for establishing mechanisms for preventing and fighting against all forms of child labour in the formal and informal sector. Other ministries include Ministry of Gender and Family Promotion, Ministry of Education, Ministry of Health, and Ministry of Finance and Economic Planning (MINECOFIN) in their general roles to support children, ensure health and multisectoral financing respectively.

Implementation mechanism

According to the National Policy on Elimination of Child Labour, child labour is argued to be cross-cutting in nature and thus measures to address it ought to be

mainstreamed into sectoral-strategies, plans, budgets, as well as in institutional values and priorities. Implementation of such interventions/measures is approached as a concerted responsibility of Ministries and affiliated institutions with the responsibility to eliminate child labor. These include: the Ministry of Public Service and Labour; the Ministry of Gender and Family Promotion; the NCDA; and the ministries in charge of Education; Youth; Sports and Culture; Local Government; Health; Justice; and Interior. At the decentralized level, local government structures (districts, sectors and cells) have the mandate to implement and coordinate government policies and development programs at their respective levels. Families and communities are also identified with a role to play and so are Employers' Organisations, Trade Unions and Workers' Associations, Other Private Sector Agencies, Civil Society Organisations, children themselves, and development partners.

Legal and policy framework related to child abandonment

LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child, LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties in General, The Principal LAW Nº32/2016 of 28/08/2016 Governing Persons and Family, Law N° 001/2020 of 02/02/2020 Amending Law N° 32/2016 of 28/08/2016 Governing Persons and Family, and The Integrated Child Policy (2011) provide for legal protection and services for children that are abandoned.

The criminalization of child abandonment is observed to be legally strong and the penalties sufficiently deterrent. That being said, the penalties are interpreted as insensitive to the possibility that the person accused (or even found guilty) of abandoning the child could be having a number of other children totally dependent upon him/her. The fate of these children seems not to have been paid attention to as incarceration of the adult puts the protection and care of other children on the line. Further, the penalties provided for in the law are not reformatory, meaning they fine and/or imprison the adult but do not provide support for the adult change their ways in the future (i.e. parenting support, offering services that address the root cause of abandonment such as poverty, etc.). This may contribute to penalties that may not address the root cause of abandonment or neglect but rather focusing on the symptom of the problem and as such, may not be the best interest of the abandoned child and other children under the care and protection of the offender.

In addition, the law provides that in case neither the mother nor father of a child are available to register a child's birth, the birth must be registered by a "person exercising parental authority" without defining who is referred to be a person exercising parental authority in the case that the parents are not available.

Responsible Ministries

The primarily responsible ministry is the Ministry of Gender and Family Promotion. Child abandonment is largely associated with parenting gaps, economic vulnerability of parents, denial of parentage by men and women (mothers and fathers) in different degrees, among other factors. This ministry has a role to play in addressing this problem from the root cause. From a legal point of view, child abandonment is a criminal offense. Thus the Ministry of Justice in collaboration with the Ministry of Gender and Family Promotion has a role to play to ensuring that the child victims access justice. The Ministry of Health have a responsibility to meet the emergency and non-emergency health and nutrition needs of child victims of abandonment while the Ministry of Finance and Economic Planning has the obligation to facilitate the responsible ministries and organs of government to live to their protection roles.

Institutional arrangements

A number of guiding legal frameworks are silent about the institutional arrangements. This is the case for the LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties in General; Principal LAW Nº32/2016 of 28/08/2016 Governing Persons and Family; and Law N° 001/2020 of 02/02/2020 Amending Law N° 32/2016 of 28/08/2016 Governing Persons and Family. However, the Integrated Child Rights Policy (2011) provides for multi-sectoral, multi-actor and multi-level implementation arrangement in all matters that relate to protection of children including the victims of abandonment. In particular, the policy calls for the various wings of the government and various non-government actors.

Legal and policy framework related to children in conflict with the law

Various laws provide for management of cases involving children in conflict with the law. These include among others: The Integrated Child Policy (2011); the Justice for Children Policy, 2014; the Principal Law Nº32/2016 of 28/08/2016 Governing Persons and Family; LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child; LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure; the National Policy for Orphans and Other Vulnerable Children (2003); and LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties In General.

The Integrated Child Policy (2011) and The Justice for Children Policy, 2014 provides an indispensable framework for the operation of the country's justice system in regard to children in conflict with the law. According to the Justice for Children Policy, 2014, the framework "affects the following groups of children: victims of crime, witnesses, in conflict with the law, those placed in alternative family proceedings, children in divorce and family law related matters, pupils and other children in institutions, orphaned and other vulnerable children, and children of parents accused of crimes" (Section 2.2.8).

The legal and policy framework provides for minors being represented in legal proceedings by the person who exercises parental authority over him/her or by children's rights organizations, and that there should be minimization of children's institutionalization in remand facilities reserved for exceptional circumstances including cases of recidivism and when the charges against him/her are punishable with a term of imprisonment of more than five years. No matter, a child should not remain in remand more than fifteen days. The law is in tandem with The Beijing Rules (aka UN Standard Minimum Rules for the Administration of Juvenile Justice). The law is explicit about different sentences and possible maximum sentences given to specific offences for which a child is found guilty. The laws define the age of criminal responsibility at 14 and provides for specialized chambers for juvenile offenders that are separate from that of adult offenders. The law also provides for public rehabilitation centers for children to be placed during criminal investigations.

Responsible Ministries

The Ministry of Justice is responsible for the administration of juvenile justice and thus overall for plays a considerable role in addressing legal issues related to children in conflict with the law. The Ministry of Gender and Family Promotion is responsible for ensuring that children in conflict with the law access justice as children as well as emphasizing care and protection standards for children in conflict with the law.

Implementation mechanisms

Delivery of juvenile justice is primarily guided by the Justice for Children Policy (2014). Implementation of this policy is situated within the Justice, Reconciliation, Law and Order Sector (JRLOS) strategy structure which also constitutes the coordination arrangement for the policy. The structure comprises of: The JRLO Sector Leadership Group (responsible for sector policy direction); JRLO Sector Steering Committee (responsible for implementation oversight); JRLO Sector Coordination Secretariat in MINIJUST (responsible for coordination and technical support); JRLO Sector Working Group (comprised of: Government, Donors Civil Society, Private Sector, and MIGEPROF); Access to Justice Thematic Working Group; and Sub-Thematic Working Group on Justice for Children.

Additional case types: more information about additional case types can be found in the Child Protection Legal and Policy Analysis report, a supplementary document to this report. These additional case types include: alternative care cases, refugee children and children seeking asylum, children infected or affected by an incurable disease, children whose caregiver is incarcerated, and online child abuse.

Gaps and areas for improvement related to the legal and policy framework for children's rights

Despite such concrete provisions on children's right to survival, development, protection and participation, translating these provisions into concrete actions for the realization of the various children's rights remains a daunting challenge. In some cases, these challenges were associated with technical capacity and human resources, some actors being less versed with children's rights, and gaps in coordination. NCDA should plan for all actors involved in any area related to the care of children to have a functional understanding of child protection principles and rights is critical for realization of children's rights.

One other identified gap area was that while all child protection cases had relevant guiding laws and/or policies (integral gaps notwithstanding), a number of child protection cases lacked relevant Ministerial Orders to enhance implementation. A synthesis of existing laws vis-a-vis ministerial statements unearths the gap. The existing Ministerial Orders relevant to child protection cases determine/relate to the following: the Officer of the Health Facility with Powers of Civil Registrar; the Number, Types, Formats and Use of Civil Status Registers; Modalities for Special Treatment of Persons with Disabilities in Schools; Appropriate Measures of Tracing Family Members of Unaccompanied Refugee Children for Their Reunification; Programs And Strategies to Ensure Protection And Assistance to Children Infected or Affected By HIV/AIDS; the List of Worst Forms of Child Labour, Their Nature, Categories of Institutions That Are Not Allowed to Employ Them And Their Prevention Mechanisms; and Maternity Leave Benefits Scheme. Other than these, the rest of the child protection cases fall short of relevant Ministerial Statements. It is prudent that all existing laws are supported by Ministerial Orders to affect their implementation.

To improve the realization of children's basic rights, there is need to ensure implementation of relevant laws and policies. This is seen as needing to focus on strengthening capacity of not only actors in mainstream child protection but all actors in all sectors since child protection permeates all sectors. Regardless of the sector, actors come into contact with, or their work directly/indirectly impacts on children. There is also need for NCDA to have recognized authority to emphasize and hold actors accountable for effective implementation.

Lastly, in as much as the national laws emphasize children's rights, they are contextualized within the African culture where children's rights are emphasized along with responsibilities. Article 255 of the Principal Law Nº32/2016 of 28/08/2016 Governing Persons and Family is explicit that "the child must honour his/her parents, respect them and cater for them if they are in need". However, this provision is bound to abuse. While this may not have been the case, it is plausible that some parents may use this as an excuse to deprive children of their rights while others may use it as a basis for role reversal where they expect children to contribute to breadwinning for the family. This makes children susceptible to economic exploitation, child trafficking and in some cases sexual exploitation.

Gaps and areas for improvement related to specific case types

Violence and abuse

- It may be rather difficult for RIB to determine whether abuse/violence may have occurred between children who are at least fourteen (14) years if no medical tests are done. Additional policy provisions to help guide RIB and more particularly the caseworkers in handling such cases should be put in place.
- In a context where possession of birth certificates is not universal, proof of the age of children who are victims of sexual violence and the perpetrators is difficult and may mean some criminal cases are not pursued when age is not established. This is bound to undermine objective case management and NCDA should provide guidance to case workers on how to resolve such a circumstance when the child's age is uncertain and there it is unclear if the law was violated or not.
- While the law defines what constitutes an offence of sexual violence, it is less pronounced on response services, including services before, during and after (or in the absence of) court proceedings. The case management process should equally prioritize response services for victims, irrespective of court proceedings, in addition to legal/justice services and Isange One Stop Centers. Such services should consider legal, psychosocial, economic, and physical safety, among others.
- Promotive and preventive interventions should be targeted to address the drivers of gender inequality through social norms change. Until these drivers are addressed, gender-based violence and sexual violence against children will remain a core concern. NCDA should lead this and include addressing harmful social norms across sectors, namely justice, health and education.

Family conflict

- The law is more emphatic on the legal dimensions of the family conflict (divorce specifically) than the psychosocial aspects that surround such cases. The process and final decision whether in favour or against awarding divorce can be psychologically draining to the spouses involved which can result in reduced emotional capacity to parent and cause disruptions to child care which can be stressful for children. In such circumstances, case management could be beneficial while families stabilise, however the law is silent on this. NCDA should make more provisions for psychologically support in such cases is important for managing such cases successfully.

- The law is silent about the place and role of the social welfare officer in the whole divorce process and decision. There is need for NCDA and MINIJUST to specify the role of this position including in social inquiries on children in conflict/contact with the law, and in cases involving children in divorce proceedings.
- It may be helpful for MIGEPROF and NCDA to examine local family conflict solving mechanisms, their effectiveness and if they could be enhanced with more support.

Adolescent pregnancy

- The National Reproductive Health Policy (2003) defines services intended to prevent adolescent pregnancy and promote safe motherhood and child health. However, it does not define human resource cadres and their minimum qualifications qualified to provide the services. Such definitions would be helpful to the case management process and should be determined by NCDA and MINISANTE.
- The National Reproductive Health Policy (2003) does not define the minimum age at which "a woman of childbearing age" can legally access modern contraceptives. Thus, while access to and use of modern contraceptives is critical in the prevention of unwanted pregnancies, when it comes to adolescents, clear regulations from MINISANTE are necessary.
- The National Reproductive Health Policy (2003) treats adolescents and young people (aged 10-24 years) more or less as a homogenous group; it does not offer necessary guidance on age differentiation/segmentation when it comes to packaging adolescent reproductive health information and services/products for prevention of adolescent pregnancy and should be addressed by MINISANTE.
- The same policy does not guide on how to effectively target different categories of adolescents such as those connected to the street, domestic workers, and the younger and older adolescents. MINISANTE should consider this.
- Most of the policy strategies and interventions are more inclined to the girl child and less on the boy child. This gender bias constitutes a critical gap. Though some policy and programming targets boys and men, there needs to be more intentionally targeted efforts to promote positive sociocultural and gender norms that protect girls from adolescent pregnancy. NCDA should lead this effort.
- There are no guidelines on rehabilitation of the perpetrator (whether confirmed guilty or proven innocent) to receive psychosocial support and community reintegration (when applicable).

Protection of children with disabilities

- Given the unique needs of children with disabilities in schools, it would be imperative to have a structure of school social workers and psychologist to enable these children have a supportive environment in school. The laws and policies do not provide for social worker and psychologist positions in schools (called Learners' Support Assistants) and MINIEDUC should make provisions to recruit for these positions.
- Law **N°71/2018 of 31/08/2018** relating to the protection of the child provides for children with special physical or mental disability benefiting from placement in special institution for care and treatment where necessary, it is

silent about who determines necessity of such placements. More guidance is needed about who is best placed to recommend for specialized support to be provided for. NCDA and NCPD should lead this effort.

- Children with disabilities to access government and non-government interventions which would enhance their protection, rigorous, holistic assessment is key. But there is no legal or policy guidance on whose responsibility (organ/institution of government) it is to assess children with disabilities. It is also unclear whether the cost of disability assessment is borne by the family, government or any other actors. More guidance is needed from NCDA, MINISANTE and NCPD about assessing physical and mental disability and the responsibility of covering associated costs.

- The types/categories of disability are narrowly defined and may leave case workers unguided especially if their professional/education background is not disability. For appropriate guidance to case workers, these forms/ categories of disability should be further elaborated.

- MIGEPROF and NCDA to work with NCPD and other sectors to advocate for increased funding to improve availability and access to services to support children and disabilities and their families, including health care, inclusive education and psychosocial support.

Children connected to the street

- The existing policy frameworks are more inclined to providing response than prevention services. Integration with other services and policies to prevent children living/working on the street should be further defined. This includes a multi-sectoral response from NCDA, MINEDUC, MINALOC, etc.

- There should be guidance from NCDA and NRS on whether children on the street who are assessed and found to need rehabilitation services should be placed in the same rehabilitation centres as juvenile offenders undergoing rehabilitation.

- There is need to clearly define the division of labour between NCDA and NRS on managing cases of children on the street from withdrawing from street, screening, rehabilitation, family reunification, and community reintegration. A clear protocol is needed.

Child labour

- It is important that case workers ably distinguish between child work, child labour and the worst forms of child labour. While child work is encouraged and it is important for child upbringing, child labour and in particular the worst forms of child labour are highly discouraged and thus, should be a key focus area for social welfare officers. MIFOTRA and MIGEPROF should lead this effort.

- Social welfare officers are duly guided on the measures that ought to be taken in order to prevent child labour. Particularly, the guidance provided under the Ministerial Instructions No 01/2017 of 17/11/2017 Relating To Prevention And Fight Against Child Labour as well as by the National Policy on the Elimination of Child Labour (Section 2.4) is very helpful. This guidance ought to be translated by MIFOTRA and MIGEPROF into tangible interventions in order to make the prevention of child labour a reality.

- Social welfare officers need to liaise with Labour Officers and other stakeholders to enforce and implement the existing legal and provisions on preventing/ eliminating child labour.
- There is need for more awareness raising amongst parents and employers on children's rights and the legality of child labour.

Children who are abandoned

- Incarceration and the accompanying financial penalties to convicted offenders may not be the best interest of the child who have been abandoned and other children under the care and protection of the offender. The unique approach considered in determination of penalties for offenders is one of the areas that may need to be revisited and backed-up by policy by MIGEPROF and MINIJUST with due consideration of:
    - Implications for care and protection of children that are dependent on the offender;
    - Best interest of the child; and
    - Helping the offender to reform
- The existing law lacks an administrative instruction through a Ministerial Order on the requirements for tracing and assessing parents of abandoned children, leaving it unclear which government mandate this falls under. The law should provide the requisite guidance on the requirements from MIGEPROF for tracing and assessing parents of abandoned children.
- Under Article 9 (Paragraph 3) of the Principal Law Nº 32/2016 of 28/08/2016 Governing Persons and Family, it is provided that "In case both the mother and father of the child are not available, the declaration is made by a person they have authorized or any person exercising parental authority over the child or a close relative". However, this is left to the case workers/managers to interpret as the law itself is silent on who is referred to by "person exercising parental authority" which is typically the person staying with and providing for the child in the absence of a legal guardian. More policy guidance on such decision-making processes needs to be provided from MIGEPROF.
- The community-based initiatives proposed by the ICRP are particularly prevention-oriented and not as part of response. This is a gap that needs to be addressed by MIGEPROF. Interventions such as parenting education/training for parents and caregivers can equally be conceptualised as, and are equally an important component of, response services (and in future can be referred to via case management) for parents that have abandoned their children and should be prioritized through policy and investments.
- Identification of at-risk families is occurring but there is no evidence of how workers are determining if a family is 'at-risk', presenting circumstances where households that are at-risk may be left out of receiving needed support. MIGEPROF should provide policy guidance on identifying 'at-risk' households should be a consideration for the assessment step of case management, and would allow for early intervention, which eventually, will reduce the need for response services (reducing current strain on the system).

Children in conflict with the law

- LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child does not define the age of criminal responsibility with the venue of criminal proceedings involving children. Though these are

addressed under LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure and the Justice for Children Policy (2014), the Law Relating to the Protection of the Child ought to equally make this provision clear by MINIJUST.

- LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure renders guidance on the detention facility for children while awaiting court decision (remand) but does not talk about the detention facility in case the juvenile is found guilty of the offense. Even as the law in line with Beijing Rule 13.4 prohibits detaining juvenile offenders aged fourteen (14) years in the same detention facility as adults (Article 149), with the specific detention facility for children expected to offer protection, assistance, supervision and appropriate education of the minor (Article 152), this law (LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure) as well as LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child are silent about detention facility for juvenile offenders found guilty and should be considered by MINIJUST.
- Both LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure and LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child are not pronounced about the professional training background of staff mandated to run detention facilities for juvenile offenders. Ideally, MINIJUST ought to have a social welfare officer that is part of the whole juvenile justice process to ensure the child's wellbeing is guaranteed. This person is important in helping the child secure legal assistance/representation if needed, explaining to the child the charges, engaging the child to accept guilt if he/she committed the offence and helping him/her show remorse. Most important, the social welfare officer reminds court personnel about child welfare principle that should permeate the entire court process involving a child.
- In consistence with Article 54 of LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties In General, LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child and LAW Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure ought to pronounce themselves on the different sentences and the possible maximum sentence given to the specific offences for which the child is found guilty. MINIJUST should lead this effort.

Gaps related to children who have dropped out of school for any reason

- To prevent school dropouts the ICRP recognizes the role of parents and caregivers to contribute to children's access to and retention in school by making contributions to children's school feeding in particular, it overlooks certain realities. A case in point, for children from child-headed households or elderly-led households where breadwinning responsibility has shifted to children, it is not clear how the family contribution to children's feeding is expected to be addressed. This should be addressed by MINIEDUC, MINISANTE and NCDA.
- The law falls short of guiding on whether acceptance to take in a child whose primary caregiver is mentally ill automatically implies carrying on the education burden of this child or it only means offering custody while the education responsibility lies elsewhere. If it lies elsewhere, this ought to be defined by MIGEPROF and NCDA. Otherwise, the case worker presiding over the separation of this child from his/her primary caregiver is left unguided or even stranded with the

child as potential third parties (foster care families) may be reluctant to offer the needed custody support.

Additional case types: more information about additional case types can be found in the Child Protection Legal and Policy Analysis report, a supplementary document to this report. These additional case types include: alternative care cases, refugee children and children seeking asylum, children infected or affected by an incurable disease, children whose caregiver is incarcerated, and online child abuse.

II. Institutional mandates

Government mandates are well-documented in laws and policies. Respondents were asked to list the key stakeholders and roles and responsibilities of child protection actors; they were not asked to validate or affirm specific written mandates. As such, this section describes government mandates documented in laws and policies, and respondent's description of the roles of key actors and perceptions on potential overlaps and gaps in mandates related to caring for children. Each Ministry/government agency coordinates planning and budgeting depending on its operational area, treating child protection as a cross-cutting issue that each agency must reflect in their own plans and budgets.[21] The mandates below describe the specific areas that each agency is to plan and budget for related to child protection.

Ministry of Gender and Family Promotion (MIGEPROF)

The Ministry of Gender and Family Promotion (MIGEPROF) is the lead institution in child protection related matters. It is responsible for strategic coordination of policy implementation related to gender, families, women's empowerment and children.[22] MIGEPROF's role is to coordinate all support to the most vulnerable children under the Integrated Child Rights Policy and Strategic Plan of Action and Early Childhood Development Policy.[23]

MIGEPROF is also responsible for coordinating the nation's OVC response as defined under the National OVC Policy (2003).[24] MIGEPROF also play roles in supporting various other policy provisions. This includes in the National Social Protection policy, more specifically overseeing local government implementation of 'Social Care Services[2526] which includes protection of women, children, people with disabilities and older people, provision of psychosocial support, provision of needs assessments and referrals, provision of institutional care and placement of children and youth, and provision of advocacy and rights promotion activities.

MIGEPROF also plays a role under the National Policy on Elimination of Child Labour in formulating child rights and protection policies and strategies and monitoring their implementation with emphasis on impact on elimination of child labour, as well as analysing children's views and suggestions made at all levels and ensure that such suggestions are mainstreamed in the development and implementation of policies and programs.[27] MIGEPROF also leads, with support from MINICT on the establishment of a National COP Advisory Committee and building a network of COP champions and conducting trainings to strengthen COP capabilities in key administrations and institutions dealing with child protection and development.[28] Further, MIGEPROF is to work with the Ministry of Finance and Economic Planning (MINECOFIN) to ensure that child protection matters are adequately mainstreamed in annual action

[21] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). 2018.
[22] Situation Analysis of Children in Rwanda.
[23] NST- 1 Social Protection Sector Strategic Plan (SP-SSP) 2018/19 - 2023/24.

plans, performance contracts and budgets for each government institution at centralized and decentralized levels.[29]

When it comes to the management of prevention and child protection cases, MIGEPROF/NCDA, per their general mandate related to child protection is central to all case types (making it ideal that the NCDA leads in the establishment and coordination of the child protection case management system). More specifically, this includes leading in the following areas: violence against children, positive parenting (to address family conflict, reunification, etc.), school dropouts (with MINEDUC), adolescent pregnancy, children who have been abandoned, and children in alternative care/children without parental care. While not leading on other case types, MIGEPROF is to support the following areas: birth registration (including for older children who were excluded from registration at birth for any reason), health/child survival, social protection, education, children connected to the street, child labour, children who are refugees/seeking asylum, family conflict, children with disabilities, supporting children whose caregiver(s) are incarcerated, and children in conflict with the law.

Interview respondents talked about the general mandate of MIGEPROF for resource mobilization, coordination, preparation of laws and raising awareness related to family and child welfare. Many respondents working under MIGEPROF, at the national and subnational levels, believe there are no overlapping roles or mandates that detract from their ability to deliver.

> *"Due to good coordination and decision making together, no overlapping roles. Because none has a full package, those involved in child protection work hand in hand to avoid overlapping."* ***- GFPO***

> *"There are no overlapping roles as partners involved in different activities to protect child work in synergy and complementarity..."* ***– CPWO***

On the other hand, other respondents painted a picture that responsibilities for child protection are quite scattered, too scattered to guarantee a coordinated and multi-sectoral child protection system. There is also the issue of providing technical supportive supervision to an organization which is not accountable to you. Interestingly, several respondents mentioned the need to have one staff/officer/office in charge of child protection at the sector level due to the range of competing responsibilities SSAOs/SGGOs have related to social issues.

National Child Development Agency (NCDA)

The National Child Development Agency (NCDA) was established in 2020 as an autonomous government agency with the mission to foster the development of children. NCDA's line Ministry is MIGEPROF. This agency replaced the National Children's Commission (NCC) established in 2011 with the mandated to undertake child right's monitoring and oversight and to develop and implement child protection interventions.[30]

[24] Community-Centered Integrated Services for Orphans and Vulnerable Children in Rwanda
Agnès Binagwaho, Julia Noguchi, Marie-Noëlle Senyana-Mottier, Mary C. Smith Fawz.
[25] Per the National Social Protection Policy, social care services are services that provide institutional and community-based care, protection, rehabilitation, psychosocial support, and advice, referrals and case management support to the most vulnerable individuals and households.
[26] National Social Protection Policy. Ministry of Local Government, Rwanda. 2020.
[27] National Policy on Elimination of Child Labour. Ministry of Public Service and Labour, Rwanda. 2013?.
[28] Rwanda Child Online Protection in Rwanda. 5Rights Foundation, University of East London, In collaboration with The University of Rwanda. On behalf of the Ministry of ICT and Innovation, Government of Rwanda. 2019.
[29] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). 2018.

According to the legal and policy framework, NCDA is to work with the National Commission for Human Rights (NCHR) to monitor the implementation of child laws at the national level and decentralized levels.[31] NCDA is also the central authority which coordinates both international and national adoption. However, local adoption and foster care are managed by the decentralized administrative structures with NCDA providing support and supervisory role.

At the district level, CPWOs who work as seconded staff from NCDA described their main function to include reporting cases to other actors (e.g. IZU, RIB, 'local authorities', Gender Mainstreaming Officer, etc), case follow-up, facilitate financial support, psychosocial support, family strengthening support, nutritional support, educating families on their role, advocating to different institutions to prevent child abuse, training IZU and Malayika Murinzi (foster families), and working with community structures (e.g. IZU and village leaders) in the performance of their roles and functions. Interestingly, CPWOs mentioned reporting cases to other actors, but generally lacking a referral protocol to guide them. At the sector level, SSAOs (SGGOs in some districts) describe their roles to include reporting cases to other actors (e.g. IOSC, education officer, justice, etc), community mobilization, and awareness raising, finding foster families, and ensuring functionality of child forums. IZU, working at the community level, described raising community awareness, reporting cases, supporting cases of child abuse (with cell and sector offices), providing family strengthening support (including home visits) and general case follow-up.

CPWOs, SSAOs and IZU discussed their role, and the role of other actors, in managing specific types of cases. In general, although the ICRP calls for an integrated case management framework, standardized approaches were not evident in the district level responses and the business process analysis across the six districts from which respondents were selected. Instead, it appears unstandardized and unclear on who supports care planning, care plan implementation, and how monitoring and follow-up should occur across case types. A summary of this is according to main case types is presented in Table 2.

When interview respondents were asked about duplication/overlapping roles and mandates, respondents were split with some believing overlapping mandates causes lack of clarity in roles, while other respondents see existing overlaps as complementary, harnessing strengths of different actors. Regardless of whether respondents viewed overlap positively or negatively, the theme that there is a lack of standard approaches to manage cases was clear.

> *"There can be a lack of focus and / or follow up of a case (because) one institution (might be) thinking that the other one is working on it." – National government respondent*

> *"Yes, but the overlapping is very complementary. There are many organs which are involved in child protection such as cases of sexual violence of children where we, CNF, World Vision and Handicap have meet on those cases."* ***– IZU***

When it comes to specific conflicting mandates the issue related to supporting children connected to the street was mentioned by two national government respondents. This was described that whereby based on the age range of the child, either NCDA or National

[30] Situation Analysis of Children in Rwanda
[31] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). 2018

Rehabilitation Services (NRS) handles the case and interview respondents express that most of the time, NCDA is held responsible for the issue of street children, although NRS has been newly established to handle this. The legal and policy analysis also reflected confusion in this area, where the role of NRS is not always explicitly provided for.

Other Government Mandates

The mandates of other government ministries/ agencies that play a role in child protection are described below. Not all mandates were assessed through interviews, however. This is because of non-responsiveness from MINEDUC and MINECOFIN and no interview request to MIFORTA at the national level because they were not included in the study sample. In addition, interview findings for mandates of MINALOC, MINIJUST, MINISANTE, MINICT and MYCULTURE are based off one interview each (at the national level) and were not supplemented with interviews of subnational staff in any of these sectors, which is a limitation of this assessment. As such, the perceptions of mandates according to these ministries should be interpreted as one piece of information that is not necessarily conclusive, however such information has been triangulated with findings from the desk review and legal and policy analysis to provide a summary of each Ministerial mandate.

> *"'When you coordinate people, who don't report to you and for whom you do not evaluate their performances of achievement it is very difficult in term of budgeting or in term of activities implementation. It is not good. Such institution that has staff, a budget, responsibilities and activities of child protection is ideal."*
> ***– National government ministry***

Ministry of Education (MINEDUC)

The Ministry of Education is generally mandated "to transform the Rwandan citizen into skilled human capital for socio-economic development of the country by ensuring equitable access to quality education focusing on combating illiteracy, promotion of science and technology, critical thinking and positive values"[32].

The Education Sector Policy (2003) points to the country's aspirations to not only foster access to and enrolment of children in school but also prevent possible cases of dropout by learners. As such, the Ministry of Education is to provide child-friendly learning environments, boosting school enrolment and retention. This includes providing access to quality education for all children, including children with special needs, a priority area of the ICRP. This is seen to prevent violence, abuse and neglect of children in general and specifically to focus on reintegrating children removed from school due to child labour into the education system. Further, although NCDA (previously NECDP) is responsible for ECD centres, MINEDUC supports such efforts. As such, when it comes to case management, MINEDUC is to work with MIGEPROF to address school dropouts when children have dropped out for other reasons (e.g. economic instability, adolescent pregnancy, etc), and support in the prevention and response to cases of child labour. Under the education system, policies provide for inspectors at the district level and District Education Officers and Sector Education Officers tasked with assuring quality education.

Ministry of Health (MINISANTE)

The overall mandate of the Ministry of Health is "to provide and continually improve affordable promotive, preventive, curative and rehabilitative health care services of

[32]https://www.mineduc.gov.rw/about#:~:text=The%20general%20mission%20of%20the%20Ministry%20of%20Education%20shall%20be, technology%2C%20critical%20thinking%20and%20positive

the highest quality, thereby contributing to the reduction of poverty and enhancing the general well-being of the population"[33]. It is within this broader framework that the health sector operates and supports children.

The Health Sector Policy 2015 indicates that the Rwanda Health Sector exists "to provide and continually improve affordable promotive, preventive, curative and rehabilitative health care services of the highest quality, thereby contributing to the reduction of poverty and enhancing the general wellbeing of the population". This includes maternal, neonatal and child health, family planning and reproductive health and nutrition services. To fulfil this mandate, one of the values and guiding principles is people-centered services which among other things focuses on the well-being of individuals and communities, and more specifically of women and children, as well as fostering equity and inclusion and integrating marginalized groups (including children).

This is done through commitments to have at least one hospital in each district, one health centre in each sector, at least one health post in each cell, and a network of community health workers within communities[34].

When it comes to child protection case management, MINISANTE is responsible for assessing physical and mental disability, ensuring nutritional and health assistance for all children and responding to cases of violence and abuse. According to the ICRP, MINISANTE plays a key role in WASH programs, is to support ECD, and support food/nutrition and hygiene education, support on adolescent pregnancies and child abandonment, and build capacity among healthcare workers to prevent and response to violence and abuse.

During interviews, MINISANTE's mandate was described as focused on responding to and preventing child abuse by working together with MIGEPROF, Rwanda Investigation Bureau (RIB), MINIJUST, MINEDUC, etc.

This includes establishment of Isange One Stop Centres in each hospital which are staffed with professionals on sexual and gender-based violence and legal experts and other health services including prevention of early pregnancies. MINISANTE also plays a role in sensitizing communities about such issues.

Ministry of Justice (MINIJUST)

The Ministry of Justice/Office of the Attorney General is mandated to organize, oversee and promote activities related to the rule of law, law enforcement and justice for all[35].

In respect to children, overall MINIJUST is to ensure consistent application of the child-related laws and promote the development and application of protective legislation. The Justice for Children Policy aims to provide justice for children, with particular regard to the socio-economic, policy, international and national legal contexts. Under the ICRP Strategic Plan, MINIJUST is responsible for juvenile justice. A Justice for Children Policy is also in place. It provides for children in conflict with the law, however understanding the degree to which this policy is being implemented was beyond the scope of this assessment. National laws also mandate MINIJUST to prevent and punish the trafficking of persons, including perpetrators of child trafficking.

Under MINIJUST there is a person in charge of monitoring child affairs in each district MAJ *(Maison d'Accès à la Justice)*[36].

[33] https://www.moh.gov.rw/about.
[34] Health Insurance Policy.
[35] https://www.minijust.gov.rw/about#:~: text=About&text=The%20mission%20o f%20the%20Ministry, enforcement%20and%20justice%20for%20all.
[36] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

Juvenile justice is guided by the Justice, Reconciliation, Law and Order Sector (JRLO) structure, which is led by MINIJUST.

MINIJUST is mandated with a key role in cases related to children in conflict with the law and child trafficking. In addition, the Ministry supports cases related to violence, including SGBV.

Lastly, MINIJUST also supports cases related to child labour, including through the establishment of district-level judicial coordination committees[37] and law enforcement through Rwanda National Police and the National Public Prosecution Authority[38].

MINIJUST described its main role as ensuring justice is achieved for all, including organizing community outreach services to provide legal assistance to people in various categories especially the poor/vulnerable groups, children, women and people with disabilities. Such outreach includes, but is not limited to, radio talks and education sessions during legal aid week. Other interview respondents, namely CPWOs, IZU and SSAOs described free legal assistance through justice as well.

Ministry of Local Government (MINALOC)

The Ministry of Local Government "ensures the coordination of good governance and high quality territorial administration programs that promote economic, social and political development throughout the nation"[39]. The ministry's work directly relates to/impacts on children.

MINALOC maintains the oversight and policy leadership on social protection as a whole. It works through specialized social protection agencies and in partnership with other key ministries in social protection sector (e.g. MIGEPROF, MINISANTE, MIDIMAR)[40]. The government has introduced a range of social protection schemes that target vulnerable households, including those with children. These include the flagship Vision 2020 Umurenge Programme (VUP) which comprises direct-support and public-works programmes[41]. According to the National Social Protection Policy, JADF is responsible for coordinating social protection at the district level and the Sector administration is responsible for corroding and working through cell and village level structures.

MINALOC is mandated to coordinate for MIGEPROF to provide the social care service component of the national social protection program. In addition, MINALOC is mandated to lead on birth registration and delivery of social protection to vulnerable families, including to work with local authorities to identify poor families who need support[42]. MINALOC is also mandated to support various other cases, including cases of violence, family conflict and child labour.

During the interview with MINALOC, their role was described as developing and implementing policies to protect vulnerable groups, particularly related to social protection. This includes children from poor families, child-headed households, and street children.

They noted they are also responsible to mobilize funds to implement such programs, including through collaborating with other organizations/agencies.

The legal and policy framework points towards a heavy educational response to support children with disabilities, suggesting

[37] Situational Analysis of Children in Rwanda.
[38] National Policy to Eliminate Child Labour.
[39] https://www.minaloc.gov.rw/#:~:text=The%20Ministry%20of%20Local%20Government,to%20deliver%20on%20its%20mission.
[40] National Social Protection Policy. Ministry of Local Government, Rwanda. 2020.
[41] Situational Analysis of Children in Rwanda.
[42] National Policy to Eliminate Child Labour .

leadership from MINEDUC, however the National Council for People with Disabilities (NCPD, under MINALOC) is mandated to assist with programs, policies and monitoring on the same, and exists at national and subnational levels. This suggests that responsibilities are distributed across several government agencies and the mandate to coordinate is not clearly articulated in the legal and policy framework.

Ministry of Public Service and Labour (MIFOTRA)

The overall mission of the Ministry of Public Service and Labour is "to provide public institutions with efficient organization and human resources to fit the objectives of best public service delivery at low cost; and to set up a fair working environment, based on international standards of health and social security, and favourable to jobs creation and labour market development"[43]. In this way, MIFOTRA is to develop recruitment-related policies, guidelines and procedures, and selection of government employee recruiting agencies.

After the respective recruiting government ministry has finished the recruitment process, MIFOTRA assesses and approves before the prospective employee is hired. MIFOTRA, under the Labour Commission, also oversees government staff placement and inspection. This mandate puts MIFOTRA as central to recruiting, hiring, placing and performance of the workforce supporting child's rights.

In respect to children, the legal and policy framework puts the "Ministry in charge of labour" which is MIFOTRA, in a leadership role for issues related to child labour, including coordinating and guiding implementation of all programs and activities related to child labour elimination.[44] Compared to MIGEPROF, whose mandate is to monitor the impact of policies on the elimination of child labour,[45] MIFOTRA is mandated to lead on child labour. This includes that MIFOTRA is to lead on identifying children involved in child labour and removing them from such circumstances. Reintegration back into schools is to be done with MINEDUC[46], however NCDA also plays this functional generally speaking. There are decentralized structures up to village level that facilitate mobilization, sensitization, monitoring and law enforcement,[47] which includes Labour Officers.

Ministry of Youth and Culture (MYCULTURE)

This ministry is mandated "to create an enabling environment for the socio-economic empowerment of youth and make Rwandan culture the foundation for national transformation"[48]. MYCULTURE has the general responsibility of improving the wellbeing of the children and youth as well as building their capacity. This includes ensuring cultural values such as communities' responsibility for ensuring children's welfare.

Ministry works on cultural development which focuses on promotion of national culture and values. The ICRP includes MYCULTURE as supporting with child education but does not specify their role more precisely.

The MYCULTURE also is to work with MIGEPROF to establish recreational facilities for children in each district that includes a library, playground and space for meetings.

[43] https://www.m ifotra.gov.rw/about#:~:text=Mission-, The%20mission%20of%20the%20 Ministry%20of%20 Public%20Service%20and%20 Labour, health%20and%20social%20security%2C%20and.
[44] National Policy to Eliminate Child Labour.
[45] National Policy to Eliminate Child Labour.
[46] 2017 Findings on the Worst Forms of Child Labour in Rwanda. 2017.
[47] National Policy to Eliminate Child Labour.
[48] https://www.myculture.gov.rw/about# :~:text=The% 20 Ministry% 20of%20 Youth%20 and, the%20 foundation%20 for%20 national% 20 transformation.&text= The%20vision%20of% 20the%20 Ministry,to%20raise%20a%20HAPPi%20Generation.

During interviews MYCULTURE described their roles as ensuring cultural values, including supporting socioeconomic development of youth, providing vocational training and toolkits, and education for reproductive health.

Ministry of Information, Communication and Technology (MINICT)

All Rwandan children are empowered to access the digital environment, but to do so safely. The Child Online Protection Policy aims to establish the foundations for a safe and secure digital environment. Under this, MIGEPROF and MINICT will work together to conduct trainings to strengthen capacity of key administration/institutions in child online protection and build a network for champions for child online protection[49]. Child pornography and children accessing pornography are criminal offenses in Rwanda, yet the law does not specify MINICT's role in such cases. Our data did not reveal to what extent these activities are occurring and coordinated, an area that may require further investigation.

Rwanda Investigation Bureau

Rwanda Investigation Bureau (RIB) is mandated to perform criminal investigations and is supervised by MINIJUST.

Related to child rights and protection, RIB is mandated to prevent, supress and investigate gender-based violence and human trafficking. In this way, RIB is to be involved in criminal investigations related to statutory cases such as child abuse, violence against children, child labour, adolescent pregnancy, and children who have been abandoned. The assessment only included one interview with RIB at the national level and this interview did not yield sufficient information about their perceived roles and mandates related to children.

National Council of Persons with Disabilities

The National Council of Persons with Disabilities (NCPD) is mandated to assist the Government to implement programmes and policies that benefit persons with disabilities. The Council is also mandated "to especially monitor the respect of laws which protect persons with disabilities". The Law provides a framework for the coordination of activities aimed at the advancement of disabled persons with disabilities. The National Council of Persons with Disabilities renders a forum for advocacy and social mobilisation on issues affecting persons with disabilities in order to build their capacity and ensure their participation in the national development; it is mandated to: assist the Government to implement programmes and policies that benefit persons with disabilities; monitor the respect of laws which protect persons with disabilities; collaborate with stakeholders and coordinate stakeholder activities aimed at the promotion of persons with disabilities; collaborate with non-governmental organizations engaged in activities benefitting persons with disabilities; and to engage in consultations and collaborate with foreign institutions entrusted with the same responsibilities.

Other functions of the National Council include: gathering and examining views of all person with disabilities; advocating on issues affecting the development and rights of persons with disabilities; building the capacity of persons with disabilities; sensitizing Rwandan society in general, parents and different institutions, in particular to respect the rights of persons with disabilities; sensitizing persons with disabilities to take part in national development programmes; participating in the prevention of the causes of disability. NCPD is under the authority of MINALOC and its structure includes local

[49] Rwanda Child Online Protection in Rwanda. 5Rights Foundation, University of East London, In collaboration with The University of Rwanda. On behalf of the Ministry of ICT and Innovation, Government of Rwanda. 2019.

social rehabilitation officers, health and counseling officers, sports and leisure officers, and training and skills development officers.

In an interview with NCPD, they described the role of the council as advocating for persons with disabilities, including children. This is done by supporting implementation of laws and policies, support rapid reporting of cases of violence against children with disabilities/violations of the rights of children with disabilities, and assisting in education/ trainings on laws and programs related to people with disabilities.

National Rehabilitation Service (NRS)

The Integrated Child Rights Policy indicates that the National Rehabilitation Services (NRS) is responsible for facilitating reintegration of children living/working on the street into their respective families or alternative families. However, the responsibility for protecting children connected to the street does not fall exclusively on the National Rehabilitation Services. A number of ministries by virtue of their mandates have a role to play including: the Ministry of Gender and Family Promotion, Ministry of Local Government and other ministries and organs of the government with a role to play in the provision of schooling, life skills and skills training; and reinforcing the capacity of decentralised structures and community based associations that ought to play a duo role of preventing child separation from families and supporting the necessary reintegration. Impliedly, the NCDA, the Ministry of Education, Ministry of Finance and Economic Planning, Local Government/ Decentralised entities, and Ministry of Health, all have a role to play. NRS is under the authority of MINALOC and includes social and health rehabilitation officers, delinquency prevention officers, reintegration officers and four rehabilitation centers (one in Kigali, Iwawa, Nyamagabe and Gitagata), all with a responsibility to provide health and social rehabilitation services.

In an interview with NRS, the agency's role was described to include prevention of street children, enforcement of laws related to child labour, providing parental education, and intervening with correctional education and/ or rehabilitation when necessary. This is inline with their mandate.

Other government agencies

In addition to the above, there is a Child Right's Observatory Office within the National Commission for Human Rights that receives and handles cases of child rights violations and conducts child-rights advocacy[50]. In addition, the National Rehabilitation Services is mandated to provide oversight of transit and rehabilitation centres, including conducting monthly monitoring of such centres with an aim to support children living/working on the street[51]. The Rwanda National Police enforce laws, including related to child labour and child trafficking. They have a Child Protection Unit and Anti-Trafficking Unit, as well as operate a free hotline to report incidents of gender-based violence and child abuse[52]. Similarly, the National Public Prosecution Authority prosecutes on all cases of child protection violations that include a criminal element, for example child labour, trafficking, violence against children, etc. [53]

Gaps and areas for improvement

- It is prudent that all existing laws are supported by Ministerial Orders to affect their implementation. This should be reviewed and updated based on specific roles and responsibilities to support different child protection cases.

[50] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). Government of Rwanda. 2018.
[51] As Long as We Live on the Streets They will Beat Us. Human Rights Watch. 2020.
[52] 2017 Findings on the Worst Forms of Child Labour in Rwanda. 2017.
[53] 2017 Findings on the Worst Forms of Child Labour in Rwanda. 2017.

- Despite the government's commitment to integrated services for children, the government mandates lack details about each actor's specific role in supporting certain types of child protection issues. Government responsibilities for case management should be specific and provide clarity on each actors' role in specific case types. Notably, assessment participants remarked that institutional mandates need to be addressed specifically for: cases of adolescent pregnancy (defined as under 19 years old), children connected to the street and for reunifying and reintegrating children who have been separated with their family for any reason (labour, family conflict, etc.).
- Overall, mandates related to child protection are spread across several different government ministries and agencies warranting the need for MIGEPROF and NCDA to develop and enforce case management standards that provide precise roles and responsibilities throughout the case management process. For example:
    - MIGEPROF is primarily responsible for protecting children from adolescent pregnancy, while MINEDUC also plays a role in prevention through empowerment/education, namely via comprehensive sexuality education which is integrated into both primary and secondary school subjects in 2016. Comprehensive sexuality education encompasses sexual and reproductive health, human development, communication, relationships, gender, prevention of STIs, HIV, and AIDS, unwanted pregnancies, and gender-based violence. MINISANTE is mandated to provide age-appropriate and child/youth-friendly sexual and reproductive health information and services. Implementing such mandates, however, is provided for primarily in health-related policies implying a health-focused response. Prevention and response of child sexual abuse is a cross-cutting issue and as such, requires a coordinated response through standard referral protocols.
    - Coordination of elimination of child labour as provided in the National Policy on the Elimination of Child Labour is primarily the responsibility of the Ministry in charge of labour (Ministry of Public Service and Labour—MIFOTRA). And MIGEPROF is mandated to formulate policies, strategies and monitor child labour as part of their broader child rights mandate. However, the responsibility of child labour elimination rests with various ministries and affiliated institutions. There is concern that this setup splits coordination from implementation and monitoring, or minimally calls into question MIGEPROF's functional role in coordination for child labour.
    - The legal and policy framework points towards a heavy educational response to support children with disabilities, suggesting leadership from MINEDUC, however the National Council for People with Disabilities (under MINALOC) is mandated to assist with programs, policies and monitoring on the same, and exists at national and subnational levels. This suggests that responsibilities are distributed across several government agencies and the mandate to coordinate is not clearly articulated in the legal and policy framework. There is need to clearly articulate which ministry/institution holds the mandate for coordination.

- For cases related to child abandonment MIGEPROF is primarily responsible, however as abandonment is a criminal offense, MINIJUST also plays a role and MINISANTE plays a role to meet health and nutrition needs of child victims of abandonment. The ICRP, general provides for multi-sectoral arrangements, however how these actors should work together on such cases is not well articulated.
- The policy framework to care for children with disabilities is largely focused on education, with some provisions for social support, however the mandate to implement such support legally lies with the National Council of Persons with Disabilities.
- School dropouts is the primary responsibility of MINIEDUC, and the Girls Education Policy specifies the roles of MINEDUC, education institutions and police, yet does not acknowledge the role of MIGEPROF is addressing root causes such as parenting gaps, violence/conflict in families, household economic vulnerability, etc. Nor does this policy link MINEDUC's roles with preventing child labour, a mandate of MIFOTRA nor MINALOC's role in implementation.

- Based on the above, there is need for the government to establish an overall authority mandated to lead the coordination of case management across sectors to support integrated case management. This could include establishing, implementing and enforcing a national case management framework and standards of practice.
- Similarly, to coordinate integrated services for child and families, CPWOs/ social welfare staff should have the authority and be seen as the central coordinating figure. The government should develop and enforce regulations to mandate that all agencies involved in responding to child protection issues, involve and coordinate with CPWOs/ social welfare staff for professional and comprehensive services. This should be included in the National Case Management Framework and further enforced through Ministerial mandates.
- Notably, assessment participants remarked that institutional mandates need to be addressed specifically for: cases of adolescent pregnancy (defined as under 19 years old), children connected to the street and for reunifying and reintegrating children who have been separated with their family for any reason (labour, family conflict, etc.).
- Child protection mandates are spread across many different government ministries and agencies. Bringing these mandates together for integrated service delivery requires incredibly organized planning and collaboration, including joint budgeting and jointly delivering and monitoring family-centred services. This includes MIGEPROF, NCDA, MINIJUST, MINISANTE, MINEDUC, MINALOC and others.
- It is critical for all government ministries and agencies to understand their role in prevention as well as response to child protection violations. This will require ongoing capacity strengthening to effectively deliver on the integrated case management framework after it is developed. The framework will eventually include standard operating procedures that apply across sectors to help clarify and streamline overlapping roles.

- While the IZU most commonly identify child protection cases to respond to, cases are also identified by a range of other actors including police, religious leaders, village leaders, community members, etc. This emphasizes the need for MIGEPROF and NCDA to plan for and coordinate multi-sectoral awareness raising on child protection and the importance of raising awareness about how to report alleged cases.

III. Coordination

Coordination for child protection is a mandate of different institutions. Given that child protection is multi-sectoral, its coordination is equally multi-sectoral and inter-ministerial. Depending on the sector e.g. health, education, justice, etc. the responsibility of coordination is primarily vested in the responsible ministries. However, the Prime Minister's Office given its mandate as the highest coordinating organ of Government departments' activities, has the responsibility to provide line ministries with administrative directives to mainstream child protection into their respective policies.

For children to receive integrated support, actors across these sectors must work together. This requires frontline and local government staff to coordinate service delivery, which in turn, requires national Ministries and departments to regulate, plan, budget and monitor together. Non-governmental actors also play a significant role in service delivery, further requiring coordination between government structures and non-governmental programs. Most commonly, countries establish child protection coordination mechanisms such as committees or technical working groups at national and subnational levels. These can be effective if the right people, procedures and resources are in place for them to be effective. Effective coordination, however, does not stop with simply having coordination groups or meetings; it extends to how decisions about child protection strategies and service delivery are made across departments, sectors and offices and frontline staff. In this way, the result of effective coordination are quality integrated services, which occurs through joint decision-making, joint planning and joint accountability.

The Presidential Order N° 083/01 OF 28/08/2020 that established the National Child Development Agency, the National Integrated Child Rights Policy, the National Child Online Policy, the Justice for Children Policy 2014, the National Community Health Policy, the National Food and Nutrition Policy 2013 – 2018, the Education Sector Policy 2003, the National Gender Policy 2010, the National Policy on the Elimination of Child Labour, the National Policy for Family Promotion 2005, and the Ministry of Education Early Childhood Development Policy (2016), among other policy frameworks all provide for inter-sectoral and inter-ministerial coordination of child protection.

MIGEPROF is the key ministry responsible for ensuring the strategic coordination of policy implementation related to children, however legal provisions for children are spread under different laws and several policies are multisectoral, requiring a level of coordination across sector Ministries. Since each Ministry/government institution leads its own budgeting process, child protection programs are reflected in the budget of each institution[54] but bringing Ministries together to strategically plan, finance, implement and monitor programs across agencies and departments is currently lacking.[55]

[54] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). 2018.

[55] Integrated Child Rights Policy.

It is noted that there have been recent efforts to improve national coordination, including through the establishment of NCDA. MIGEPROF, through NCDA, leads the Advisory Council which meets quarterly to coordinate an annual Joint Action Plan for Child Protection and Development and should be noted as a fundamental platform to coordinate child protection at large. The Advisory Council's coordination efforts are not yet supported by cross sectoral SOPs which would see the strengthened coordination of referrals and service delivery for children. An analysis of the legal and policy framework provides insight into various thematic coordination structures, a summary of which is provided in Table 3.

Table 3. Summary of key national coordination mechanisms included in the legal and policy framework

Lead Ministry	Coordination Mechanism
MIGEPROF	- NCDA Advisory Council - National Child Protection Sub-Cluster under the National Gender and Family Cluster - Child Protection and Development Technical Working Group - Child Nutrition Technical Working Group - National Technical Working Group on the Child Online Protection Policy - Coordination related to child defilement (violence) (specific name of mechanisms unspecified) - Coordination related to adolescent pregnancy through the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Technical Working Group - National Gender Cluster
MINIJUST	- Justice Reconciliation, Law and Order (JRLO) Sector Leadership Group/Steering Committee - JRLO Sector Coordination Secretariat - JRLO Sector Working Group - Access to Justice Thematic Working Group with a sub-thematic Working Group on Justice for Children
MINIEDUC	- Inter-Sectoral High Level ECD Steering Committee - Inter-Sectoral Technical Committee - Rwanda ECD Secretariat - National ECD Task Force - District Inter-Sectoral ECD Committees - Administrative Sector Integrated ECD Committees - Administrative Cell & Imidugudu Integrated ECD Committees - ECD Centres
MIFOTRA	- Coordination related to child labour (specific name of mechanisms unspecified)

Table 3. Summary of key national coordination mechanisms included in the legal and policy framework	
MINSANTE	- National coordination for the National Community Health Policy (specific name of mechanism unspecified) - District authority (specific name unspecified) to coordinate on the National Community Health Policy - Health facilities and Health Centres
MINALOC	- National forum for advocacy and social mobilization on issues affecting persons with disabilities (through NCPD) - District Councils for Persons with Disabilities - District Food and Nutrition Steering Committee - Sector Food and Nutrition Steering Committees - District/sector and cell forums for family promotion - District meetings on child protection and development - Local government development committees to coordinate issues related to child labour - District Child Protection Committees
MINEMA	- National Disaster Management Committee and National Disaster Management Technical Committee
Prime Minister's Office	- Inter-Ministerial Coordination Committee for Food and Nutrition - Social Cluster Food and Nutrition Steering Committee - National Food and Nutrition Technical Working Group
MINICT	- National Child Online Policy Steering Committee

Insights from interviews on coordination

Most national respondents seemed to acknowledge the overarching coordination role of MIGEPROF for child protection, however not all other sector Ministries referenced NCDA's national child protection coordination mechanism. A few national development partners noted the lack of a clear terms of reference or framework limiting coordination across sectors. Multiple national respondents noted that often coordination meetings are about sharing information (work plans, activities, reports, etc.) and not focusing on strengthening coordination at subnational levels nor addressing gaps that exist in coordinating services Further, a few respondents suggesting the discussions are not linked to national strategies.

> *NCDA is trying to get different ministries and partners on board; it is their mandate. However, a new and a clearer child protection framework would facilitate this.*
> ***– Donor, national level***

At the local government level, there are a few coordination structures that have been formalized through inclusion in the legal and policy framework. In general, however, local government actors (district, sector and cell) have a general mandate to disseminate, implement and coordinate national policies and programs. There is no framework to coordinate child protection cases across relevant actors; this includes cross sectoral standard operating procedures and referral protocols.

At the district level, oversight of service provision is the responsibility of members belonging to the Joint Action Development Forum (JADF). The purpose of the JADF is to convene district authorities, stakeholders, and community actors to discuss problems that arise in the district (i.e. it has a broad mandate, with child protection comprising one component of its mandate). It ensures that issues related to vulnerable children are on the district's agenda and that the poorest and most marginalized children have access to fundamental social services within their communities[56]. JADF was mentioned by almost all district respondents as the mechanism to coordinate child protection (among their other responsibilities). At least three respondents mentioned the role of the Vice Mayor of Social Affairs as coordinating and bringing together actors to discuss different topics including child protection.

Several other formal district coordination structures were mentioned, albeit not consistently across all districts. This includes the National Council of Persons with Disability, committees to fight against child labour and the district health medical teams whose suggested role in child protection was noted during interviews as follows:

> *"The Council of Persons with Disabilities identifies problems concerning children with disabilities such as children for begging on the streets and the committee refers the case to local government and other concerned organs."* ***– Council for Persons with Disabilities, subnational respondent***

> *"Committees to fight against labour, owners of 'these activities' [those employing children] are approached and sensitized about not using children [for employment] and those who continue to do that are punished."* ***– SSAO respondent***

> *"District Health Medical Teams discuss about these issues of child malnutrition and child abuse and other popular issues of children's health."* ***– Health sector respondent***

Other seemingly ad hoc meetings occur but were not mentioned across all districts. This includes district meetings to regularly bring together all SSAOs in Gisagara, weekly meetings with NRS in Nyagatare, and quarterly meetings with 'relevant actors' such as RIB, IOSC, etc. IZU monthly meetings were only mentioned in Gicumbi and Ruhango at the sector level. Child Protection Committees were mentioned by sector and cell level workers, however none of the existing committees are functional. This is likely because, Child Protection Committees have supposedly been replaced by IZU structures. While some localities may be continuing with Child Protection committees on their own, it is unknown how many Child Protection committees still exist and are functional nor what functions they are playing.

Sector level government actors have a general mandate to disseminate, implement and coordinate national policies and programs.

[56] Community-Centered Integrated Services for Orphans and Vulnerable Children in Rwanda. 2008.

When asked about how child protection actors coordinate at the sector level, Social Affairs/ Good Governance officers responded with a range of responses. Many sector respondents spoke about coordination meeting occurring quarterly and/or as alongside reporting. The role of JADF at the district level was not mentioned a lot, but at least two sector officers see this as the main coordination mechanism for child protection. At least two other sector officers spoke about regular district coordination meetings instead of sector specific coordination. This highlights the potential that coordination is mainly occurring at the district level and is not strong at the sector level.

When speaking about case level coordination, sector officers talked about case reporting from IZU and coordinated case response, often via phones. IZU were mentioned by several sector officers as being involved in case coordination. Overall, when respondents spoke about case/response, they believe coordination for cases is mostly effective at providing support to children and families.

Our assessment did not directly observe the functionality and effectiveness of existing coordination mechanisms but rather asked interview respondents their perspectives on effectiveness and areas for improvement. Almost all district social sector respondents believe that actors are working together effectively – coordination is helpful and working. However, many respondents from other sectors/roles spoke less positively about coordination painting a picture of scattered services, duplication in coordination processes and no clear coordination pathway. Five community level respondents (IZU and a village leader) spoke negatively about coordination saying, "there is no such coordination" and "collaboration is not okay because sometimes information is not shared".

Additionally, two sector officers mentioned that partners' activities/interventions are not well coordinated creating unbalanced coverage. One village leader said that child protection committees are not monitored and not operational. This can be confirmed by the fact that the assessment team attempted to interview child protection committees for this assessment and none of the six in each district responded to multiple requests for an interview. After conducting interviews, it was later confirmed by NCDA that Child Protection committees are no longer an official structure, rather the IZU structure has assumed the coordination and intervention role that Child Protection committees used to fulfil.

> *It is possible government may be working on higher level coordination but we must also place much emphasis on sub-national/community level coordination.* ***– National donor/ development partner***

Respondents provided suggestions on areas for improvement. District respondents suggested a range of areas to focus on. One district respondent felt that NGO attendance at JADF should be improved, and two district respondents alluded to action plans (from NGOs) needing to be prioritized and implemented. Sector officers primarily believe that coordination can be improved through better information sharing and communication. This includes improved sharing of information about cases and about partner's activities/action plans, noting that sometimes this kind of information is shared at the district level but not always with the sector.

Gaps and areas for improvement

An analysis of such coordination structures begs consideration of a few issues related to coordination and mandates, including the following:

- To enhance coordination of services across all relevant government sectors, NCDA should be mandated to bring all sector Ministries together to coordinate and authorize joint action planning and budgeting. This could be done in the form of an annual government work plan to implement the ICRP and strengthen the child protection system. There is need for the government to authorize and enforce NDCA's leadership to oversee this process.
- Technical and financial support to government is needed to strengthen sub-national and local level coordination mechanisms for effective coordination. There is need for NCDA and other government ministries dealing with child justice, health and education to shift attention from simply holding meetings and sharing workplans to focus discussions on decisions about child protection strategies, strengthening service delivery through case management, etc. This would enhance the quality of integrated services, which occurs through joint decision-making, joint planning and joint accountability.
- MIGEPROF and NCDA should prioritize technical and financial support to strengthen horizontal and vertical coordination at national and sub-national levels. This should include coordination across government sectors, between government and non-governmental partners and between national and sub-national levels. Non-governmental development partners and civil society actors should consider a multi-sectoral coordination group for child protection that includes prevention and response and would focus on improving collaboration across projects and services. Such a group should be guided by a clear mandate and terms of reference that is co-facilitated by NCDA.
- The government should include child protection coordination in district performance contracts. This should be lead with support from MIGEPROF and NCDA.
- MIGEPROF is tasked with coordinating a Child Nutrition Technical Working Group (TWG), yet our analysis did not reveal if and how this technical working group links to the Prime Minister's Office coordination mechanisms on nutrition and food nor how this TWG supports or links to the district coordination mechanisms for nutrition. This is a specific area to be explored.
- MIGEPROF and MINICT are both mandated to co-lead on child online protection, however coordination on this matter seems to be split with MINICT leading a steering committee and MIGEPROF leading a technical working group. It will be important that the functions of the steering committee and technical working group are clarified and streamlined, if they are not.
- Prevention and response of child sexual abuse is a cross-cutting issue. Different sectors and actors have the responsibility to prevent and respond to cases of sexual abuse. Thus, the responsible ministries are from the Ministry of Gender and Family Promotion, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Local Government, Ministry of ICT and Innovation, other ministries and their affiliated agencies and departments. While MIGEPROF is mandated to coordinate on issues related to gender (implied to include GBV) at the national level, it was unclear from our analysis the mechanisms at

national and decentralized levels for coordinating across these agencies to prevent and respond to violence against children. This is a specific area to be explored.

- Similarly, a multi-sectoral response is mandated to prevent and respond to children living/working on the street, however it is unclear from the analysis the mechanisms at national and decentralized levels for coordinating across relevant agencies to provide such services. This is a specific area to be explored.
- JADF is generally perceived to be a strong coordination mechanisms however its responsibilities cover a range of community issues, of which child protection is one. As case management is rolled out and more data is available, it will be important to consider how much time JADF is able to provide to discussing child protection issues and if it is sufficient.
- Sharing information is perceived by interview respondents to be an area that would improve coordination. NCDA should formalize how and what information is shared, across sectors, as part of the case management and reporting process is likely to help improve integrated, coordinated service delivery.

IV. Continuum of child protection services

In general, per the ICRP, child protection services can be categorized as follows:

- **Promotive**: creating awareness of, advocating for, and developing policies and programs that support children and families.
- **Preventive**: working with families and communities to create environments that prevent violence and facilitate child wellbeing and positive development, and supporting parents or caregivers in providing a safe, resilient and healthy family environment for children;
- **Response**: responding to child protection violations, i.e., situations where a child or children have experienced violence, abuse, exploitation, separation, or other forms of harm, including through rehabilitation and resilience building.

In addition to the above, early intervention and rehabilitative services should also be considered part of a holistic continuum.

Using case management can directly contribute to children and family accessing preventive, early intervention, response and rehabilitative services, and can indirectly support promotive services. For example, a child at-risk of separation from their family or at-risk of violence can benefit from case management through the identification of, and referral to, parenting support, family counselling and mediation, and household economic strengthening. Similarly, a child who has experienced violence can benefit from the case management process through the coordination of actors for a criminal investigation, while identifying temporary care and health and psychosocial support to the child. Finally, cases are assessed, and the needs of children are well understood and documented through the case management process, data trends can be identified, and used to inform the type of awareness raising and advocacy that may be needed within a community.

The ICRP calls for holistic interventions and services that require intentional and rigorous coordination between many sectors (e.g., health, education, justice, social protection).[57]

[57] Family for Every Child (2019). Who Cares? Child and family perspectives on effective care, who provides it and why it matters. Retrieved from < https://bettercarenetwork.org/sites/default/files/WhoCares-English-FINAL.pdf>.

In addition, the Social Protection Sector Strategic Plan (2018/19 – 2023/24) provides for the country's Social Care Service Framework (see Box 1). This sets a strong foundation for a national case management framework that is based on the issues and circumstances that children in Rwanda are put at risk by or currently experiencing.

Box 1: Social Care Services Framework

Provides protection, psycho-social support, referrals and promote social inclusion for the most vulnerable. These services include:

i. Rehabilitation and reintegration services for persons with disabilities and vulnerable children and youth.

ii. Services that prevent and respond to violence, abuse and exploitation, particularly against women, children, persons with disabilities and older people;

iii. Outreach services for key vulnerable groups providing protection, psycho-social support and referrals to complementary services;

iv. Services that ensure that children remain in families.

v. Public communication and advocacy campaigns on the rights of vulnerable groups. This includes gender and disability mainstreaming.

Main child protection issues in Rwanda

A child protection system should deliver services based on the circumstances and unique needs of children and their families, which vary between contexts (both from country to country, and even within a given country). To understand such needs and circumstances in Rwanda, interview respondents (including household respondents) were asked about the main protection issues children in Rwanda face. Similarly, during the business process analysis, IZU and Social Sector Affairs Officer (SSAO) were also asked to specify the most common types of cases that they work on.

Overall**, the main issues in Rwanda that the child protection system should focus on services for are: violence against children (sexual abuse and physical violence specifically), family conflict, adolescent pregnancy, support for children with disabilities, children connected with the street, child labour and child abandonment.** We also discuss school dropouts, which are generally a symptom of child protection issue. For example a child may dropout because of engaging in child labour. Although it is a symptom it was widely mentioned by interview respondents as a leading issue, regardless of the reason that the child drops out of school. In addition, respondents at all levels consistently noted that low awareness about child protection/child rights exists in households, communities and even among multisectoral actors involved in caring for children.

Child protection issues mentioned by interview respondents		
Child protection issue		**Key: mentioned by respondents**
School dropout		~30+ times
Violence		~15-30 times
Family conflict		~<15 times
Adolescent /early pregnancy		
Support for children with disabilities		
Children connected with the street		
Child labour		
Abandonment		
Neglect		

During FGDs, adolescents outlined their perceptions of child protection issues in their communities and how these affect children in their day-to-day lives. They mentioned 'irresponsible behaviour from parents' including abuse of alcohol, which uses families' often scarce resources thereby affecting families' ability to meet their daily needs. Adolescent respondents also stated that 'child misconduct' is a major child protection issue, resulting in unwanted pregnancies; they cited that child neglect caused by family conflicts and irresponsible parenting increased the risk of these unwanted pregnancies. School drop-out and child labour were also mentioned as key child protection issues, with respondents expressing that these child protection issues could result in trauma, lack of self-confidence, and low self-esteem.

The desk review for this assessment confirmed these findings. In 2019, IZU reported that common child protection cases include school dropouts, child labour, child headed households, abandonment, family conflict, adolescent pregnancy and children living/working on the street[58]. Further, a 2015/16 national survey found that violence (sexual, physical, and emotional) against children is widespread, with the most common form of violence found to be physical violence perpetrated by parents. Nationally, an estimated 5% of girls 15-19 years old have begun childbearing[59], and 48% of girls who experience unwanted sex during childhood report getting pregnant[60]. This demonstrates the linkage between sexual abuse and adolescent pregnancy that persists. There are an estimated 40,000 children with disabilities who are out of school, and additional children with disabilities who are in school but require additional support services to reap the full benefits of education[61].

Child protection issues

As such, a summary of the main child protection issues, supporting laws and policies and services is provided for: **child abuse, family conflicts, adolescent pregnancy, support for children with disabilities, children connected to the street, child labour and child abandonment.**

Child abuse/VAC

The law prohibits and criminalizes sexual abuse and violence. Upon conviction, the offender/perpetrator is liable to imprisonment for a term of not less than twenty (20) years, with 'aggravated' cases penalizing up to life in prison.

[58] Building the Social Service Workforce for Childcare Reform in Rwanda. NCC and TMM. 2019.
[59] DHS 2018/19.
[60] VAC Survey. MOH Rwanda. 2015/16.
[61] Rwanda Country Care Review. Better Care Network. 2020.

Umugoroba w'imiryango ("Parent/family evenings"), anti-GBV clubs in schools, Inshuti z'Umuryango (IZU; "friends of the family"), and Gender Desks within the Rwanda National Police and Rwanda Defense Forces all aim to prevent violence against children[62]. Additionally, training is provided to multisectoral frontline professionals and volunteers (including security personnel and police and IZU) who monitor and provide support in cases of violence against children. There are also various tollfree child helplines to receive reports of violence against children. These are offered through the Rwanda National Police, National Public Prosecution Authority, MIGEPROF, Gender Monitoring Office, MINADEF, MINIJUST, the Ombudsman and National Commission for Human Rights (NCHR)[63]. Children who have experienced violence are also often supported through IZU as well as Isange One Stop Centres located in district hospitals[64] and provide victims shelter, medical treatment, psychosocial counselling, medical aid and legal aid[65]. Finally, the Access to Justice Office (AJO) or "Maison d'Accès à la Justice" (MAJ) supports Isange One Stop Centre (IOSC) to provide legal advice and support victims through the legal process[66].

During interviews, respondents confirmed school-based education to prevent sexual abuse and gender based violence, and talked about awareness raising related to child abuse to change social norms, as well as providing temporary placement in shelters for VAC cases, and providing legal aid/advice (e.g. Maison d'Accès à la Justice (MAJ), and referring to/ supporting through Isange One Stop Centres (IOSC). It was most mentioned that IZU take in cases of abuse, conduct household visits and refers to legal services and IOSC. In some cases, however, respondents only noted that RIB also directly receives reports of abuse and handles the investigation directly (instead of IZU). In addition, IZU often involve other actors including cell and sector social affairs/ CPWO. The most common service mentioned for sexual abuse cases was referring/ accompaniment to IOSC and a police investigation. Providing other psychosocial support to the victim outside of IOSC, was only mentioned in one district (Gicumbi). While this does not mean other districts are never providing such psychosocial support, it does indicate that case workers do not consider providing such additional services as central to the issue. This was also supported through the way case workers spoke about case closure. Most case workers viewed the case as closed "when justice was obtained", putting the emphasis on the legal process not the physical or psychological wellbeing of the child. For cases of physical abuse, IZU and RIB are often also involved, however referrals to other services are seemingly ad hoc, and no specific services beyond criminal investigations were mentioned. Similar to sexual abuse, this case is believed to be closed after any pending police investigation and is not necessarily contingent on the health and wellbeing of the child. There appear to be no standard timelines in place between the cases being reported and any response or services being provided.

Interview respondents noted that VAC cases are often seen in girls more than boys. Respondents did not readily mention other forms of abuse – physical and emotional.

[62] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

[63] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

[64] Situation Analysis of Children in Rwanda.

[65] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

[66] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

Interviews also highlighted a few breakdowns to the quality of response services provided. This includes that DNA checks for cases of sexual abuse are delayed, perpetrators 'disappear' or perpetrators are not pursued criminally due to their relationships with local authorities/justice. There is also a perceived barrier to reporting abuse, particularly sexual abuse due to parents or victims not wanting to come forward to report the suspect. This could be because the perpetrator is related or known to the family, in a position of power, etc. One district (Nyagatare) suggested that parents may not report sexual abuse because of the administrative and cost burden (of participating in court proceedings, paying for transport to IOSC, etc.). Government respondents also mentioned how suspected perpetrators of abuse are released after a while which results in frustrations and trauma to the victim. Transportation for service delivery also affects IZU who may be unable to send children who have experienced violence to IOSC. A district stakeholder during his interview recounted how helpful it was to facilitate visits to IOSC. The cessation of this facilitation is hindering provision of relevant services, including access to justice for children who have experienced abuse.

Family Conflict

The legal and policy framework recognizes that family conflict jeopardizes the traditional family solidarity and security and defines family conflict to take such forms as: women and girls being denied the right to family advantages (such as inheritance and succession) and outright violence meted predominantly at women and girls. The legal and policy framework provides for the following services to resolve family conflicts under MIGEPROF and MINIJUST (see Mandates section): counselling and guidance for those who have experienced family violence, expedited prosecution of perpetrators of family violence (especially gender-based and sexual violence), rehabilitation for cases related to children, sexual violence and children in conflict with the law, and traditional conflict and dispute resolution mechanisms at the local level. In addition, where divorce and/or custody issues occur, Guardianship Councils can provide ad hoc guardians to represent the child including to provide temporary guardianship when necessary, and a detailed description of custody provisions exist. This includes decisions related to spousal contribution to the maintenance and education of children in the case of divorce. In case the court grants divorce to the spouses, the best interest of the children is accorded high regard in the effect of divorce. Related to custody in divorce, the law explicitly states that children under the age of six years must live with their mother unless the interests of the children are in danger. Overall, there are few if any legal provisions for services related to psychosocial aspects that surround such cases, including for children and there are no provisions for social welfare officers to play a role in divorce cases.

Although not always within the context of family conflict issues specifically, interview respondents mentioned various services that would prevent family conflict such as financial support/social case transfers/savings and loans groups, family education programs, parent's/family evening forums ("Umugoroba w'umuryango"), and capital start-up support (e.g. "GIRUBUCURUZI" ("Have a Business"). In addition, respondents mentioned rehabilitation services that may related to family conflict (e.g. children using drugs). Guidance and counselling services are implied as part of home visits, however little was mentioned related to support for guardianship issues. IZU appear to commonly support this case type and after assessment, they try to reach resolution within the family and determine if higher-level support is needed. Other support depends on the circumstances of the conflict, however, may include AFSO, DASSO, RIB, CPWO/GFPOs, labour inspectors and/or NRS. A district stakeholder indicated that

more positive parenting support is needed to avoid or reduce conflicts in families. A district government stakeholder pointed this issue out by observing this:

> *"Strategies for child protection (are) not effective. What are the existing strategies to support parents-to-be, parents, (and) foster families to know how to effectively educate, take care of children? Parents' evening forum; are they well equipped?".*
> ***- District Government Stakeholder***

Adolescent pregnancy

The legal framework aims to address the gender-related power imbalances that contribute to adolescent pregnancy through providing the foundation for programming that ensures equal access to, and control of, economic opportunities and resources for women and men, girls and boys and programming that promote social changes to increase women's decision-making power, and improving gender equality in education, health and social protection. Family planning and reproductive health services are also provided for in the legal and policy framework, including raising community awareness in family planning and adolescent sexual reproductive health services (FP / ASRH), integrating FP/ASRH services in public and private health services, and generally increasing uptake of FP/ASRH. Laws and policies provide for FP/ARSH for women of 'child bearing age', but specific restrictions on access to specific contraceptive methods are not described. In addition, safe motherhood and child health services provide for obstetrical, postpartum, and neonatal and paediatric care. Abortion is not illegal if the procedure was performed because the pregnant person is a child.

In addition, respondents noted an association between adolescent pregnancy and school dropouts. Through legal and policy provisions a range of services are designed to prevent and respond to school dropouts, including addressing the barriers to children accessing education: cost, hunger and quality of education. In general, provisions to prevent and respond to school dropout include making education available and accessible to all Rwandese people, including fee-free and compulsory education for the first nine years of basic (primary and lower secondary) education, providing support to families that cannot bear the other costs of education (such as uniforms and learning materials), providing a school feeding program for all children in the country, and offering specialized schools and/or specialized teaching for children with disabilities. There are no legal ramifications or risks to children not attending compulsory education.

Both the health and education sectors are key actors related to adolescent pregnancy. In addition, RIB handles investigations into the perpetrator, referring the case to justice/court. The health center focuses on addressing the health needs of the pregnant girl and IZU and/or AFSO often follow up on the case. While the data is limited on more exact services, it is worth noting the absence of SRH and abortion services noted by respondents. While this does not mean these services are absent or lacking, it may mean that they are not fully seen as an integrated service to prevent or respond to adolescent pregnancy. Schools will often involve IZU in identifying children who have dropped out of school. IZU follow up on these cases to determine why the child is not in school and will identify if it is related to adolescent pregnancy. Similarly, a village leader also commented on an instance where a teenage mother is being supported by government while the suspect is perceived to not be held accountable:

> *"Teen mothers are sensitized but are still suffering while the suspects responsible are not held accountable. For example, in case of a teen mother who is staying home with her parents with only support from government while the suspect has properties which they should potentially generate support to the child abused".* ***... Village Leader.***

Protection for Children with Disabilities

The legal and policy framework underlines the right of children with disabilities. The framework provides for preventive/early detection, response and promotion services targeting children with disabilities, with a strong focus on ensuring education and participation in society for children with disabilities. Rwanda's education sector is integrated, however specialised education facilities also exist for when child with disabilities cannot be integrated into mainstream schools. According to the legal and policy framework, schools are to have accessible infrastructure and Teacher Training Institutions strengthen the capacity of teachers to assist students with disabilities. In addition, there are provisions for medical care, including care in specialized institutions (i.e. rehabilitation), including provision for assistive and adaptive devices when needed, and early detection and health care. The legal framework recognises that transport, communication (e.g. sign language, braille, etc.) and opportunities to participate in entertainment (e.g. sports, films, drama, etc.) should all be accessible for children with disabilities. Lastly, awareness raising activities should address the rights of children with disabilities and households with children with disabilities should be provided economic support when necessary.

Respondents mentioned conducting home visits to support parents/caregivers caring for children with disabilities and providing 'specialized support' and social protection. In addition, peer support groups for children with disabilities were mentioned by interview respondents, and community sensitization/ awareness raising. Interview respondents in at least one district (Gasabo) spoke about connecting children with disabilities to foster/adoptive families, however also noted that it is difficult to find a permanent family arrangement. Several interview respondents noted challenges in addressing needs of children with disabilities, including challenges in availability/accessibility of services such as special centres for children with disabilities and 'appropriate' (i.e. inclusive) education. Parents especially mentioned challenges in accessing health/medical services. According to an IZU, there are no known places to support children with intellectual disabilities. Also, lack of transport to physically access healthcare and schools in a regular manner is a concern, as well as funding to make the services financially accessible. It was most described that IZU support this case type; Disability Mainstreaming Officers were not mentioned as part of the response to support children with disabilities.

Children Connected to the Street

Existing policies aim to support children living/working on the streets through family reunification and reintegration, social reintegration, parenting support, transit centres, and education/skill building. In addition, while there are rehabilitation services, there is no guidance in the framework on the kind of rehabilitation facilities children may be taken to depending on their circumstances.

Most interview respondents noted the involvement of DASSO/security organizations in supporting children connected to the street. The most common response to support these children seems to be to identify their families of origin and reintegrate them. Families are traced/identified and in some cases children

are placed in transit centres or rehabilitation centres while waiting to be reunified with their families. This case is most commonly viewed as closed when the child is integrated with their family and then IZU or local authorities follow-up on the case to make sure the child does not return to the streets. To prevent the child from returning the street, there are conversations with parents, but any more intensive parenting support was not described. It was reported that family tracing and assessment takes a long time, in some cases because children provide inaccurate information about their families. Multiple respondents expressed concern that services were not provided to adequately deal with the reason(s) leading the child to the street. One district Nyagatare also expressed concern that children connected to the street were temporarily placed in centres with adults who are presumed offenders, not children's shelters or centres. In addition, this district also mentioned insufficient ability to provide counselling services to all affected families. To some respondents, coordination among Ministries to implement their mandates and provide coordinated services was specifically expressed as needing to be improved to handle the cases of children connected to the street.

Child Labour

The law sets the age of 16 as the minimum age of admission into employment. The legal and policy framework describes age-specific work that children are permitted to or prohibited from doing, distinguishing between child work, child labour and the worst forms of child labour. Preventing child labour is done through provision of birth certificates (so that employers can verify age prior to employment), raising awareness in families and communities about child labour (including sensitization on laws), and ensuring children have education opportunities (formal school and vocational training). The National Policy to Eliminate Child Labour calls for raising awareness specifically in communities and workplaces. Child labour should be monitored within communities and when children are withdrawn from labour they should be provided psychosocial support, talent identification support, recreation services, life skills sessions and medical care. There are also legal penalties when child labour is not prevented. This includes fines to the employer (formal or informal) as well as parents, and potential sanctions of temporary closure to formal businesses.

Most commonly, respondents described that reports of child labour are made by schools or Isibo members to IZU who discuss the issue with the family. In most cases, respondents spoke about addressing the issue through visiting families, discussing child labour (consequences and/or legal implications). Respondents in two districts (Nygatare and Gisagara) mentioned involving RIB, specifically to fine the employer. Two districts (Karongi and Nygatare) mentioned working with the Labour Inspector/office in charge of labour. The civil registry office was also mentioned, presumably to confirm the child's age or provide a birth certificate to allow employers to verify the age before employment. This aligns with respondents noting that one of the challenges in addressing this case type is that children or employers hide the age of the child. Additionally, there are challenges with details about the child, the child's residence or the employer being inaccurate. One example is that policemen or teachers are employing children and therefore they are not willing to report or help resolve the case.

Abandoned Children

Abandoning a child is a criminal offense with penalties including fines and imprisonment, depending on the gravity of the case. The legal and policy framework provides for birth registration as a form of identifying children who have been abandoned and calls for parenting education/training services to prevent abandonment. There are no legal

or policy provisions for services to assess and support parents/guardians who have committed the act of abandoning their child; rather, parents are traced for the purpose of accountability via punitive justice measures.

Cases of child abandonment are often identified by RIB, IZU or health centres. RIB investigates the case and tries to find the parents of the child and the health centre conducts a medical assessment of the child. CPWOs/SSA support by facilitating access to milk, clothes, and other basic items the child needs. Some children are placed in emergency foster care, chosen in the community as "inyangamugayo' (for up to 3 months while the family is being traced) or taken to extended family. Under NCDA Malayika Murinzi may take care of the child with social assistance from local government including birth registration, or the child is placed with a foster family (for short- or long-term care). In cases where the mother/family is not found, foster families are asked to consider permanent adoption. Overall, the main challenge respondents reported was the time this type of case takes to identify families, investigate, find a temporary/permanent alternative placement for the child, etc. It was specifically noted that tracing families of babies is difficult and time consuming. A service delivery gap is also observed in alternative family-based care due to lack of foster families, irregular monitoring or follow-up visits to foster families as well as financial support to vulnerable children in foster families.

Cross-cutting services

For the NCDA, providing umbrella support to the entire child protection system includes ensuring that policies and guidelines are in place and their implementation instituted, to help each stakeholder to know what to do and how to support the effective functioning and coordination of child protection structures. NCDA does this through the systems strengthening approach, facilitating a clear structure from the national- to the community-level, coordination meetings at all levels to foster effective stakeholder partnerships in delivery of services. NCDA's role is mainly to ensure partners can work within the framework or guidelines, monitor their operations and ensure adherence to standards so that children are well protected.

In addition, respondents noted that revising/developing policies, promoting implementation of policies, raising awareness about laws and policies, and building capacity of practitioners and actors are all key approaches to support the delivery of child protection services.

Overall, contracting the services described by respondents against the services described within the ICRP (see Annex A) and the legal and policy provisions, we observe the following:

- Respondents did not readily mention several prevention services, including those described in the ICRP such the national health insurance scheme (Mutuelle de Santé), specialized medical care, sanitation and hygiene/ WASH programs, immunizations, food security, education support (including uniforms and other learning materials, vocational training/school kits), school feeding programmes, early childhood development services, special-needs education for children with disabilities and other specialized learning materials (e.g. braille) for children with special learning needs. It is important to note that this does not mean respondents are unaware about such interventions existing, but rather that they were not widely mentioned as part of child protective services.
- A range of response services were mentioned by respondents, suggesting potential for a stronger understanding of response interventions compared to prevention services.

- A large number of interview respondents mentioned awareness raising activities – sometimes mentioned generally, and sometimes with specifics. For example, MINICT reportedly raises awareness about protecting children from online abuse, and MYCULTURE reportedly raises awareness about child rights and gender-based violence (GBV). There appear to be a range of awareness raising efforts that are focused on the specific area of responsibility for each government ministry/agency not necessarily always coordinated or integrated to consider child rights and child protection holistically.

Overall service quality

To understand the quality of services from beneficiaries' perspectives, a sample of households that have interacted with the child protection system provided their perceptions on the quality of child protection services being delivered to children, adolescents and families. These interviews were not intentionally linked to specific child protection issues/case types to avoid instances of re-traumatizing families through interviews (e.g. families that have experience violence or abuse). As such, this section presents general perspectives about services received through the child protection system.

Since only a small sample of beneficiary households were included in the sample, our analysis is not representative of the entire population, rather provides context to consider their feedback. Sixty percent of household members who participated in the interview indicated that they received some support more than two years ago with 30% indicating they have never received any support. For those who were supported, 85% received support from the government through the district, 21% also received support from NGO, 7% received support from a religious organisation, 87% received financial support and 20% received support in terms of nutrition. 13% were provided with hygiene items and one received support with accommodation. This means some beneficiaries received both financial and other support from both the government and NGOs. For example, a respondent was provided land and another organisation built a house on the land in addition to financial support from government. Other respondents were provided nutritional support, hygiene products, and financial support to venture into income generating activities in addition to financial support to provide the daily needs of the child/ren. Although the government has been providing support to these households, 80% of respondents indicated that they have not received any government support for the past six months. Only one respondent had also received support from NGOs in the past six months.

All household respondents found the support to be very useful for childcare and economic strengthening reasons:

> *"Yes, it was because that support enabled me to improve farming activities (agriculture), to join saving and credit groups (tontines)"*

> *"That one received in 2020 has enabled me to satisfy to some basic needs of the children like clothes and food"*

One household member indicated she was very pleased as she never expected to receive the support:

> *".... It was useful since all of us were suffering from lack of food, so the help came when it was really needed".*

Several child rights and child protection services were deemed helpful by household respondents. Child education, access to

healthcare, nutrition, and parenting, fighting against child exploitation, awareness of services available for children, awareness of child rights, caring for children with disability and alternative family-based care were among the services that were mentioned by at least one respondent as helpful. For those who had received any support, they rated the financial, health and nutritional support as good. However, they also felt the support received only partly met their needs. They also rated the knowledge and conduct of government and non-government staff as good. Some respondents indicated that the staff were very kind, empathetic and provided a listening ear, the result of which is the support they received.

A reflection on services from youth representatives of youth councils

A number of avenues for children to seek help were highlighted by the youth. These included IZU who help solve problems of children in families, the youth representative, Isange One Stop Center and the Rwanda Investigative Bureau (RIB). Other youth groups noted that the Police could be contacted in case of family conflict and anyone the child feels comfortable talking to. Youth also mentioned NGOs and donors such as UNICEF, Save the Children, Plan International, Coalition Umwana ku Isonga, CLADHO, Imbuto Foundation.

The discussions revealed contrasting views about access to services. While some youth believed it is easy to access services due to proximity and the existence of hotlines to call in cases of emergency for services such as Isange One Stop Center, others also felt children are unable to access some of these services because they are not aware of their existence, and the type and level of availability of services they can obtain.

Youth expressed that services could be improved through training and the use of qualified workers. Budget must be increased for child protection programs and access must be improved by expanding service provision to many other parts of the country/community. It is also important to create awareness about service availability and other to create demand and increase uptake for the services

For household respondents, the main service delivery gap was largely about the sufficiency of support they receive, particularly in the areas of nutrition. For some in need of this support, it was not being provided; others also noted it is not being done regularly, particularly during this period of COVID-19 where such support is needed more than ever. This was also echoed by an interviewed village leader, who advocated for the regularity of services such as milk provision. An IZU also noted the need to strengthen school feeding. A district level stakeholder observed the effects of these irregularities and commented about lack of regular monitoring and sustained support puts the families back into vulnerability status, and this does not make them resilient and economically stable.

> *"I am worried about sickness of my children; I know disability is incurable but I would love to be given regular transport so that I manage to take my children to and from the hospital. I want advocacy so that my children be treated very well, sometimes medical practitioners are unwilling to treat my children because they see that I cannot pay for the service." ....* ***Household Respondent.***

Lastly, over the last few years, evidence shows that social norms in Rwanda are not always conducive to children growing up in a safe family environment. Awareness, mindset and knowledge of households and communities on children's rights and development is a problem that, according to respondents across all districts, undermines case reporting and response. Respondents expressed this both by articulating it as a challenge and by recommending awareness raising as a top priority to improve the child protection system.

> *There is an issue of mindset. As a matter of fact, children are not raised adequately as some parents do not know how to fulfill their responsibilities toward their children.*

For example, children and/or families have been known to be reluctant to disclose instances of violence, an issue that was repeatedly mentioned by subnational interview respondents. Either cases go unreported, or children/families are not willing to provide full details about what happened. This suggests – among both children and adults – a low awareness of the harm caused by violence, acceptance of violence, and/or fear of embarrassment or getting into trouble by reporting violence.

> *[Need for] continuous sensitization of community members (children and parents) on children's rights, prevention, and management of family conflicts, on legal marriage and other topic of family/children protection.*

Recommendations related to service delivery

- Quality and number of staff to provide child protection-related services, building of technical capacity in service areas, and adequate funding were all recommended by various stakeholders (government, IZU, donors etc.) as necessary for improved service delivery.
- The importance and effectiveness of family strengthening through positive parenting support and economic strengthening was acknowledged by interview respondents, but some feel there is need for more guidance/ strategic approaches to provide such services. NCDA to provide additional guidance on family strengthening and positive parenting as an area that will support case workers in both prevention and response.
- Interview respondents mentioned that foster families experience difficulties caring for all children, and there is need for NCDA to better prepare foster families prior to placement, as well as provide consistent post-placement monitoring.
- There is need for ongoing workforce capacity strengthening, particularly for actors involved in the case management process. This includes providers of prevention and response services outlined in the ICRP, what these services are, how they relate to child protection and how these services should be provided (e.g. through referral, vouchers, coordination among frontline staff, etc.).
- Awareness raising activities are conducted by many different actors. Yet the assessment revealed the need for enhanced awareness raising/ capacity building at all levels about child protection to create environments

which protect and uphold children's rights. This suggests the need for NCDA to coordinate awareness raising activities that address the basics of child protection alongside specific thematic awareness raising activities (e.g. about child online abuse). It should also be considered to explore the degree to which such activities are informed by evidence of existing social norms, and if appropriate, conduct research to understand prevailing social norms.

- Currently, frontline staff (CPWOs/GFPOs, SSAOs/SGGOs and IZU) are implementing aspects of case management, though not comprehensive nor systematic. It also appears that there is no standard hierarchy/triaging in place whereby cases are assigned to officers depending on the complexity of the case and the staff's qualifications, nor did protocols for escalating cases which are beyond the capacity and mandate of whoever originally identify the case. There is need for the government to provide, resource and enforce a national case management framework and standards of practice that guide this process.
- While IZU are the most commonly identifying cases to respond to, cases are also being identified by a range of other actors including police, religious leaders, village leaders, community members, etc. This emphasizes the need for multi-sectoral awareness raising on child protection and the importance of raising awareness about how to report alleged cases.
- Child protection seems to be best understood related to responding to issues and less about preventing issues from occurring in the first place. This includes that those managing cases seem to focus most on response instead of prevention and early intervention. Investing more resourcing in prevention and early intervention will help strengthen the child protection system. NCDA supporting a shift in how child protection is conceptualised by the workforce and investing more resourcing in prevention and early intervention will help strengthen the child protection system overall, as well as reduce the demand for response interventions in the long term.
- Improvement in coordination was also recommended by interview respondents as an important intervention to improve service delivery. Coordination of services at the family-level is improved by effective case management. This issue may also benefit from a properly instituted referral protocol that is also monitored. NCDA should lead this effort.
- Effective implementation of case management will require financial support for frontline staff, namely transportation to visit families, and resources for actors to come together for case conferencing, coordination meetings, etc. This will require careful budgeting and advocating for financial resources at all administrative levels.

[67] Better Care Network and Global Social Service Workforce Alliance. 2014. Working paper on the role of social service workforce development in care reform. Washington, DC: IntraHealth International.

[68] A model for Community Based Care for Orphans and Vulnerable children. CARE Rwanda.

[69] Republic of Rwanda. Key Job Duties and Attributions of Rural District, Sector and Cell. Ministry of Public Service and Labour, 2015.

V. Workforce

For the purpose of this assessment we consider workers under MIGEPROF directly managing child protection cases or providing welfare services: CPWOs/GFPOs, SSAOs and IZU. There are additional workers involved in child protection cases. For example, MIGEPROF also employs social workers and psychologists working in communities to support reunification and reintegration of children from residential care facilities[67]. There are also community structures such as Nkundabana (in some communities), community-based volunteers who serve as adult mentors and role models for child-headed households[68], community members, village leaders, etc. Other sectors have additional workers supporting children and families, such as Community Health Workers, police officers, Labour Inspectors, paralegals, teachers, and more. For the purpose of this assessment, CPWOs, GFPOs, SSAOs/SGGOs and IZU were interviewed to discuss their specific roles, responsibilities and recommendations related to how they support specific child protection issues.

Under NCDA, CPWOs are typically qualified social workers and psychologists. Under the Terms of Reference for these positions, there is a focus on assessing and supporting children specifically in residential care, an extension of such positions evolving from the Tubarere Mu Muryango (TMM) programme. Responsibilities include assessments, family tracing, reunification and reintegration, case follow-up, referrals, and direct provision of support, etc. Their job description is silent on any official supervisory roles, as well as any official responsibilities related to reporting. CPWOs are not included in the official government job duties description document (2015) because they are not officially part of the district government structures. SSAOs, per their official government duties[69], are tasked with the responsibility to "coordinate the inclusive identification of vulnerable groups at the sector level and their needs in accordance with criteria established by higher authorities". Otherwise, their duties are related to monitoring a range of programs (i.e. social protection, women promotion, children promotion, persons with disabilities promotion). It is possible that the case identification and assessment steps of case management may fit within the definitions of these responsibilities, but specific support within the case management process, as well as any supervisory roles, are not explicitly included in their official job description.

Roles and Responsibilities in managing cases

When asked to describe their main roles and responsibilities, IZU and CPWOs/GFPOs referred to the various processes involved in case management, for example, supporting children and families, helping them get the right support and monitoring/following-up. They highlighted these elements as comprising the core of their role.

Not all respondents provided an exact number of cases that they handle. Of those who did provide a number, there was a large range with CPWOs reported a range of handling 5-10 cases per day to 8-30 per month. There are many caveats related to these figures, however. Given the range of reported caseloads, it is possible some workers have different sized caseloads compared to others, or workers may be counting cases differently or may not be sure how to calculate caseload. For example, some workers may count each

[67] Better Care Network and Global Social Service Workforce Alliance. 2014. Working paper on the role of social service workforce development in care reform. Washington, DC: IntraHealth International.

[68] A model for Community Based Care for Orphans and Vulnerable children. CARE Rwanda.

[69] Republic of Rwanda. Key Job Duties and Attributions of Rural District, Sector and Cell. Ministry of Public Service and Labour, 2015.

family they speak with each day as a case, while others only count cases that require more consistent monitoring and attention. Further without standards on when a case is officially opened, transferred or closed, it may be difficult to know when a case is considered part of their caseload.

Several CPWOs and GFPOs also described prevention and promotion activities, such as community awareness raising and advocacy. CPWOS/GFPOs rarely described tasks related to supervision, coordination, etc. as part of their role. This does not mean they are not playing this role, however it is not included in their official job description, and they did not describe it as a main part of their role.

Most IZU described their role exclusively as supporting children and families, with IZU commonly talking about resolving family conflicts and/or advising parents and monitoring/following up. IZUs in Karongi describe their role including community sensitization, however IZU in other districts described roles as exclusively related to supporting children and households. This means that IZU are not just reporting and referring cases for support, but are directly providing supporting, including counselling children and families as stated by an IZU in Ruhango:

> *"My main role includes to visit families to see how children are treated and if it a family in conflict, we just advise them on how to solve these conflicts"*

Promisingly, based on how workers described their main roles and responsibilities, they are already practicing some of the key processes involved in case management. Respondents made explicit reference to case identification and monitoring in particular.

Motivation and challenges according to the workforce

CPWOs and IZU mostly feel that their workloads are too much to handle. Only two respondents (both in Ruhango) were noted as saying they do not have a problem with workload. This was the case for both CPWOs/GFPOs, paid staff, and IZU who are volunteers and therefore may have other paid work or income generating activities that competes for their time.

> *There is a challenge with workload as we work from different districts and with different families and actors. This makes hard to be effective in providing our support.* ***CPWO Gasabo***

Respondents in all regions mentioned general capacity gaps saying that community cadres "need motivation", IZUs are "not sufficiently trained", and there are low skills in assessing cases and conflict management; this reflects respondents' high expectations of the IZU role which is often beyond/broader than the actual mandate of this cadre[70]. This does not exclusively apply to community level staff where a few respondents mentioned the need to build capacity of other workers in skills related to their roles and responsibilities. There is a general sense that there is need to further orient the workforce, including on case management roles and responsibilities.

The main areas workers reported as helping them do their job are: 1) collaboration with partners and other sectors, 2) funding for transport, communication and equipment (e.g. uniforms, rain jackets, umbrellas) and 3) capacity building and training. Respondents stressed the importance of these areas by both noting them as helpful, as well as mentioning them as challenges when they are not occurring.

[70] This finding is consistent with a 2021 rapid skills and gap analysis of the IZU cadre, which recommended awareness raising with local leaders and community-based protection actors to better understand the boundaries to the IZU mandate.

Nearly all workers talked about good collaboration with partners and other sectors as helpful in their job, including with stakeholders who "understand the mission" as one GFPO put it. In other words, strong collaboration vertically and horizontally is seen as important for workers to do their job. When asked about the main challenges in their work, three IZU talked about the need for improved collaboration/coordination. More specifically, two IZU mentioned the need for local administration/actors to better understand the IZU structure/program. While this was only specified by two IZU, the suggestion is consistent with other respondents at national and subnational levels that mentioned there is need for actors relevant to the child protection system to have a better understanding of child protection and its structures.

> *Among other challenges are poor collaboration with local administration for they do not understand very well this program.*
> ***IZU Gasabo***

Almost all IZU said that funding helps them do their job, while at the same time being a main challenge. More specifically, funding for transport, communication and equipment (e.g. uniforms, rain jackets/umbrellas, etc.) was mentioned by most IZU respondents as a main challenge to their work. IZU do not seem to have adequate financial support to visit households, accompany children/families for other services, and communicate with others involved in the case and to report new cases.

Common areas of training needed (as reported by respondents)

- Laws and policies related to child protection
- Handling of cases, specifically violence, supporting children with disabilities and conflict management
- Case management skills, specifically monitoring cases, assessing cases and counseling

Workers also consistently appreciate capacity building and training opportunities, whether the training be provided through NCDA, UNICEF or a development partner. The training received is seen as helpful, however more is needed. CPWO/GFPO and IZU mentioned the need for more training and capacity building and district respondents in Gicumbi and Ruhango also specifically noted the need to improve capacity and/or motivation of IZU. When asked what kind of training workers need, they talked about training on child protection laws, policies, handling specific cases and case management skills. While not mentioned across all districts, four respondents (2 IZU, 2 CPWO/GFPO) explicitly spoke about lack of supervision or "other staff to help", with one CPWO in Ruhango saying:

> *"Sometime the availability of your superior or counterpart at district level is not guaranteed and you have to find ways to manage the situation yourself"*

Only three respondents mentioned guidelines/handbook and materials as helping them do their job. While our assessment did not show if this is because job aids do not exist or because they exist but are not helpful, one IZU mentioned that "those working at village level" are not given guiding handbooks.

Gaps and areas for improvement related to the workforce

- Currently, frontline staff (CPWOs/ GFPOs, SSAOs/SGGOs and IZU) are implementing aspects of case management, though it is not comprehensive nor systematic. There should be a standard hierarchy/triaging in place and enforced by MIGEPROF and NCDA whereby cases are assigned to officers depending on the complexity of the case and the staff's qualifications and protocols for escalating cases which are beyond the capacity and mandate of whoever originally identified the case. There is need for the government to provide, resource and enforce a national case management framework and standards of practice that guide this process.
- IZU are selected by their respective communities; there are no set education requirements to become an IZU, however IZU are sometimes providing support to children and families on more complex cases that would benefit from someone with more advanced education supporting the case. NCDA should ensure that a trained professional is part of the management of all case types, supporting IZU.
- While CPWOs and IZU are not using the phrase 'case management', they are doing some but not all steps of case management. For the steps they are conducting, for example identification, MIGEPROF and NCDA can leverage their basic skills and knowledge in the development of the new case management framework. For the steps they are not conducting, including case assessment, case planning, referrals, case conferencing and case closure, efforts will be made to introduce these new concepts in simple ways within the upcoming case management standards.
- Workers positive attitudes around the usefulness and implied willingness to collaborate with partners and across sectors is a mindset that is important for and could be leveraged for effective case management.
- Lack of funding for transport and communication is a risk to implementing case management standards; community workers must have budget to travel to and communicate with children, households and other actors involved in case management.
- The lack of respondents that mentioned guidelines/handbooks as helpful for their job requires more discussion to ensure that any case management materials are designed in a format that will be helpful for workers.
- For case management standards to work effectively, MIGEPROF, NCDA, MINIJUST, MINISANTE, MINEDUC, MINALOC, etc. workers will need more training and support to be able to be confident in their skills and to instil confidence among communities in workers' ability to provide case management support. Improving supportive supervision should be considered as one approach to ongoing building capacity.
- There are also documented recommendations to improve the capacity of the social service workforce to ensure quality and coverage of the child protection system, including further strengthen ongoing efforts to build the capacity of community volunteers to prevent violence and abuse (recently addressed in part by the development of a training curriculum

for IZU on preventing and responding to violence against children) and to provide case management and referral services[71].

- There are documented recommendations to increase the number of adequately trained social workers in all districts, who should supervise and provide technical support to volunteers of the IZU programme and ensure appropriate referral of child protection cases.[72] This includes hiring more CPWOs, ensuring that there are at least two CPWO per district to support IZU to assess all cases, ensuring complex issues are identified and handled appropriately.
- MIGEPROF and NCDA to continue to sensitize local authorities on the IZU mandate.

VI. Child Participation

There are strong legal and policy provisions in Rwanda that support child participation, including through the ICRP. More specifically the ICRP is very explicit that "in a manner consistent with the child's age, maturity and ability, every child will have the right to participate in all spheres of the society". It provides for: the integration and mainstreaming of children's perspectives into planning and decision making; creating opportunities and enabling environment for ensuring that children are informed and consulted in the development of policies and programmes in all matters that affect their lives directly and indirectly (judicial, administrative, social, economic, etc.); developing national guidelines for the participation of children and facilitating the creation and strengthening of platforms for children and young people participation at all levels (local, national, regional and international). That being said, one of the policy gaps identified is that amidst the appreciation for age-based child participation, the minimum age at which children's views should be heard and considered is not defined, an area that affects when children should be involved in decisions during case management processes.

Most respondents mentioned child participation as only occurring through formal committees and clubs. These include the Children's Summit, General Assembly, Children's Forums (from national to village level) and clubs such as anti-AIDS club, child rights club, children's club, Girls Hub, sports clubs, and health club.

> *Children's committees are a good instance but what do they help children to achieve? How do they help children be able to take proper decisions?* ***– District government officer, Gasabo***

Not all formal children's forums are functioning. One respondent in Ruhango said they are not all operational in rural areas and during a national focus group it was also suggested that the forums are not functional at subnational levels.

> *These clubs are helped to increase their capacity to voice their issues. However, children's participation is still very low.* ***– JADF***

> *These committees are somehow effective but the challenge is facilitation, for example if children cannot find the transport facilitation, they will not attend the meetings.*
> ***– Sector officer, Nyagatare***

[71] Situation Analysis of Children in Rwanda 2017.
[72] Rwanda Country Care Review.

Campaigns and TV/radio programs were mentioned as providing other platforms for children to participate by a sector Ministry and a District Social Protection Officer. One national government respondent also mentioned that children are involved and expressing their views during parents' evening forums, ostensibly referring to Umugoroba w'ababyeyi, where citizens come together to discuss their problems, and solutions for their community[73]. One Sector officer mentioned a weekly Friday meeting for children to discuss issues with each other, suggesting a peer-to-peer group, an approach that a few other respondents shared without mention of additional details.

Only one respondent (at the national level) spoke about children participating in decisions that affect them. Notably respondents involved directly in dealing with children did not mention children's participation in the case management process. Two district Social Protection Officers explicitly said that adults act on behalf of children without asking children for their inputs and ideas. This sentiment was echoed during a focus group at the national level where it was mentioned that children are not involved well enough in decisions that affect them. This paints a picture of children not often being involved in how issues they are facing are resolved or in determining the support they receive.

Gaps and areas for improvement related to child participation

- Existing formal child participation structures, such as children's forums/ committees should be further evaluated by MIGEPROF and NCDA to assess their functionality and effectiveness.
- Examples such as children's participation in parent's evening forums and children's Friday night meetings to express their views may be promising practices that should be further investigated by MIGEPROF and NCDA for scale-up.
- Given the seemingly low level of child participation in current case proceedings, it will be critical for MIGEPROF and NCDA to emphasize to case workers how to engage children in decisions that affect them. Caseworkers may need particular support to build skills in this area to provide high quality case management support.
- The minimum age of which to involve children in decisions is not specified in the legal and policy framework. It is important for MIGEPROF and NCDA to set this standard to guide caseworkers in at what age children should be engaged, as well as to provide age-appropriate approaches to engage children in decisions that affect them through the case management process.

VII. Data, evidence and reporting

The ICRP calls for the government to put in place a national child protection system, including a monitoring system including mechanisms for data management, formal reporting, referral and response. There is currently a lack of coordinated data collection and systematic data sharing across actors and there is need to engage stakeholders to agree on a more effective system of information sharing and reporting, especially through the digitalization of the reporting system at all local administration levels[74]. In this regard, the National Institute of Statistics of Rwanda spearheads data collection systems and it oversees coordinating and streamlining

[73] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC). Government of Rwanda. 2018.

[74] Baseline Survey of the Inshuti Z'Umuryango (IZU). ITAU AUDITORS & DPA LTD. 2020.

national statistics, including to approve data produced by different institutions to avoid discrepancies and duplication[75].

Through interviews, respondents were asked about data collection systems, tools, sharing of data and use of data. This section summarizes the findings in these areas and is triangulated with additional findings from the desk review.

Interviews showed that there is no singular data management system for child protection in Rwanda. NCDA does not have a system that manages data on child protection but relies on IZU USSD system for case identification and reporting. With data from this system as well as reports from residential care institutions, local government reports, IZU and cases reported through toll-free numbers, NCDA receives monthly data to determine how many cases have been identified and what their statuses are (whether ongoing or closed). In addition, NCDA has standard reporting templates for routine reporting.

In addition, various institutions have different data management systems that serve specific purposes within their mandates. For example, the Ministry of Health (MINISANTE) has what a respondent called the 'Aggregated Data System' (assumed to be the Rwanda Integrated Health Management Information System). This does not provide disaggregated data nor data on a particular individual child. However, a newly launched management information system which is not yet updated (or available) at all health services providers is planned to provide data for important child protection-related indicators, including number of children abused, number of children who are impregnated, number of children with malnutrition, number of vaccinated children, etc. MINISANTE's data management system collects data from all levels (village, cell, sector, district and national) on a monthly basis. Another example is that MINIJUST collects and manages data on child defilement (violence) and children in contact with the law. There is also MIS for refugees and another data system used by One Stop Centres to track VAC cases that have been reported to the Centre. Overall, mechanisms for interoperability across these separate systems are yet to be established, as expressed during interviews with national level government staff.

NGOs interviewed also outlined other existing information management systems for child protection. In addition to IZU's system for case identification and reporting, NGO representatives also mentioned the GBV Information Management System (which is currently in a pilot phase to track GBV cases that appear within the ISOC structure), and an SMS technology which is managed by NCPD to reporting on cases related to children with disabilities (as well as adults with disabilities).

Data flow related to case management

At the district level, cases were most frequently described as being reported through IZUs. IZUs report cases and these reported cases are recorded at the district level. A few but not all staff mentioned using reporting format agreed on at the district level for reporting on identified cases and their relevant details. Although IZU can report a case in the USSD system (reportedly through their mobile phone), the IZU also maintain notebooks/case registers to document each their work on each case. Several IZU interview respondents noted that these notebooks or registers are not the best way to manage data on cases and can be destroyed; breaches of confidential are also a risk.

[75] Combined Fifth and Sixth Periodic Reports of The Republic of Rwanda on The Implementation Status of The United Nations Convention on The Rights of The Child (CRC).

> *"As we keep some of our materials at home, it may happen that the notebooks we use get mixed with those of kids and there is a risk of losing information"*

At the Sector level, the current Sector Social Affairs Officer is responsible for child protection working under the Social Affairs unit. These focal persons receive case data from the sector as collected by IZUs and consolidated them by cells (in ways that presents data for each cell). Tools for collection of such case data are not standardized, however one respondent noted that the online (USSD) system stopped the need for standardized templates. In addition, the Isange One Stop Centres also collect data using registers and other templates to document information related to people the Centre provides service to.

> *"[There are] no standard tools. Only a form is provided for monitoring and evaluation reporting on sexual abuse once a quarter. The form provides comprehensive information on teen mothers' situation."*

> *"Before the online system was introduced, there were templates that were used. Unless it is found that there is need to bring back use of templates, otherwise the online system is enough. However, they should see how different actors at different level can have access to some of the information".*

Data Sharing and Reporting

Data is generated at the village level and its collation, aggregation and reporting begins at the cell level. Currently, it seems that different stakeholders generating information report to different government entities depending on the type of case. For example, the Gender and Family Promotion Officer (GFPO) submits reports with information about cases to the RIB. GFPOs also submit reports, which are normally on issues of sexual violence against children, to the province as well as central government. Through interviews it seems such case reports normally include child's detailed identification (names, family, location, age, etc.), his/her case and the progress made, however it does not seem that referring/reporting a case across such actors is standardized. IOSCs also share data with RIB, MINIJUST (through MAJ), MINISANTE and NGOs. Sector Social Affairs Officers (SSAOs) also report cases to RIB, Police and the district for necessary actions to be taken. Some SSAOs also described how data and information/ reporting flows through the decentralised system:

> *"For us, we use report; the reports come from village to cell, from cell to sector and from sector to district".*

> *"The data is collected at village level by the CHWs who reports then to the cell and the later directly reports to the sector. The sector reports to the district (received by the CPWO) level after consolidation".*

At the district level, reports on cases are prepared, using existing digitalised systems. IZU use mobile phones to report urgent cases to CPWOs through what is called the SSID system. In addition, CPWOs report weekly to NCDA using standard reporting formats that include aggregated data about children and services provided. This is how case reports are compiled and sent to the district and up the reporting flow/channel, through province, and to NCDA.

There seem not to be any specific data protocol for actors to systematically share data across sectors. Many government stakeholders indicated that access to data which is being managed by another organisation or institution is only granted when a requesting

organisation writes a letter to the managing institution or uses other formal and informal means.

> *"It depends on the types of data needed. You can write a letter, you can write an email, you can use verbal way through phone call, etc."* ***– National government Ministry respondent***

Another government institution shares a similar approach used to access data they manage:

> *"(There are) no instructions related to information sharing. When there is a need or request for data, it must be in written…explaining why we need to share it……."* ***– National government Ministry respondent***

Other institutions also believe there are no channels through which their data can be shared:

> *"Even though, we do not have a data bank, we record all the information we come across and there should be a channel to share information but there is none for the moment."* ***– National government agency respondent***

Data Gaps

When asked, respondents highlighted important data gaps that they believe need to be addressed. First, the overarching fragmented approach to managing data on children is a gap highlighted by many stakeholders.

> *"We do not have any robust and comprehensive child protection data management system. Data on child protection is fragmented, pieces residing with different organizations based on their mandate"* ***– NCDA respondent***

> *"We only manage data related to health but there are other children data you can find for example in MINIJUST on child defilements. We don't get them. When you need you cannot find them in Ministry of Health"* ***– Health sector respondent***

For district level CPWO, keeping data in a non-digitalized system is a challenge as data can be lost easily or damaged. An NRS respondent also notes there is no consistent reporting system and the demand for a report is made to them only when it is needed. Timely reporting is another issue that hinders informed decision making. Also, it is normally realised that not all stakeholders who are responsible for entering data in various MIS, do so.

Tools that are being used to collect data do not seem to provide many fields to document important data. Stakeholders recommended improvement of forms/tools to capture important information, including data on children with disabilities. Also, it was reported that not all IZUs can read and write, and this makes it difficult for them to document their work in the notebook.

Development partners have also observed the challenge in obtaining child protection-related data. They note that surveys (such as VACS and DHS) are not conducted frequently[76]. Therefore, administrative data is what is usually relied on. They also indicated that there also is no monitoring system for child protection and data systems are not robust. In agreement, other stakeholders like JADF noted that monitoring child protection interventions should be improved and must be prioritised by the government. While there is some operational data for the workforce to generate data, there are no systems and

[76] e.g., the DHS has elements of child protection but it's conducted every 5 years. The VACS was conducted once and may not be conducted again

mechanisms to analyse and breakdown this data for use. As already indicated, there is a digitalised system for IZUs to generate good data. However, there is no proper system in place to collate and analyse this data. Interoperability issues for existing Information Management Systems was also highlighted.

> *"Among key challenges, we have (the) issue of technology which has not yet reached the lowest level. As illustration, if there is a case of child abuse for example, communication of this case might compromise privacy whereas, if the first informant had access to an online system, he/she could directly communicate the issue without passing through different levels/channels".* ***– JADF respondent***

Data Use

Data that is currently collected and analysed is reported to be used in a few different ways, including on activity implementation, activity planning, strategic review of child protection interventions, evidence-based advocacy, development of messages on various child protection issues (including reproductive health, adoption, awareness on child defilement) etc. Generally, information that stakeholders are using related to child protection is perceived by respondents to help take appropriate measures to protect children or improve their wellbeing. A few examples of how data is used are as follows:

> ***NCDA*** *reports using data obtained from IZU USSD system to develop messages for use in various communities. These could include messages on adoption, public or community awareness on issues such as child defilement, reproductive health education, etc.* ***RGB*** *also uses data for evidence-based advocacy. Data helps* ***MINALOC*** *in planning including enabling* ***MINALOC*** *to make a business case for certain interventions and obtain funding from donors to supplement that of the Ministry.* ***MINISANTE*** *describes collecting hospital or sector data for activity planning. This includes data such as the number of newly born children, number of children attacked by a given disease, number of children who are vaccinated, etc.* ***National Women Council (NWC)****, uses data on issues affecting women and children to follow up with institutions providing relevant services in order to track successful resolution of such issues.*

Interviewed SSAOs stated that data helps to monitor and evaluate child protection related interventions, as well as conduct assessments and advocacy campaigns. During coordination meetings, data helps to ascertain the current situation regarding child protection. Similarly, JADF indicated that data provided by districts and sub-district structures helps in planning monitoring and evaluation, coordination of interventions, among others.

An important use of analysed data is feedback provided by those in supervisory roles. For example, the IZU expects more feedback provision from the data they collect and the reports they submit:

> *"Moreover, feedback and follow up from NCDA on reports should be shared. The IZU coordinator at the sector level and SSA should know what the IZU from the village and cell have reported so that coordination and collaboration are well done, to address problems reported. Again, there should be follow up of IZU who do not work properly."* ***– IZU***

Data Confidentiality

Several stakeholders observed the negative impact of current data collection and management systems on privacy and confidentiality. CPWOs indicated that the storage of data in cabinets did not ensure data privacy as much as a database would. It also appears that the lack of data sharing protocols has caused some staff who are not trained in data privacy to request data in ways that breaches the principle of privacy and confidentiality.

> *"Data sharing and privacy is not good because sometimes some staff request the names of the victims, which is not appropriate. It should be better to keep privacy for the future of children."*

> *"Privacy is still problematic because we still have cases where a child victim of violence is photographed, and pictures are circulated in social media. In addition to that, consent form is almost inexistent where information and pictures are used in reports which exposes privacy of the child."*

In sharing data, GFPOs indicated that confidentiality is needed only when they share child abuse-related information with IOSC which receives the victims. Interview with an IZU also revealed that client privacy is ensured when sharing data. This is done by limiting stakeholders who have access to details of identified and reported cases, such as the Village leader or the SSAO. Information documented in notebooks is kept and only accessed by the IZU. According to the respondent, SSAOs are the only ones who have details of cases and only quantitative data is submitted to national stakeholders. However, another interviewed IZU indicated that data is shared through exchanges on phones and during meetings.

Gaps and areas for improvement related to data and data systems

- There are currently plans underway to develop a national child protection MIS, under MIGEPROF. Such as system should consider the various data sources (places in which cases are identified/reported), including the various hotlines/toll free numbers managed by different agencies. Such a system also needs to consider how data will be integrated across sectors, namely social welfare, education, justice and health.
- Sector actors are not currently routinely sharing data related to children nor using such data to strategically plan for services/programs related to children. Data sharing should be formalized through proper government authorities so that sector actors are routinely sharing relevant data. This process should be led by MIGEPROF but enforced by all relevant government institutions. Using that data in a coordinate way to inform and monitor services/programs should be a function of MIGEPROF.

ANNEX A: Child Protection Services as described in the ICRP

Table 2: Priority child protection services per the ICRP[77]	
Prevention services	Basic medical care provided through the health insurance scheme (mutuelle de santé), special medical care not provided through the health insurance scheme, promoting good sanitation, immunizations, hygiene, food security, provision of education on sexual and reproductive health, provision of clean and safe drinking water, education on nutritious feeding practices , school stipends to vulnerable children, provision of uniform and other learning materials, school feeding programme, ECD services , special needs education for children with disabilities, special learning materials such as Braille equipment or hearing aids or orthopaedic aids), psychosocial counselling services, vocational training and school kits, business start-up funds, prevention of child labour.
Response services	Re-unification and re-integration of children with families, facilitate the identification and support to emergency foster care families, facilitate the identification and support to community child care volunteers, capacity building to children in foster and institutional care, regular monitoring of institutions caring for children, caring for children whose parents are imprisoned, protection and care for children living with their mothers in prison, provision of residential/ institutional care, reinforcement of family economy (cooperatives, regular loans, cash, income generating activities), provision of psychological and social support to families and children, construction and/or repair of houses -leisure and recreational activities, demobilization rehabilitation and reintegration of children involved in the armed forces, rehabilitating children engaged in worst forms of child labour, preventing and eradicating the phenomenon of street children, prevention of trafficking of children (domestic or international), services to refugee children, disaster and emergency care services, Legal support to children, provision of support to child protection committees (under justice)
Promotion services	Conducting sensitization campaigns on birth registration, conducting community sensitization campaigns on prevention of child abandonment and institutionalization, various trainings, training and awareness on prevention of discrimination and stigmatization against children, production and promotion of children's magazine that specifically addresses children's issues

[77] Detailed services according to policy areas of the Integrated Child Rights Policy. NCC.

ANNEX B: Government mandates for specific case types

Government mandates of children protection prevention and response areas according to the legal and policy framework		
	Lead responsibility	**Supportive responsibility**
Prevention		
Birth registration	MINALOC	MIGEPROF, MINIJUST
Health	MINISANTE	MIGEPROF, MINALOC, MINECOFIN
Social protection (related to child protection)	MINALOC	MIGEPROF
Education	MINEDUC	MIGEPROF, MINIYOUTH
ECD	NCDA (previously NECDP)	MIGEPROF, MINISANTE, MINEDUC
Response by case type		
Commonly reported case types		
School dropouts	MINEDUC MIGEPROF	MINISANTE, MINECOFIN, MINALOC, Police
Violence	MIGEPROF	MINALOC, National Women Council, MINISANTE, MINIJUST, RIB/RNP, MINEDUC, MINALOC, MINICT
Family conflicts	MIGEPROF (positive parenting)	MINALOC, National Women's Council, NCDA (previously NECDP), MINIJUST
Adolescent pregnancy	MIGEPROF	MINEDUC, MINISANTE, MINECOFIN
Support for children with disabilities	MINEDUC National Council of Persons with Disabilities	MIGEPROF, MINISANTE, MINECOFIN, MINALOC
Children living/working on the street	NRS	MIGEPROF, National Women Council
Child labour	MIFOTRA	MIGEPROF, MINIEDUC, MINALOC, MINISANTE, MINIJUST, RCS, Bar Association, MININTER, MINECOFIN
Child abandonment	MIGEPROF	MIGEPROF, MINALOC, MINIJUST, MINI-SANTE, MINIECOFIN
Select additional case types		
Children in alternative care or without parental care	MIGEPROF	MINECOFIN, NCRP
Child who are refugees or seeking asylum	MIDIMAR	MIGEPROF, MINECOFIN
Children in conflict with the law	MINIJUST	MIGEPROF
Child trafficking	MINIJUST	MIGEPROF

ANNEX C: Laws and policies that constitute the legal and policy analysis and framework

- Law Nº 058/2021 of 13/10/2021 Relating to The Protection of Personal Data and Privacy
- Ministerial Order Nº06 of 13/07/2010 Determining the List of Worst Forms of Child Labour
- National Child Development Agency (2019). Tubarerere mu Muryango programme-TMM PROGRAMME BRIEF: Building the Social Service Workforce For Childcare Reform in Rwanda
- National Child Development Agency (2021). Inclusive Case Management for Children's Reintegration. Training module for the Social Service Professionals: Facilitators Manual. Rwanda
- National Child Development Agency (2021). Inclusive Case Management for Children's Reintegration. Training module for the Social Service Professionals: Participants Handbook. Rwanda
- National Child Development Agency (2021). Operational Guidance on Inclusive Children's Reintegration: Social Service Professionals. Rwanda
- Organisation of African Unity (1990). African Charter on the Rights and Welfare of the Child –ACRWC
- Republic of Rwanda (2018). National Child Online Protection Policy
- Republic of Rwanda (2003). Education Sector Policy 2003
- Republic of Rwanda (2003). Law 03/08/2003 - ORGANIC LAW N° 20/2003 of 03/08/2003 Organising Education
- Republic of Rwanda (2005). National Policy for Family Promotion 2005
- Republic of Rwanda (2006). LAW N° 38/2006 OF 25/09/2006 Establishing and Determining The Organisation of The National Prisons Service
- Republic of Rwanda (2007). LAW N° 01/2007 OF 20/01/2007 Relating to Protection of Disabled Persons;
- Republic of Rwanda (2008). Ministry of Education Girls' Education Policy 2008
- Republic of Rwanda (2008). National Community Health Policy 2008
- Republic of Rwanda (2009). LAW N° 13/2009 of 27 May 2009 Regulating Labour in Rwanda
- Republic of Rwanda (2010). National Gender Policy 2010
- Republic of Rwanda (2010). National Health Insurance Policy 2010
- Republic of Rwanda (2011). Integrated Child Policy 2011
- Republic of Rwanda (2016). Ministry of Education Early Childhood Development Policy 2016
- Republic of Rwanda (2013). National Food and Nutrition Policy (2013 – 2018)
- Republic of Rwanda (2014). Justice for Children Policy 2014
- Republic of Rwanda (2014). LAW N° 13ter/2014 of 21/05/2014 Relating to Refugees
- Republic of Rwanda (2015). Constitution of 2003 with Amendments through 2015
- Republic of Rwanda (2016). LAW Nº32/2016 OF 28/08/2016 Governing Persons and Family
- Republic of Rwanda (2018). LAW N°71/2018 of 31/08/2018 Relating to the Protection of the Child
- Republic of Rwanda (2018). LAW Nº 51/2018 OF 13/08/2018 Relating to the Prevention, Suppression and Punishment of Trafficking in Persons and Exploitation of Others

- Republic of Rwanda (2018). LAW Nº 68/2018 of 30/08/2018 Determining Offences and Penalties In General
- Republic of Rwanda (2018). LAW No44/2018 OF13/08/2018 Amending LAW N°14/2008 of 04/6/2008 Governing Registration of the Population and Issuance of the National Identity Card
- Republic of Rwanda (2019). Law Nº 027/2019 of 19/09/2019 Relating to the Criminal Procedure
- Republic of Rwanda National Policy on the Elimination of Child Labour
- The 1951 Convention relating to the Status of Refugees and the 1967 Protocol
- UN Convention on the Rights of the Child
- Republic of Rwanda (2020). Ministerial Order N° 001/07.01 OF 27/07/2020 Determining the Officer of the Health Facility With Powers of Civil Registrar
- Republic of Rwanda (2020). Law N° 001/2020 of 02/02/2020 Amending Law N° 32/2016 OF 28/08/2016 Governing Persons and Family
- Republic of Rwanda (2015). The National Health Sector Policy 2015
- Republic of Rwanda (2003). The National Reproductive Health Policy (2003)
- Republic of Rwanda (2018). National Family Planning and Adolescent Sexual and Reproductive Health (FP/ASRH) Strategic Plan (2018–2024)
- Republic of Rwanda (2011). Law N°03/2011 of 10/02/2011 Determining the Responsibilities, Organization and Functioning of the National Council of Persons with Disabilities
- Republic of Rwanda (2013). Ministerial Order Nº 01/MIDIMAR/13 of 03/12/2013 Determining Appropriate Measures of Tracing Family Members of Unaccompanied Refugee Children for Their Reunification
- Republic of Rwanda (2017). Ministerial Order No. 001/MIGEPROF/2017 OF 16/01/2017 Determining Conditions to Be Considered in Intercountry Adoption and the Procedure Thereof
- Republic of Rwanda (2016). Law N°003/2016 of 30/03/2016 Establishing and Governing Maternity Leave Benefits Scheme
- Republic of Rwanda (2016). Ministerial Order Nº 007/16/10/TC OF 28/10/2016 Relating to Maternity Leave Benefits Scheme
- Republic of Rwanda (2016). Ministerial Order Nº 001/07.01 OF 23/10/2016 Determining The Number, Types, Formats and Use of Civil Status Registers
- Republic of Rwanda (2016). Ministerial Order N°007/2016 of 01/03/2016 Determining Modalities for Special Treatment of Persons with Disabilities in Schools
- Republic of Rwanda (2017). Ministerial Instructions NO 01/2017 of 17/11/2017 Relating To Prevention And Fight Against Child Labour
- Republic of Rwanda (2013). Ministerial Order N° 20/32 OF 05/12/2013 Determining Programs And Strategies to Ensure Protection And Assistance to Children Infected or Affected By HIV/AIDS
- Republic of Rwanda (2021). Revised National Gender Policy
- Republic of Rwanda (2003). The National Policy for Orphans and Other Vulnerable Children
- Republic of Rwanda (2018). Law Nº 60/2018 of 22/8/2018 on Prevention And Punishment of Cyber Crimes



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